

Entanglement's risks and rewards: exploring the experiences of women social workers who are mothers

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A thesis submitted for the degree of Professional Doctorate in Social Work and
Social Care

Tavistock and Portman NHS Foundation Trust

University of Essex

Date of submission: October 2025

ABSTRACT

This doctoral study explores the emotional complexities arising for women who are child protection social workers in the UK and mothers. Despite the critical intersection of these roles, research into how they influence one another is limited.

Situated within a Critical Realist (Bhaskar 1979) epistemological position, it is theoretically informed by Bronfenbrenner's Ecological Systems Theory (1979), alongside feminist and intersectional (Crenshaw 1989) perspectives, enabling analysis of how individual emotional experience is shaped by organisational, cultural and structural contexts.

Using Reflexive Thematic Analysis (Braun & Clarke 2022), this research systematically examines data collected from semi-structured interviews (Kvale & Brinkmann 2015) with 15 child protection social workers who are mothers. Four key themes emerged: enhanced empathy and deeper parenting insight derived from their dual roles; heightened vigilance and protective behaviours towards their own children; the impact of racism encountered by Black and Asian social workers; and the critical role of support systems - personal, peer, and professional - in sustaining their wellbeing and practice.

These themes illustrate the entanglement of personal and professional identities and demonstrate how motherhood reshapes risk perception, emotional labour and decision-making in child protection practice.

The findings indicate that female child protection social workers who are also mothers experience significant emotional impact from the interplay between these roles. They employ coping mechanisms to maintain boundaries, yet their personal and professional lives frequently become intertwined.

The study contributes to knowledge by foregrounding the lived emotional experience of women who are mothers and child protection social workers - a group largely absent from existing literature - and by conceptualising motherhood not as a boundary challenge but as a professional resource that influences empathy, practice wisdom and reflective capacity.

The findings have implications for supervision, workforce wellbeing, anti-racist organisational practice and leadership approaches, highlighting the need for reflective spaces, culturally responsive support and organisational recognition of identity-based emotional labour.

Acknowledgments

I am deeply grateful to the fifteen women who generously dedicated their time to be interviewed and shared profoundly personal experiences. Your openness and willingness to contribute have been instrumental to this research, and for that, I offer my sincere thanks. I hope I have done justice to your accounts.

Thank you to my place of work for supporting me throughout this journey. I extend particular appreciation to Nadia Begum, my line manager at the time, for encouraging me to take on this endeavour. Your consistent support and belief in me have meant so much. I also wish to thank Kathi Gittens, my current line manager, for her encouragement and support over the past two years, and for always urging me to keep going. Your backing has been invaluable.

My heartfelt gratitude goes to the late Professor Andrew Cooper, whose pioneering work and enduring influence continue to inspire me on this doctoral journey. Though no longer with us, his legacy lives on in the pursuit of knowledge. I miss him dearly and know how enthusiastic he would have been about my research findings.

A heartfelt thank you to my dedicated first supervisor, Dr Louise Grant. You reignited my motivation and offered steadfast support, challenge, and guidance, even during unsociable hours! Your shared passion for this topic and your presence through both the highs and lows made all the difference. I truly couldn't have done this without you, Louise. Thank you for investing your time in me and for making the effort to truly understand me. I know I'm not the only one who thinks so highly of you. Your name comes up often in my professional network, and people have nothing but praise for you.

Thank you also to Dr Nicola O'Sullivan, my second supervisor. You have been a constant from the very beginning of this journey, and it is your research that first planted a seed in my mind. I am grateful for your encouragement and expertise. Your deep knowledge and enthusiasm for the subject were invaluable throughout this process.

I am deeply thankful to my sister, Nazia Afzal, for her countless proofreads and insightful perspectives drawn from her background in social work and experience of motherhood. And to my husband, Tom Spender, thank you for your help with editing and your thoughts - I finally reaped the benefits of your professional skills! To my beloved daughter, Hannah. Though too young to grasp the complexities of this journey, you have been a constant source of joy and motivation. Balancing motherhood and academia has been no easy feat, but your presence made it worthwhile. I love you Hanny.

A huge thank you to all my family and friends, too many to name, who have shown genuine interest in my research. Your curiosity, thoughtful questions, and countless conversations have meant so much to me. Thank you for being part of this journey and for helping me think things through time and again.

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Chapter 1 - Introduction

Introduction

This doctoral study explores the complexities arising for women who are simultaneously safeguarding the welfare of children in society and raising their own children, and the implications these complexities may have both for them as individuals and for the social work profession as a whole.

In the United Kingdom, women make up the majority of the social work profession at 82.9% (BASW 2024, DfE 2024). Furthermore, many of these women are mothers. However at the time of writing, there is no published data indicating what proportion of registered social workers are mothers. This represents a significant gap in the evidence base, particularly given the centrality of caregiving, gendered expectations and family life to both the social work workforce and to this study's focus.

Child protection social work is widely recognised as a rewarding profession because it offers the opportunity to make a difference to children's lives, yet it is also highly demanding (Murphy et al. 2024). Practitioners often face high-stakes decisions, exposure to distressing situations, and the challenge of balancing empathy with professional boundaries (Harnett 2007). The emotional impact can be profound, requiring resilience, reflective practice, and robust support systems to sustain wellbeing and effectiveness (McFadden et al. 2015).

These child protection social workers frequently assess mothers in communities, making critical parenting decisions in complex and emotionally charged situations (O'Sullivan & Cooper 2022) while also managing their own familial responsibilities. However, despite the intersection of these roles, research into how they influence one another is limited. Little is known about how these women navigate this duality, the emotional impact it has on them and the supportive factors that might enable them to do their best work and stay in the profession.

This study therefore is an in-depth exploration focusing on the emotional dimensions of navigating dual caregiving roles and examining challenges including emotional labour, burnout, work-life balance, and institutional or cultural barriers. It seeks to understand how organisational policies, expectations, and workplace cultures affect the emotional and professional experiences of women who are mothers and child protection social workers, and to contribute to the development of practice frameworks and organisational policies that acknowledge and support these dual caregiving responsibilities.

Furthermore, this research attempts to contribute an additional novel dimension by intentionally capturing diverse perspectives and reflecting the experiences not just of white women but also those from Black and Asian backgrounds, many of whom work in child protection but whose specific experiences in the profession and as mothers in British society have not been the focus of the academic work that does exist in this area.

Data from Social Work England (2026) indicates that there were 105,892 social workers on the Register at the end of January 2026 of whom 31,384 were recorded as being from a non-white background, equating to 29.6% of the workforce.

Workforce movement data further show that between February 2025 and January 2026, 4,868 social workers left the Social Work Register, of whom 1,026 were from a non-white background. These figures point to important questions regarding workforce retention, experience and structural factors shaping professional trajectories (Social Work England 2026).

Theoretical Framework

This study seeks to understand the combined experience of motherhood and child protection social work and therefore requires a framework capable of holding both subjective meaning and wider social structures in view. As a result it is theoretically grounded in Critical Realism (Bhaskar 1979), Intersectionality (Crenshaw 1989), and Bronfenbrenner's Ecological Systems Model (1979).

Critical Realism (1979) provides the overarching philosophical foundation by enabling attention to underlying mechanisms, institutional arrangements and material realities that shape social workers' experiences, while still recognising practitioners as active meaning-makers. Intersectionality complements this by foregrounding how multiple social positions - including gender, race, motherhood and professional identity - intersect to produce differentiated experiences of emotional labour, expectation and constraint. In doing so, it prevents the analysis from treating women who are mothers

and social workers as a homogeneous group and instead centres complexity, power and inequality.

Bronfenbrenner's Ecological Systems model (1979) offers a structural map through which these experiences can be located across multiple levels, from the immediate relational context of families and teams (microsystem), to organisational cultures (mesosystem), wider policy and professional expectations (exosystem), and broader societal discourses about motherhood and care (macrosystem).

What these three frameworks share is a commitment to understanding human experience as situated, relational and shaped by structural determinants, while also recognising practitioner agency and reflexivity. Together, they provide a coherent and complementary theoretical foundation for examining how personal and professional identities are negotiated within complex child protection contexts.

Rationale for Study

Child protection social work in England is a specialised area of social work practice focused on safeguarding children and promoting their welfare in accordance with statutory frameworks, such as the Children Act 1989 and 2004 (Tunstill & Thoburn 2020, ADCS 2024). It involves assessing risk, intervening in situations where children may be experiencing or are at risk of significant harm, including abuse, neglect, or exploitation, and working collaboratively with families, professionals, and other agencies to ensure children's safety and well-being (ibid). Practitioners are required to exercise professional judgement, apply evidence-informed approaches, and uphold

ethical standards while navigating complex family dynamics and legal processes. The role demands a balance between authoritative intervention and empathetic engagement, with the aim of securing positive outcomes for children and supporting families to achieve sustainable change (Daniel 2015).

Much has been written about the demands of the role, including social workers' emotional experiences (O'Sullivan 2017, Kalliath & Kalliath 2011, Connor & Napan 2022). Women make up 82.9% of the social work workforce (BASW 2024), and several authors have also explored the intersection of gender, social work, and the experiences of women in caring professions, expanding on themes similar to those raised by Featherstone (1997). These themes include undervaluing emotional labour, reinforcing traditional gender roles, and the ways in which systemic inequalities shape both the expectations and experiences of women in these fields (Dominelli 2002, Baines 2006, Beddoe & Davies 2016). Other studies have noted how the stress and demands of the work result in significant challenges related to staff retention and high turnover rates in the profession (McFadden, Campbell & Taylor 2015).

However much less attention has been given to the unique experiences of women working in child protection who are also mothers. There is a scarcity of research that seeks to understand their lived experiences, and the challenges they face remain under explored. This is despite the obvious potential for these emotionally demanding roles to affect and influence one another via an overlap between the personal and the professional (Ruch 2005, Gilligan 1982) and the process of 'emotional entanglement' (Hochschild 1983, Layton 2008). Emotional entanglement in a social work context refers to a situation where a professional becomes emotionally involved with a child

and their family, or situation in a way that blurs the boundaries between their professional responsibilities and personal feelings.

A further dimension to this lies in the specific lived experiences of South Asian and Black social workers who are mothers. Several studies have been carried out into racism faced by South Asian and Black social workers, with for example Clarke (2003) and Bernard & Harris (2018) finding that these forms of harm remain largely unacknowledged within social work settings despite institutional commitments to anti-racism. But the specific experiences of South Asian and Black social workers who are mothers remain unexplored, despite emerging interest in culturally sensitive studies that address the unique contexts and experiences of minority practitioners.

This qualitative and interview-based research involves a sample of 15 women who are mothers and are working in child protection. The study is made up of semi-structured interviews and uses Reflexive Thematic Analysis based on principles drawn from Braun and Clarke (2006). Building on existing research, the study seeks to address the following specific questions:

1. What are the emotions experienced by child protection social workers who are also mothers?
2. What is the impact of these emotional experiences on their personal and professional lives?
3. How are these emotional experiences managed? Are they recognised by the organisation? If so, what support is available?

Reflexive Statement

This research came about because of the complexities I experienced as a mother working as a child protection social worker in statutory children's safeguarding services. In 2017, following the birth of my daughter, I returned to work as a team manager of a generic social work team and felt ripe for the feminist challenge of 'having it all'. By then, I had seen my fair share of child protection referrals, cases of abuse, and threats from families who had me looking over my shoulder as I walked to my car. I enjoyed managing my team and used my professional experience to support colleagues without having to be on the front line. After hours, I would return home to my daughter and reflect on the many privileges that had enabled me to enjoy a harmonious balance between professional satisfaction and family life.

Shortly after I returned, however, an unfamiliar feeling came over me as I dealt with a child safeguarding matter; I was emotional about children I had never met. I had previously prided myself on my clarity of thought and an unswerving focus on the application of law and procedure. I could be relied upon not to let my emotions get the better of me - but there I was, tearful and possibly too moved by what I was hearing. This blurring of personal and professional boundaries is recognised in child protection practice, where social workers' emotional and embodied responses are an inevitable part of their engagement with families (Ferguson 2018, Ruch 2007). Rather than being seen as a weakness, scholars argue that emotions can provide valuable insights into practice when they are acknowledged and reflected upon, although they also pose challenges for maintaining professional clarity (Ingram 2013).

One particular case involved a four-year-old girl who was removed from her mother's care due to emotional abuse. She was alleged to have manipulated her daughter to accuse her father of sexually harming her. The mother's fury towards me remains etched in my psyche. During a meeting in the office, she eyeballed me and said: 'Have you got a daughter? I hope you never experience what you're about to do to me.' Her question struck me not only because of its hostility but because it touched a nerve that many practitioners recognise. As Archard (2019) notes, parents frequently ask children's professionals whether they themselves are parents, placing workers in a difficult terrain of professional self-disclosure. Archard's interviews with family intervention practitioners showed that such questions can be difficult to answer and that workers often grapple with whether, when, or how to disclose their parental status, sometimes even feeling pressure to avoid the truth or offer partial answers. My experience echoed this wider pattern: the mother's demand was not just personal, it was part of a recurrent dynamic in which parents seek to locate the practitioner morally, emotionally, and experientially before accepting their authority.

I was distressed and I questioned myself. How would I feel if my own daughter was taken away from me? Was I sure I had considered everything, was separation the only answer? I realised my thinking and practice were changing. My connection with this mother's experience was now at the forefront of my mind, whereas previously it had felt so easy to stay focused on the needs of the child. I felt anxiety at the hypothetical prospect of losing my own daughter and a greater sense of empathy towards families and the challenges they might be facing.

My loyalty to social work processes had guided me through the most complex of circumstances, but now a shift was taking place. I sensed this was imperceptible to others, but I knew I was fundamentally altered. Another layer of complexity had settled on my decision making, something which needed reflection and supervision to understand. I noticed how I contextualised families' information more readily and had greater willingness to allow for mitigating factors than ever before. I wanted to understand my child protection work through another lens - the experiences of motherhood.

At this point, I decided to address this knowledge deficit by making it the subject of my own doctoral research. Aside from my personal motivation, I was also keen to explore an under researched area of social work which would help the profession better understand and support its workforce.

The Nature of Practitioner Research and Reflexivity

As a mother and senior social worker working in child protection, I identify as an insider researcher. Insider research refers to investigations conducted by individuals who have proximity to, or direct involvement with the subject matter being studied (Trowler 2011). This can include researchers who are part of the community or organisation they are studying. Greene (2014) discusses the importance of insider perspectives in social work research but, essentially, being an insider helps identify with participants' experiences (Tuffour 2018) and means a researcher is in a prime position to gain knowledge and subsequently make recommendations for positive change (Dwyer & Buckle 2009). Moreover, shared experiences can foster empathy and rapport with

participants, encouraging trust and openness during the research process, which is particularly important in sensitive contexts like child protection (Dwyer & Buckle 2009).

However, insider research also presents potential drawbacks. One significant concern is the risk of bias and subjectivity, as proximity to the subject matter may unconsciously shape the way data is collected and analysed (Hellowell 2006). Other challenges include: the potential for ethical tensions when addressing emotionally charged or sensitive issues (Unluer 2012); assumed understanding, where familiarity with the context might increase the risk of overlooking critical details that an outsider would question (Taylor 2011); unintentionally influencing participants via your own professional authority (Berger 2015); and potential impact on your own objectivity and wellbeing stemming from examining issues close to your own experiences (Reinharz 1997, Berkovic et al. 2020).

To mitigate these challenges, it is essential to adopt a reflexive approach, actively engaging in self-awareness and critical reflection throughout the research process, while adhering to ethical research practices. Reflexivity in research refers to the researcher's awareness of how their background, experiences, and disposition (Morley et al. 2023, Finlay 2002) may influence the research process and findings. Supervisory reflexive support (Fook & Gardner 2007), alongside the reverie group model (Ruch 2007), can play a crucial role in enabling practitioner-researchers to 'check out' their emerging findings while also providing a space for emotional containment and support.

With this in mind, I drew on support from my supervisors and fellow students in the continuation seminars and used a number of resources as suggested by Berger (2015). I kept a reflective journal and noticed that during the data collection stage, I enhanced my use of this. I reflected on interviewees' responses to questions and the emotional impact these had on me - for example, one of the Asian participants talked about experiencing racism and seeing her Muslim identity used as the basis of a complaint against her. I also noted participants' non-verbal communication and my interpretation of this. Supervision also encouraged me to keep an open mind around emerging themes when I was quick to draw provisional conclusions. Peer support from fellow students helped me reflect on the research and navigate my thoughts throughout.

Structure of the Thesis

This is an exploratory qualitative study using in-depth semi-structured interviewing as a method. Data from the interviews is analysed using Reflexive Thematic Analysis (Braun & Clarke 2022) based on Braun & Clarke (2022)'s six-phase process. My philosophical perspective is informed by Critical Realism (Bhaskar 1979), which posits the existence of an external, objective reality independent of human perception, but argues that our understanding of it is mediated through social, cultural and individual factors. The study's theoretical underpinning is based on Bronfenbrenner's Ecological Systems Model (1979), a framework for understanding how different layers of environmental influence impact human development.

The thesis is divided into six chapters. This first chapter has introduced the research study and set out its purpose and focus. Chapter 2 reviews the research and literature relating to women in the workplace and wider societal expectations, providing the broader theoretical and social context for this inquiry. Chapter 3 therefore contextualises the study before focusing on six empirical studies undertaken in different parts of the world. These are organised thematically in line with their key findings, enabling patterns and points of difference to be drawn out. Chapter 4 discusses the research methodology and addresses issues of epistemology, ontology, ethics and the limitations of this work. Chapter 5 presents the data and brings together the main themes that arose from the analysis. Chapter 6 discusses the findings in greater depth, including a focused exploration of the unique experiences of Black and Asian women and how these differ from the experiences of White women. This chapter also considers the implications of the study for policy, professional practice and further research. Recommendations are offered to employers on how to better support, work with and harness the experience of social workers who are mothers.

Chapter 2 - Overview of Women in the Workplace

'Social workers' professional responsibilities and personal lives are intertwined. Most social workers cannot simply go to work, do their job, and then leave their thoughts and feelings about work at the office when returning home' (Sheafor & Horesjsi 2008, pg. 17).

Introduction

The previous chapter set out the rationale for exploring the emotional complexities that arise for women who are mothers and working as child protection social workers, particularly where professional responsibility intersects with personal caregiving identities. Before turning specifically to the experiences of mothers in social work (Chapter 3), this chapter establishes the wider context that shapes those experiences. It focuses on women's participation in the workforce, the gendered organisation of labour, and the ways in which care and emotional work are socially expected, culturally policed, and structurally undervalued.

The chapter then narrows to social work as a feminised profession, where emotional labour is central but often rendered invisible within managerial and performance driven systems. It also considers the specific context of statutory child protection, including the risk, scrutiny, and policy environment that shape practice. Throughout, an intersectional lens is maintained to highlight how gendered workplace expectations are not experienced uniformly, and how race and institutional power can intensify emotional labour, visibility, and professional belonging. Collectively, this chapter provides the backdrop for Chapter 3, which examines the empirical literature on

women who are mothers and child protection social workers and identifies the specific gaps this study addresses.

Women in the Workforce - A General Overview

To understand the lived experiences of women who are mothers and child protection social workers, it is necessary to first examine the cultural, historical, and social construction of motherhood and its intersection with gendered expectations of work.

Historical and Contemporary Participation of Women in Paid Employment

Women's participation in paid employment has increased dramatically over the past century, reshaping family dynamics and gender relations (Crompton 2006). In England, 72% of women are mothers in paid employment (ONS 2019), meaning that a significant proportion of working women balance professional responsibilities with domestic and caregiving duties. Despite this, labour market structures and workplace cultures often continue to reflect assumptions derived from a male breadwinner model, where caregiving remains a private, female responsibility (Crompton 2006, Lewis 2001).

Gendered Division of Labour and Societal Expectations of Mothers

Motherhood has long been idealised as a role rooted in unconditional love, selfsacrifice, and emotional availability (Hays 1996, Gatrell 2013, Takševa 2018). These ideals, predominantly rooted in Western countries, not only shape women's

identities in the private sphere but also extend into professional environments, especially within care-related occupations such as social work (Hays 1996, Lumsden 2019). Women are often portrayed as naturally able to sustain caregiving roles in spite of adversity, a belief that reinforces essentialist notions that caregiving and emotional endurance are biologically determined rather than socially produced (Chodorow 1978, Ruddick 1989, Tronto 1993, McDowell 2009).

Cultural representations of mothers in media and policy often valorise emotional resilience and self-sacrifice (Douglas & Michaels 2004), leaving little space for the more ambivalent or conflicted dimensions of maternal experience (Parker 1995). As Parker (2002) and Rich (1976) highlight, mothers frequently experience conflicting feelings of love and resentment, fulfilment and frustration, or closeness and distance. These ambivalences challenge the myth of the good mother as consistently nurturing and emotionally unified. Rich (1976) further exposes the gap between lived maternal experience and institutionalised ideals of motherhood, while O'Reilly (2010) demonstrates how cultural discourses erase maternal complexity by idealising mothers as endlessly giving figures.

By surfacing these contradictions, Parker (2002) and Hays (1996) highlight the psychological strain created by idealised maternal standards, showing how societal demands for perfection and self-sacrifice generate guilt, anxiety, and self-criticism among mothers. However, these ideals are not experienced uniformly; as writers such as Collins (1994) and Phoenix and Woollett (1991) note, ideals of the 'good mother' are often race- and class-specific, privileging white, middle-class norms of care and discipline.

The Double Burden faced by Working Women

These cultural ideals have tangible implications for women's working lives. The expectation that women remain the primary caregivers while also excelling professionally creates what has been termed the 'double burden', the simultaneous demand to perform both paid and unpaid care work (Charlesworth, Baines & Cunningham 2015). This concept builds on feminist analyses of the gendered division of labour, where women's paid work is often undervalued precisely because it mirrors the unpaid emotional labour expected at home (Hochschild 1983, Lynch 2009).

For women in caring professions such as social work, this double burden is intensified by occupational norms that value empathy, patience, and emotional attentiveness, the very traits aligned with maternal ideals (Hochschild 1983, Gatrell 2013). Few studies explore how dominant maternal ideals shape social workers' professional identities, particularly in statutory child protection, despite the likelihood that a significant proportion of social workers are mothers. But existing literature nevertheless suggests that the idealised construction of motherhood not only shapes women's personal identities but also informs expectations of their professional conduct. Scholars such as Barnes (2012), Beddoe and Davies (2016), Bunting (2005), Dominelli (2002), Featherstone et al. (2005), and Twigg (2006) demonstrate that cultural narratives of motherhood permeate professional contexts, reinforcing assumptions that women naturally embody care, empathy, and patience at work. They showed how the overlap between social and professional expectations blurs the boundaries between home and work, intensifying emotional labour and role strain (Goode 1960).

These feminist understandings challenged patriarchal norms that undervalue women's labour and emotional expertise, and they laid the groundwork for subsequent analyses of emotional labour in social work, where the personal and professional are not easily disentangled and are instead mutually constitutive (Ruch 2007, Gatrell 2013).

Dominelli's (2002) focus on the historical structuring of social work as a profession that, while numerically dominated by women, often marginalises their perspectives and emotional realities. She argues that traditional sociological and psychological frameworks have failed to adequately represent women's lived experiences, particularly those whose caregiving responsibilities span both personal and professional spheres.

Featherstone (1997), additionally, critiques idealised representations of motherhood, particularly the assumption that a harmonious mother child bond can be easily restored after disruption. Drawing on psychoanalytic ideas of transference and care, she argues that such ideals influence social work practice, where female practitioners are implicitly expected to 're-mother' vulnerable clients (Obholzer 1994). Such assumptions reflect a broader gendered logic that positions women as naturally caring, patient, and self-sacrificing, qualities that are simultaneously valorised and penalised in professional contexts.

Barriers and Challenges for Working Mothers

Understanding the barriers faced by mothers in the workforce requires examining how structural, cultural, and intersectional forces interact to shape women's professional experiences (Acker 1990, Hays 1996, Gatrell 2013, Crenshaw 1989). We have seen above how women are expected to embody social ideals of motherhood in their working lives (Lewis & Cooper 2005, Hays 1996). For women who are mothers and social workers, these dynamics are intensified by the emotional and moral demands of their profession, where care, risk, and responsibility are constant features of daily practice.

Structural Barriers: Pay, Progression, and the Motherhood Penalty

This tension is most visible in the motherhood penalty, a systematic disadvantage experienced by working mothers compared to women without children and men (Budig & England 2001, Correll, Benard & Paik 2007, Cuddy et al. 2004). The penalty manifests through lower salaries, limited career advancement, and skewed perceptions of competence and commitment (Budig & England 2001). These views reinforce the perception that motherhood undermines professionalism, despite evidence of women's ongoing commitment and productivity (Budig & England 2001, Correll et al. 2007).

Women must regulate not only their feelings but also their bodily presentation to align with professional expectations. Gatrell (2013) illustrates this through her concept of *maternal body work*, which describes how women engage in emotional and physical

labour to manage or conceal their maternal identities in professional spaces, extending Hochschild's (1983) theory of emotional labour. In Gatrell's study, women, especially those in leadership or caring roles, felt pressured to downplay signs of motherhood to maintain credibility. These findings align closely with the experiences of women in child protection social work, where practitioners are expected to display empathy and care, yet risk being seen as less professional if these qualities are expressed too openly (Beddoe 2016, Stalker et al. 2007). This tension is amplified for women who are mothers, for whom societal expectations of maternal sensitivity further complicate the negotiation between professionalism and emotional expression.

Although women have entered leadership roles in greater numbers, upper management across care professions remains disproportionately male (WHO 2021). Orme (2002) argues that stereotypes portraying women as more nurturing restrict their professional advancement, reinforcing workplace cultures that value emotional labour without adequately recognising or rewarding it. Stone's (2007) research similarly challenges the notion that women voluntarily opt out of demanding careers; rather, she shows that inflexible and unsupportive workplace structures often force them to choose between career progression and caregiving responsibilities. The International Labour Organisation (2024) estimates that 708 million women remain outside the global labour force due to unpaid care work, illustrating the enduring power of gendered ideals that conflate womanhood with caregiving.

Workplace Cultures and Gender Discrimination

Gendered workplace cultures reinforce these structural barriers through implicit expectations about women's roles and emotional comportment. Featherstone's (1997) notion of the good daughter captures how women are socialised to prioritise others' needs from an early age, a dynamic that extends into professional life. Alford and Harrigan (2019) and Allen and Walker (2000) show how adult daughters are often positioned as default carers, a role that many women unconsciously reproduce in their working lives (Ribbens et al. 2000, Finch & Mason 1993).

Within social work, these expectations shape both professional identity and relational practice. Women social workers may hold other women to higher standards of parenting, sometimes judging vulnerable mothers more harshly when their struggles mirror those of practitioners themselves (Lawson 2000, Hingley-Jones 2016). This dynamic demonstrates how internalised gender norms can shape professional responses, contributing to punitive attitudes towards mothers who deviate from the idealised caregiving standard. What remains less well understood, however, is how these internalised norms intersect with personal experiences of motherhood, emotional labour, and organisational culture to influence social workers' feelings and decisions in practice.

Caring responsibilities and flexibility challenges

The emotional and practical demands of caregiving often collide with rigid workplace structures. Inflexible working hours limited parental leave, and a culture equating

professionalism with constant availability exacerbate these tensions (Gatrell 2013, Correll et al. 2007, Houston 2009). For mothers in social work, these pressures are amplified by the unpredictable and crisis-driven nature of the role (Steele et al. 2025). The expectation to remain emotionally present for the families they are working with while also managing personal caregiving responsibilities often leads to guilt, stress, and feelings of inadequacy in both domains. These overlapping pressures do not affect all women equally; intersectional (Crenshaw 1989) factors such as race, class, and organisational culture amplify or mitigate these experiences (Crenshaw 1989, Bernard & Harris 2018, Hussein & Manthorpe 2012, Hussein et al. 2011).

Hochschild's (1983) seminal concept of emotional labour provides a framework for understanding these pressures. Emotional labour refers to the regulation of feeling and emotional display required to meet occupational expectations. In caring professions such as social work, workers are expected to embody compassion, patience, and composure, often at significant personal cost (Guy, Newman & Mastracci, 2008). For mothers, this emotional labour is doubled, performed both at work and at home, creating a double burden that can lead to burnout and identity conflict (Guy, Newman & Mastracci 2010, Charlesworth, Baines & Cunningham 2015).

Charlesworth et al. (2015) found in their study set in Australia in social services, that female care workers with parenting responsibilities experienced heightened guilt and exhaustion when navigating competing demands from home and work. They reported feelings of inadequacy in both spheres, exacerbated by managerial expectations to suppress emotional distress and maintain professional detachment. These findings illustrate the phenomenon of role strain (Goode 1960), the stress that arises when

individuals struggle to meet the competing expectations of worker and caregiver roles, often without institutional recognition or support.

Intersectional Considerations: Race, Class, and Culture

While emotional labour and gendered ideals shape all women's experiences in caring giving roles such as, social work, they do not affect all women equally. Intersectionality (Crenshaw 1989) provides a critical framework for understanding how overlapping systems of power, such as race, class, and gender, compound disadvantage. Crenshaw argues that these categories are not additives but interlocking, producing distinct configurations of oppression (Crenshaw 1989). This framework is particularly useful in social work, where practitioners' identities shape not only how they experience the workplace but also how they are perceived and supported within it.

For practitioners with Black, Asian and minority ethnic backgrounds, gendered and race related expectations intersect, shaping both how their emotional labour is perceived and how their care work is valued (Crenshaw 1989, Hussein 2022). Emotional and structural challenges are intensified by race- and class-based expectations for these women. Within professional contexts, emotional expression is often interpreted through race and gender-based lenses, distress or anger expressed by Black or Asian women may be pathologised or deemed unprofessional, whereas similar emotions from white counterparts may be seen as signs of dedication (Ahmed 2004, 2012).

Ahmed (2004, 2012) situates these dynamics within the affective politics of institutions, arguing that emotions are socially produced and circulated in ways that reinforce hierarchies of power. Institutions often demand performances of positivity and resilience that mask structural inequality, framing emotional management as an individual responsibility rather than an organisational issue (Ahmed 2004, 2012). This creates an uneven emotional landscape where the affective labour of Black and Asian women who are mothers and social workers is both intensified and devalued. However, there remains a significant gap in our understanding of how these affective and institutional dynamics are experienced by Black and Asian women who are both mothers and social workers, whose intersecting identities expose them to unique forms of emotional labour, racial scrutiny, and structural invisibility.

Feminisation of the Profession and its Implications

Social work has long been recognised as a feminised profession, a reality that carries both symbolic and material consequences. Carey and Foster (2011) argue that the feminisation of social work has contributed to its devaluation in both status and remuneration. The emotional intensity of the work is often romanticised yet marginalised, celebrated as women's natural strength while undervalued as professional expertise (Hochschild 1983). Under neoliberal frameworks that emphasise individual resilience and performance targets, relational and emotional dimensions of practice have been reframed as personal attributes rather than collective responsibilities (Carey & Foster 2011). This managerial logic has reshaped the profession, reducing opportunities for reflection and connection while privileging procedural compliance and measurable outcomes (Hingley-Jones & Ruch 2016). As

Ferguson (2018) notes, the emotional labour of social work becomes increasingly invisible in systems that value speed, productivity, and control, leaving practitioners to carry the psychological burden of care within structures that offer little containment or recognition.

Gray and Webb (2013) expand on this critique, demonstrating how managerialism, marketisation, and performativity have reshaped social work into a bureaucratic system that prizes compliance over care. Within such environments, emotional labour becomes both indispensable to practice and professionally precarious, rhetorically valued yet inadequately supported in reality (Winter et al. 2019). Baines (2006) adds that feminisation reinforces the expectation that women, particularly women of colour, will absorb emotional burdens beyond their formal roles, performing both paid and unpaid care while shouldering institutional dysfunction and systemic injustice.

Emotional Labour and Relational Work

Emotional labour (Hochschild 1983) sits at the heart of social work practice, encompassing the regulation and expression of feelings in order to meet organisational and interpersonal expectations. Within social work, this often involves maintaining composure, empathy, and emotional attunement amid distressing circumstances (Davies 1995, Healy 2005, Ferguson 2011). Yet, as Featherstone (1997) observes, practitioners frequently retreat into proceduralism, prioritising documentation and compliance, to defend against the overwhelming emotional demands of practice.

Cherry and Leotti's (2024) scoping review highlights how practitioners' resistance to managerial pressures is often co-opted by neoliberal systems that reward measurable outputs over relational engagement. Garrett (2018) advocates for subversive or ethical resistance, urging social workers to reclaim emotional labour as a site of professional integrity and social justice rather than treating it as a liability. However, this potential for resistance is constrained by institutional cultures that privilege rationality, efficiency, and emotional restraint (Winter et al. 2019).

This tension between relational ethics and bureaucratic restraint brings to the fore the need for organisational cultures that recognise emotional labour as both inevitable and professionally valuable.

Stress, Burnout, and Resilience in Social Work Practice

The emotional and moral intensity of social work makes practitioners particularly vulnerable to stress, burnout, and compassion fatigue. Davies (1995), Healy (2005), and Ferguson (2011) demonstrate that these challenges are not merely individual failings but structural consequences of inadequate supervision, excessive caseloads, and organisational neglect of emotional wellbeing. When emotional labour is unacknowledged or unsupported, it becomes a private burden rather than a shared professional concern. Bostock and Coomber's (2012) work is particularly instructive here. Drawing on relationship-based theories, they demonstrate how high-quality supervision functions as a container for the anxiety, uncertainty, and emotional turbulence inherent in social work. Effective supervision, provides the reflective space necessary for workers to transform emotional distress into thought and ethical action.

Featherstone's (1997) and Beddoe's (2016) analyses demonstrates how emotional containment in bureaucratic settings can lead to emotional dissonance and exhaustion. Nonetheless, many practitioners sustain commitment to the profession through alignment between personal values and professional ethics. McFadden et al.'s (2015) systematic review found that despite high stress levels, social workers often derive resilience from strong supervision, peer networks, and institutional recognition. When emotional labour is validated and supported, job satisfaction and retention increase.

Organisational Cultures and Identity

Several authors highlight that organisational culture is a significant factor in how social workers construct their professional identity and sense of belonging (Ruch 2012, Hingley-Jones & Ruch 2016, Ingram & Smith 2018, Dominelli 2002). O'Connor & Leonard (2014) and Connor & Napan (2022) show that personal identities, such as those of mother, daughter, or caregiver, deeply inform professional self-concept. For many women, these roles are not separate but intertwined, contributing both empathy and vulnerability to their practice. Within highly feminised environments, however, these identities are regulated through expectations of constant self-sacrifice and composure.

For Black and Asian women, the intersection (Crenshaw 1989) of gender, race, and professional identity adds another layer of complexity. Gunaratnam and Lewis (2001) document how social workers experience hyper-visibility and invisibility

simultaneously, scrutinised more harshly while their emotional contributions are overlooked. The constant need to prove competence and emotional stability, often in workplaces that fail to reflect their lived realities, creates profound psychological strain (O'Connor & Leonard 2014, Connor & Napan 2022).

Collectively, this body of literature reveals that emotional labour in social work is both institutionally managed and gendered, operating within systems that simultaneously depend on and devalue care. For women who are mothers and social workers, these pressures intersect, the demand to care, contain, and perform professionalism in both home and work spheres are likely to lead to emotional exhaustion and identity conflict. Reframing emotional labour as a structural, gendered, and race related phenomenon, rather than an individual deficit, is essential for developing more just, supportive, and sustainable models of practice. Building on these insights, this study seeks to explore how women who are both mothers and child protection social workers navigate these intersecting emotional, professional, and structural pressures.

Child Protection Social Work - Context and Demands

Child protection social work represents one of the most emotionally and ethically demanding areas of practice. It requires practitioners to navigate complex family dynamics, make high-stakes decisions under public scrutiny, and manage competing organisational and moral imperatives (Carder & Cook 2025). The work is characterised by constant exposure to risk, trauma, and distress, conditions that make emotional labour not only inevitable but structural to the role.

Nature of Child Protection Work and Emotional Intensity

Empirical studies demonstrate that the emotional strain inherent in child protection work stems from its intensity and relational depth. Davies (1995), Healy (2005), and Ferguson (2011) highlight how practitioners are required to engage empathically with families in crisis while simultaneously managing the anxiety associated with safeguarding decisions. These scholars show that emotional exhaustion is not a product of individual weakness but a response to the systemic pressures embedded in the profession.

Workload Pressures, Risk Management, and Public Scrutiny

Public interest in child protection reached extraordinary levels from the 1990s in the UK and continues today. Politically there is a drive toward the protection of all children and the proposed elimination of abuse and neglect (Shoesmith 2016). Creating a climate of anxiety in child protection high caseloads, inadequate supervision, and constant exposure to risk amplify these demands. Featherstone (1997) observes that, in response to overwhelming workloads and the fear of public blame, practitioners often turn to procedures, focusing on documentation and compliance as defences against emotional overwhelm. This risk-averse culture has been repeatedly intensified by the media and political scrutiny following high-profile child deaths, including those of Victoria Climbié (2000), Peter Connelly, known as Baby P (2007), Daniel Pelka (2012), Arthur Labinjo-Hughes (2020), and Star Hobson (2020). In each case, social workers were publicly vilified and scapegoated, reinforcing a climate of fear and defensiveness across the profession (Parton 2014, Warner 2015, Garrett 2022). The

cumulative effect of such scrutiny has been to constrain reflective practice and create organisational cultures where emotional needs are displaced rather than acknowledged. This marketisation of care reduces the space for connection, empathy, and emotional attunement, eroding the very relational foundations upon which effective social work practice depends (Harris 2014, Ferguson 2018, Ruch 2012, Garrett 2021).

Impact of Policy and Legislative Frameworks

These pressures are further reinforced by policy and legislative frameworks that emphasise accountability and performance management. The neoliberal restructuring of children's services has entrenched bureaucratic systems that privilege measurable outcomes over relational depth, leaving little room for emotional processing or relational repair (Gray & Webb 2020, Garrett 2018). Within this environment, social workers' emotional resilience is often framed as an individual responsibility rather than an organisational duty of care. Social workers are expected to do more with fewer resources under increasing media and public attention, within a prescriptive policy climate (Hingley-Jones & Ruch 2016).

Intersectional Dimensions of Practice

For Black and Asian women, these challenges are compounded by institutional racism, microaggressions, and exclusion from informal networks of support (Dominelli 2008, Hussein et al. 2020). They are frequently subjected to higher scrutiny while being denied equitable access to recognition or progression. These intersecting pressures

reveal how the emotional intensity of child protection work is not distributed evenly but shaped by race, gender, and positionality within institutional hierarchies.

Institutional racism (Macpherson 1999) refers to the systemic production and reproduction of racial inequality through the policies, practices, cultures and norms of institutions, regardless of the individual intentions of those operating within them. It is not confined to overt prejudice or explicit discriminatory acts; rather, it is embedded in organisational routines, decision-making processes and taken-for-granted assumptions that result in differential outcomes for Black and global majority groups (Carmichael and Hamilton, 1967; Macpherson, 1999). The concept highlights how racism operates structurally, shaping access to resources, opportunities, protection and power in ways that appear neutral but are patterned by historical and contemporary racial hierarchies.

The definition offered in the Macpherson Report is particularly influential in the UK context, describing institutional racism as:

'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin... It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping'.
(Macpherson, 1999, pg. 379).

Subsequent scholarship has extended this definition by emphasising that institutional racism operates through structural mechanisms that sustain race related disadvantage

over time, even in the absence of explicitly racist intent (Gillborn, 2008; Bonilla-Silva, 2018). From a critical realist perspective, institutional racism can be understood as a real but often non-observable structural mechanism that generates patterned inequalities at the empirical level.

My own professional experience sits alongside this structural understanding. As one of only two South Asian leaders within my organisation, I am aware that while diversity is visible at frontline level and reflected within the community we serve, it becomes markedly less visible at senior leadership tiers. This diminishing representation as hierarchy ascends is not incidental; it illustrates how institutional racism can operate through patterns of progression, visibility and gatekeeping. There are no explicit acts of exclusion, yet the absence itself communicates who is imagined as a 'leader' and whose authority is unconsciously normalised. From a Critical Realist (Bhaskar 1979) perspective, this pattern represents the empirical manifestation of deeper structural mechanisms shaping opportunity, recognition and power. The experience is therefore not reducible to individual prejudice but situated within organisational cultures that reproduce these hierarchies, even within services committed to equality and social justice.

Microaggressions are subtle, often everyday verbal, behavioural or environmental slights that communicate hostile, derogatory or dismissive messages to individuals on the basis of their membership of a marginalised racial or social group (Sue et al., 2007). They are frequently enacted unconsciously and may be framed as neutral or well-intentioned, yet their cumulative effect reinforces racial hierarchies and normalises inequality. Sue et al. (2007) identify three forms: microassaults (explicit but

often subtle discriminatory acts), microinsults (communications that convey rudeness or demean racial identity), and microinvalidations (communications that negate or dismiss the lived experiences of people of colour). Although individually ambiguous and therefore difficult to challenge, microaggressions function as everyday enactments of deeper structural inequalities, contributing to identity strain, emotional labour and diminished belonging within professional contexts (Sue, 2010; Lewis and Neville, 2015).

In my own organisational context, microaggressions are not always overt but are visible in patterned interactions. I have regularly witnessed instances where a Black or Asian colleague proposes an idea that receives little acknowledgement or traction, only for the same suggestion to be recognised and validated when articulated by a White colleague. In isolation, such moments may appear minor or attributable to coincidence; however, their repetition makes them significant. These interactions function as microinvalidations, subtly undermining professional authority and reinforcing whose voice is deemed credible. Over time, this dynamic contributes to race related hierarchies of recognition within the workplace, shaping participation, confidence and belonging. From a structural perspective, these everyday exchanges cannot be dismissed as interpersonal misunderstandings; rather, they reflect deeper organisational norms in which white is unconsciously positioned as authoritative and intelligible.

Conclusion

This chapter has established the wider context for understanding women's emotional experiences in child protection social work. It has shown that women's participation in paid employment continues to be shaped by gendered expectations of caregiving, the double burden of paid and unpaid labour, and workplace cultures that often reward constant availability while penalising visible caregiving identities. Within feminised professions such as social work, emotional labour is central to relational practice, yet it is frequently devalued, rendered invisible, or managed through managerial and performance driven systems that reduce space for reflection and containment.

The chapter has also highlighted that these dynamics are not experienced uniformly. Race, class, and institutional power shape who is scrutinised, who is heard, and whose emotional expression is interpreted as professional or problematic. In child protection, these pressures are intensified by risk, public scrutiny, and policy environments that can promote procedural defensiveness over emotionally attuned practice. Taken together, this chapter provides the structural and professional backdrop for Chapter 3, which turns to the literature specifically focused on women who are mothers and child protection social workers and examines what is currently known, what is missing, and how this study responds to those gaps.

Chapter 3 - Mothers in Social Work

Introduction

Chapter 2 set out the wider context shaping women's emotional experiences at work and within social work, including the gendered organisation of labour, the centrality of emotional labour in feminised professions, and the organisational and policy pressures that structure statutory child protection. Building on that foundation, this chapter focuses specifically on the literature concerning women who are mothers and child protection social workers, where professional decision-making, risk, and relational work are intensified.

Although women constitute a substantial proportion of the child protection workforce, there remains a striking absence of research that directly examines how practitioners experience the dual identity of mother and child protection social worker, and how this shapes emotional labour, professional boundaries, and wellbeing. This chapter therefore synthesises the limited but important empirical evidence available, draws out the key themes and contradictions across the studies, and identifies the conceptual and empirical gaps that underpin the rationale for the current research.

This chapter begins by outlining the scoping review approach and the search and selection process used to identify relevant literature. It then presents an overview of the studies included in the review before synthesising the literature thematically. The thematic discussion focuses on role conflict and boundary issues, emotional strain and

vicarious trauma, navigating risk while being a parent, stigma and judgement, and coping and support. The chapter concludes by identifying key conceptual and empirical gaps in the literature and showing how these gaps provide the rationale for the current study.

Literature Review Approach

This chapter adopts a scoping review approach to identify and synthesise the limited body of literature concerning women who are mothers and child protection social workers. A scoping review was appropriate because the evidence base is relatively small, dispersed, and methodologically varied, making it more suitable for mapping the field and identifying key themes and gaps than for conducting a narrowly defined systematic review. In line with scoping review principles, the purpose of this chapter is to examine the extent, range and nature of the available literature, clarify what is currently known, and identify areas where further research is needed (Arksey and O'Malley, 2005; LeVac, Colquhoun and O'Brien, 2010).

The review was undertaken in a structured and transparent way, drawing on scoping review principles of identifying the research focus, searching for relevant studies, applying clear inclusion and exclusion criteria, and charting and synthesising the findings. PRISMA-informed stages of identification, screening, eligibility and inclusion were used to document how the final group of studies was selected (Page et al., 2021).

Search Strategy and Selection Criteria

In line with scoping review principles, a structured search was undertaken to identify literature relating to women who are mothers and child protection social workers. Electronic databases searched included the University of Essex Library, NHS Athens, EBSCOhost, SCIE, Social Care Online, ASSIA, PsycINFO, and Google Scholar.

Searches were conducted using combinations of the following terms:

- 'child protection social workers'
- 'mother' and 'social worker'
- 'emotional labour, or 'emotional work'
- 'child protection' and 'gender'
- 'social work' and 'maternal identity'
- 'dual roles' and 'women and 'professional identity'

Searches were limited to English-language publications between 2000 and 2024 in order to reflect contemporary child protection systems, organisational conditions and professional contexts.

Initial searches produced a large number of results, many of which focused on mothers as service users rather than practitioners. In keeping with scoping review methodology, the search strategy remained broad enough to capture adjacent literature on emotional labour, identity, and reflective practice in social work where this contributed to understanding the context within which mothers in social work are positioned. Studies were then screened for relevance to the review focus.

A scoping review was particularly suitable because the literature on mothers in child protection social work is limited, heterogeneous, and spread across different methodological and disciplinary traditions.

The following inclusion and exclusion criteria were used to guide screening and selection.

Criteria	Inclusion	Exclusion
Language	English	Non-English texts
Date	2000-2024	Pre-2000 literature
Population	Social workers who are mothers; closely related studies on women in social work where relevant	Mothers as service users only; other professional groups
Context	Child protection, statutory safeguarding, or comparable social work settings	Non-comparable statutory or professional contexts
Design	Qualitative, interpretive, narrative, reflexive, or mixed-methods studies with relevant qualitative insight	Quantitative-only studies with no emotional or experiential focus
Focus	Emotional labour, identity, dual roles, boundary issues, parenting and practice	Parenting or trauma studies with no link to professional social work practice

Selection Summary (PRISMA)

PRISMA (2020) informed stages of identification, screening, eligibility and inclusion were used to provide a transparent account of how studies were selected for the review.

- Initial results - 590,000
- Refined by keywords and filters - 150
- Screened by title and abstract - 35
- Full texts reviewed - 16
- Included - 6 directly relevant; 10 contextually relevant

Of the 16 full texts reviewed, six studies were identified as directly addressing the experiences of women who are mothers and in child protection social work roles and form the core empirical focus of this review, while the remaining studies were used contextually to support thematic and conceptual discussion.

While limited in number, the selected studies were chosen based on their methodological alignment with this research, for example the use of qualitative interviews and reflexive analysis, and their relevance to the lived emotional experiences of women who are mothers and child protection social workers. These studies form the core empirical focus of the thematic synthesis that follows.

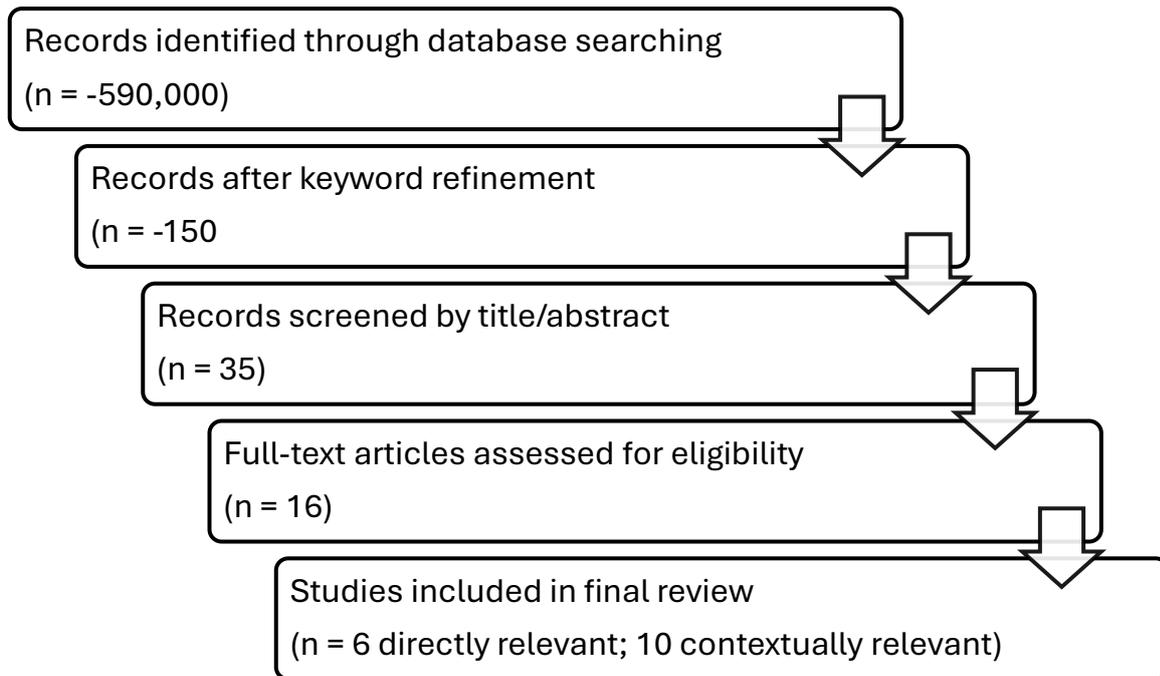


Figure 1. PRISMA-informed study selection process

Analysis and Synthesis

Consistent with LeVac et al. (2010), the analysis moved beyond description toward thematic synthesis. Each study was read multiple times and key findings were extracted relating to identity, emotional labour, boundary permeability, supervision, stigma, and organisational culture. Rather than aggregating results, the synthesis involved identifying recurring patterns, tensions, and conceptual gaps across studies.

This interpretive synthesis aligns with the epistemological positioning of this thesis, which seeks to understand how emotional experiences are shaped not only by the individual but also by organisational and structural contexts. The review therefore attended both to what participants reported and to how studies framed those experiences theoretically.

While not a meta-analysis or formal systematic review, this structured approach ensures rigour, transparency, and coherence in how the six studies were identified and synthesised.

Rationale for Focusing on Mothers in Child Protection Social Work

Although women, many of whom are also mothers, constitute the majority of the child protection workforce, there is a striking absence of research exploring how they experience and manage the dual demands of parenting and safeguarding. The dual identity of mother and social worker within a highly emotional and risk-laden field presents unique contradictions. Empathy and care are professionally required yet personally draining, boundaries between home and work often blur, and institutional cultures may fail to recognise or support these emotional complexities (Grant and Kinman, 2014; Ruch, 2012; Gattrell, 2013). Addressing this gap is central to understanding both practitioner wellbeing and the quality of relational practice.

This chapter turns to the empirical studies that directly explore the experiences of women who are both mothers and child protection social workers. Although few in number, these six studies provide crucial insight into how professional, emotional, and personal dimensions intersect within this dual identity. Together they illuminate the complex emotional landscape of women who are mothers and child protection social workers, characterised by empathy, ambivalence, hypervigilance, and the ongoing negotiation of professional boundaries.

Overview of Included Studies

Study	Description	Outcome
Kalliath and Kalliath (2014)	Mixed-methods study with over 2,000 Australian social workers via online survey; combined quantitative data with open-ended qualitative responses.	Highlighted significant emotional strain from balancing work and home life, especially in child protection. Participants reported impacts on relationships, health, and well-being. Lack of support exacerbated stress. Limited by lack of demographic detail and the snapshot nature of the data.
Menashe, Possick and Buchbinder (2014)	Qualitative IPA study with 10 Jewish Israeli child protection workers who were also mothers. Explored how professional exposure influenced parenting.	Found heightened anxiety and hypervigilance in parenting, along with increased affection and mistrust. Indicated signs of vicarious trauma. Limited by homogeneity of sample and reliance on retrospective accounts.
O'Sullivan (2017)	Doctoral research using work discussion groups over a year with 7 female child protection social workers who were also mothers. Focused on maternal ambivalence.	Revealed deep emotional conflict, guilt, and long-term emotional memory related to difficult cases. Reflections showed tension between professional and maternal identities. Disclosure was limited by fear of appearing unprofessional.
Lewis (2022)	Autoethnographic study using personal journals and reflections as a social work student, practitioner, and mother.	Showed how maternal identity and professional practice intersect emotionally and ethically. Autoethnography allowed for deep reflexivity, though generalisability was limited. Validated subjectivity as meaningful data.

Connor and Napan (2022)	Narrative inquiry of one participant (Napan), a mother, social worker, and academic. Co-constructed dialogue with researcher Connor.	Illustrated fluidity of personal and professional identity and emotional insight through storytelling. Emphasised the power of narrative in professional reflection. Limited by a single participant and potential lack of objectivity.
Steele, de Haan and Hyslop (2025)	Qualitative study (thematic analysis) in Aotearoa New Zealand with experienced child protection social workers who became parents; insider-researcher approach foregrounded transitions back to practice post-birth.	Identified 'maternal professionalism', where empathy and attunement are valued yet exploited; showed how gendered norms and organisational logics intensify guilt, exhaustion, and self-surveillance. Calls for reflective supervision and organisational accountability for emotional wellbeing. Limited by a small, New Zealand-specific sample.

Table 1. The six identified studies: Experiences of Social Workers Who Are Mothers

In keeping with scoping review methodology, the included studies were charted and then synthesised thematically in order to identify recurring patterns, tensions and gaps across the evidence base.

Together, these studies offer a developing picture of how motherhood shapes emotional labour, identity, and the permeability of boundaries between home and practice. However, they vary in method, depth, and theoretical framing, and several are limited by small samples, homogeneity, and a tendency to individualise what are

often organisational and structural tensions. The sections below synthesise the evidence thematically.

Across the six studies, motherhood is portrayed as both a resource and a source of strain within social work practice. Kalliath and Kalliath (2014), in their large Australian mixed-methods study of over 2,000 practitioners, found that social workers, particularly mothers, experienced heightened emotional exhaustion due to competing demands from work and family. Emotional resources expended in caring for service users were rarely replenished at home, producing what they termed care fatigue.

Menashe, Possick and Buchbinder (2014) offered a more intimate perspective through their interpretative phenomenological study of Israeli child-protection mothers. Participants described their professional insight as deepening their empathy but simultaneously burdening them with heightened anxiety and self-criticism as parents. This duality echoed throughout later work, including O'Sullivan's (2017) work discussion group study and Lewis's (2022) autoethnography, both of which captured the intensity of living at the intersection of professional and maternal care.

Most recently, Steele, de Haan and Hyslop (2025) extended this body of evidence in New Zealand, examining how becoming a parent reshaped experienced child protection practitioners' sense of professional identity. They introduced the concept of maternal professionalism, the expectation that empathy, emotional attunement, and endurance are natural extensions of motherhood, showing how these qualities are simultaneously celebrated and exploited within social work organisations.

While collectively informative, these studies share several limitations. The majority draw on small, gender-homogeneous samples and Western contexts, often centring white, middle-class women, which constrains understanding of how race, class, and culture mediate the crossover between the personal and professional. Furthermore, the interpretive focus on personal experience sometimes overlooks structural determinants such as managerialism, austerity, or institutional racism, thereby individualising what are often systemic tensions. As such, while these studies make visible the emotional complexities of women who are mothers and social workers, they minimise the organisational and intersectional contexts that shape those emotions, a gap this study seeks to address.

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Role Conflict and Boundary Issues

The studies consistently reveal that motherhood intensifies role conflict and erodes professional and personal boundaries. O'Sullivan (2017) conceptualised this through 'maternal ambivalence', the psychological and ethical tension between the impulse to nurture and the professional duty to act. Social workers who were mothers reported

reliving cases when they removed a child from their parent/s long after they had ended, struggling to reconcile empathy with authority.

Lewis (2022) described similar dissonance in her autoethnography, explaining how theoretical knowledge of attachment heightened self-scrutiny and diminished confidence in her parenting decisions. For Steele et al. (2025), such boundary tension was structurally reinforced, participants felt compelled to suppress emotional responses to maintain credibility, yet their caring identities were simultaneously invoked to justify excessive workloads. This organisational double bind produced chronic guilt and a sense of inauthenticity, deepening the boundary collapse between professional and personal selves.

While these studies offer valuable insights into the emotional entanglement of motherhood and practice, they tend to privilege individual and psychological accounts of conflict, and in some cases, neglecting the organisational and sociocultural structures that reproduce such tensions. By focusing primarily on women's internal struggles, they risk reinforcing notions of maternal vulnerability rather than situating these dynamics within broader systems of gendered labour and professional surveillance. Moreover, few of the studies critically examine how factors such as race, class, or institutional culture mediate this ambivalence, leaving unanswered questions about whose maternal experiences are being represented and whose remain marginalised. Addressing these gaps requires an intersectional and systemic analysis that links personal distress to structural and institutional conditions, a perspective this current research seeks to advance.

Unique Stressors - Exposure to Child Harm and Vicarious Trauma

Exposure to child-harm narratives carries distinctive risks for mothers in child protection. Menashe et al (2014) found that participants became hypervigilant parents, often distrusting relatives or partners and closely monitoring their children for signs of harm. These responses reflect the internalisation of vicarious trauma (McCann & Pearlman 1990, Bride 2007).

Lewis (2022) similarly documented emotional spillover, where awareness of theoretical risk translated into pervasive anxiety in everyday parenting. Steele et al. (2025) confirm that such 'emotional carry-over' persists even among seasoned practitioners: mothers described sleeplessness, intrusive imagery, and protective over-identification with their children. The authors argue that this emotional permeability is a defining feature of maternal professionalism, one that demands organisational containment rather than individualised resilience narratives.

However, these studies tend to frame emotional impact through a primarily psychological lens, offering limited attention to the organisational and structural conditions that sustain such trauma. By privileging individual accounts of distress, they risk reproducing the very resilience discourse that Steele et al (2025) critique. Moreover, few explore how factors such as race, class, or cultural expectations mediate experiences of vicarious trauma, leaving unanswered how intersectional identities shape both vulnerability and coping. Situating these findings within broader systemic and cultural contexts remains crucial to understanding the full complexity of emotional exposure in child protection practice.

Navigating Risk Assessment While Being a Parent

Balancing professional judgement with personal identification emerged as another recurring challenge. In O'Sullivan's (2017) study, participants felt ethically torn when assessing mothers whose struggles mirrored their own, reporting heightened empathy but also fear of over-identification. They also described losing empathy for mothers in the absence of a containing space (Toasland 2007) to support them in processing the emotional demands of the work. Steele et al. (2025) describe similar dilemmas, participants questioned whether their personal parenting choices aligned with the professional standards they imposed on families. This double vision sharpened practitioners' sensitivity to risk but also magnified guilt when compelled to remove children. The process of risk assessment thus became not only an organisational procedure but a moral and emotional negotiation, shaped by practitioners' maternal identities.

However, both studies offer limited attention to the institutional, cultural, and intersectional forces that shape how risk is constructed and enacted. By individualising moral conflict, they risk overlooking how managerial imperatives, media scrutiny, and race based assumptions about good parenting mediate practitioners' decisions. A fuller understanding requires situating these emotional negotiations within the broader ecology of child protection practice, where gendered and cultural scripts influence both professional judgement and self-perception.

Stigma, Judgement, and Perceived Hypocrisy

Several studies highlight how women who are mothers and social workers face implicit stigma from colleagues and clients alike. O'Sullivan (2017) noted that participants hesitated to disclose emotional distress in supervision, fearing they would appear weak or unprofessional. This echoes broader gendered expectations within social work that idolises emotional control while subtly pathologising maternal expression (Harris 2005, Beddoe 2010).

Steele et al. (2025) add an organisational dimension, observing that mothers were sometimes viewed as less resilient or less committed, particularly after maternity leave. Conversely, their maternal empathy was exploited to justify disproportionate emotional labour. Such contradictory perceptions reinforce what Charlesworth, Baines & Cunningham (2015) describe as the double burden of professional and domestic care, a tension that leaves women vulnerable to guilt and burnout.

While these studies expose the contradictions embedded in professional cultures of care, they tend to frame stigma and judgement as individual attitudes rather than as features of institutional power. Little attention is given to how organisational discourse, managerial expectations, or intersecting (Crenshaw 1989) factors such as race and class shape these perceptions of hypocrisy and inadequacy. A more critical reading suggests that these forms of stigma are not merely interpersonal but structural, embedded in gendered hierarchies that devalue emotional expression while exploiting it as a professional resource.

Coping Strategies and Sources of Support

Across contexts, mothers in social work employ diverse coping mechanisms to manage emotional strain. Kalliath & Kalliath (2014) identified informal peer support and flexible scheduling as buffers against stress, though many participants reported minimal organisational recognition of these needs. Connor & Napan (2022) demonstrated the restorative power of narrative reflection, showing how conversational storytelling enabled emotional processing and identity repair.

O'Sullivan (2017) found that structured reflective spaces could allow for containment, yet participants also described them as anxiety provoking when supervision cultures felt punitive. Steele et al. (2025) argue that meaningful support requires supervision explicitly attuned to the lived realities of parent practitioners, spaces that legitimise vulnerability without fear of judgment. Their participants called for relational supervision and systemic accountability for emotional wellbeing, moving beyond resilience rhetoric toward collective care.

Few studies critically interrogate how organisational cultures, power dynamics, or intersectional identities mediate access to supportive spaces. Moreover, while reflective supervision is often idealised, its effectiveness depends on trust, time, and managerial commitment, conditions frequently undermined by bureaucratic and performative pressures. This disjuncture between the rhetoric of support and the structural realities of practice exposes the need for organisational containment that is both relational and systemic.

Bostock et al. (2019) extends this argument by examining how organisational climates can either facilitate or inhibit reflective supervision. Their research, undertaken within English local authorities, highlights that when supervision is experienced as relational, emotionally attuned, and curious rather than punitive, practitioners report greater wellbeing, empathy, and professional confidence. However, where supervision is dominated by procedural compliance, emotional safety is eroded, and practitioners' capacity for reflection diminishes. Bostock's findings reinforce the argument that supervision is not a peripheral managerial task but a vital relational process through which emotional containment and professional growth occur.

Synthesis and Gaps in the Literature

Taken together, these six studies reveal that motherhood profoundly reshapes the emotional terrain of social work. The intersection of professional and parental identities generates empathy and insight but also exposes practitioners to unique vulnerabilities, including hypervigilance, guilt, role strain, and the risk of emotional exhaustion. Steele et al. (2025) provide the most contemporary evidence that these experiences are not isolated or purely personal but embedded within organisational cultures that valorise care while neglecting the carers.

Across these six empirical studies, several common themes emerge. Motherhood intensifies empathy and ethical sensitivity, yet also heightens vulnerability to emotional saturation, hypervigilance, and guilt. The boundaries between professional and personal selves become much more fluid, giving rise to what can be understood as a form of maternal professionalism. This concept is reflected in the work of O'Sullivan

(2017) and Steele et al. (2025), who describe how maternal ways of being and caring infuse professional identities and practices, even if not explicitly named as such. Reflective practice and supervision repeatedly appear as protective factors, but their effectiveness depends on organisational climates that genuinely support emotional expression.

Despite these convergences, notable tensions and contradictions run through the literature. Reflective spaces are described as both restorative (Connor & Napan 2022) and potentially unsafe (O'Sullivan 2017), empathy is framed as both a strength (Lewis 2022) and a liability (Menashe et al. 2014). Steele et al. (2025) add that organizational rhetoric celebrating care often conceals structural exploitation, a finding that challenges earlier, more individualised accounts of coping.

The review also exposes significant gaps. First, most studies focus on small, homogenous samples, predominantly white, middle-class participants, leaving intersectional dimensions of race, culture, and class largely unexplored, resulting in an incomplete understanding of how power and identity intersect in practice. They also focus on psychological experiences rather than the institutional and cultural forces that produce them. Furthermore, while several authors acknowledge organisational pressures, these are rarely theorised as structural determinants within neoliberal or gendered frameworks. Second, little is known about the long-term career impacts of these emotional dynamics, how motherhood shapes progression, retention, or leadership trajectories in social work. Finally, the absence of UK-based, racially diverse, and structurally informed research emphasises the need for inquiry grounded in critical-realist and psycho-social frameworks.

The current study responds directly to these omissions by exploring how women who are mothers and child protection social workers experience and make sense of the emotional entanglement between motherhood and child-protection social work within the contemporary UK context. The participants represent a diverse range of backgrounds, including White, Asian, and Black women. It examines these through a Critical Realist (Bhaskar 1979) framework, informed by Bronfenbrenner's ecological systems (1979) theory and an intersectionality (Crenshaw 1989) lens, to situate individual emotional experiences within the interrelated organisational, cultural, and structural systems that shape them.

Summary of Key Points from the Literature

This chapter has reviewed the studies that explore the emotional experiences of women who are both mothers and child protection social workers, drawing on theoretical, contextual, and empirical sources. It has shown that these experiences are shaped by a context of an interplay of gendered expectations, emotional labour, institutional cultures, and intersecting social identities. While existing literature illuminates aspects of this dual role, significant gaps remain, particularly in understanding how these identities become emotionally and psychologically entangled, and how organisational support structures either mitigate or exacerbate these tensions.

The empirical studies reviewed, Kalliath & Kalliath (2014), Menashe et al. (2014), O'Sullivan (2017), Lewis (2022), Connor & Napan (2022), and Steele et al. (2025),

collectively demonstrate that motherhood intensifies empathy, guilt, and emotional permeability. These women experience blurred boundaries between personal and professional selves, often carrying trauma from work into home life. While reflective practice and supervision emerge as potential buffers, implementation remains inconsistent and often undermined by managerialist cultures. As Steele et al. (2025) argue, emotional care within organisations is frequently valorised rhetorically yet structurally neglected, leaving practitioners responsible for their own containment.

Taken together, the literature reveals that the emotional labour of women who are mothers and social workers is not merely an individual psychological burden, but a structural phenomenon embedded within gendered, racialised, and bureaucratic systems. The dual roles of carer and professional create persistent role strain (Goode 1960), while institutional cultures often suppress rather than support emotional expression. Moreover, UK-based and racially diverse studies remain scarce, limiting the field's capacity to understand these experiences within contemporary, multicultural practice settings. This thesis therefore extends the existing knowledge base by adopting a critical realist framework, informed by Bronfenbrenner's ecological systems model and an intersectionality lens, to situate these emotional experiences within the interdependent personal, organisational, and societal systems that shape them.

Implications for Policy, Practice, and Future Research

The synthesis of existing literature highlights several implications for policy, practice and future research.

First, policy and organisational frameworks must move beyond generic wellbeing initiatives toward culturally responsive, gender-aware, and trauma-informed systems of support. Supervision should be reframed as a relational and emotionally attuned process that recognises how maternal identity and emotional labour intersect with professional responsibility. Building psychological safety within supervision is not optional, it is essential for ethical and sustainable practice. This aligns with Bostock's (2011, 2019) emphasis on supervision as an emotionally containing practice, grounded in trust, curiosity, and reflective dialogue.

Second, training and professional development programmes should explicitly address the emotional dimensions of motherhood in social work, encouraging reflection on identity, power, and emotion without pathologising vulnerability. Embedding emotional literacy within organisational cultures could help counteract the dominance of proceduralism and performance metrics that currently inhibit authentic reflection.

Third, there is an urgent need for intersectional and longitudinal research. Most existing studies overlook race, cultural, and class-based differences, and few explore the long-term career trajectories or leadership experiences of mothers in social work. Future inquiry should also examine how institutional racism, policy reforms, and evolving family structures influence emotional wellbeing and professional identity.

Finally, acknowledging gender asymmetry is vital. While male social workers who are fathers may also experience tension between professional and parenting roles, research (Scourfield 2003, Krane & Davies 2007) indicates that men are rarely scrutinised or judged through the same moral and emotional lens. This reinforces the

need for systemic change that challenges cultural narratives equating caregiving with femininity.

Conclusion

This chapter has synthesised the small but important body of literature examining women who are mothers and child protection social workers. Across the studies reviewed, motherhood emerges as both a resource and a source of strain: it can deepen empathy and ethical sensitivity, while also intensifying guilt, hypervigilance, emotional permeability, and the blurring of boundaries between home and practice. The concept of maternal professionalism usefully captures how caring identities and emotional endurance are often assumed to be natural extensions of motherhood, and how these qualities may be simultaneously valued and exploited within statutory organisations.

At the same time, the evidence base remains limited. Existing studies are often small-scale, shaped by relatively homogenous samples, and tend to privilege individual or psychological accounts over organisational and structural explanations. Intersectional dimensions, particularly race, culture and class, remain under-examined, and there is limited UK-based research that explores how institutional cultures, supervision climates, and policy environments shape the emotional realities of mother practitioners over time. These gaps underpin the rationale for the current study, which examines the experiences of a racially diverse group of mothers working in UK child protection, and situates their accounts within a critical realist framework informed by Bronfenbrenner's ecological systems theory and an intersectional lens. The next chapter therefore sets

out the methodological approach used to explore these experiences, including the epistemological positioning, sampling, and analytic strategy that guide the study.

Chapter 4 - Methodology

Introduction

Building upon a critical review of the literature and empirical studies pertinent to this inquiry, this chapter situates the research aims and objectives of exploring the lived experiences of mothers working as child protection social workers, examining how they navigate this dual role, identifying the barriers that create strain or conflict and generating insights that inform practice, policy, and workplace culture within a clearly defined epistemological and ontological framework.

It provides a systematic account of the research design, offering justification for the methodological choices made and delineating the rationale underpinning these decisions. The chapter further explicates the sampling strategy, interview procedures, analytic approach, and demographic profile of participants. In addition, it engages with the intersecting dimensions of researcher reflexivity and ethical practice, recognising their centrality to the trustworthiness, transparency, and ethical reporting of the study.

Research Paradigm

A paradigm is the study's philosophical underpinning or worldview (Blaikie 2010). Selecting a suitable research paradigm is essential to achieve the research objectives and obtain appropriate responses to the inquiry. Guba and Lincoln (1994) emphasise that research paradigms rest on four philosophical layers: ontology - the nature of reality (objective vs. socially constructed); epistemology - how knowledge is acquired

(discovered vs. constructed); methodology - the strategies and techniques used for data collection and analysis; and ethics - moral considerations, including consent, confidentiality, and harm reduction.

The origins of my research necessitated an epistemological approach that embraced the interactive and intersubjective nature of human relations and their associated complexities. It needed to capture the entanglement experienced by child protection social workers who are mothers between their personal and professional selves, acknowledging the tensions, negotiations, and challenges that arose, understanding why these phenomena came about and offering insight into how women in this position might be supported in navigating their dual role.

A critical realist paradigm was therefore adopted, as it enables exploration of the interplay between individual meaning-making and the deeper structural mechanisms shaping those meanings (Bhaskar 1978, Danermark et al. 2002). Critical Realism recognises an external reality but posits that knowledge of it is subjective and bound by interaction and social construction (Lawani 2021). This layered perspective affords critical realism relevance to social work research through its acknowledgement that social workers' experiences and practices are shaped by underlying mechanisms and systemic structures (Samsonsen & Heggdalsvik 2023) such as power dynamics, systemic inequalities, and historical forces that shape observable social phenomena (Sayer 2000, Samsonsen & Heggdalsvik 2023). Furthermore, the process of recording and enables researchers to reveal the deeper processes that generate them (Park & Peter 2022), meaning critical realism has the potential to pave the way for transformative social change.

Although social constructionism (Houston 2001a) is highly valuable for understanding how meaning is produced through language, culture, and interaction, it was not sufficient on its own for the aims of this study. Social constructionism highlights discourse and the co-construction of reality (Burr 2015), which aligns with exploring how women make sense of the emotional demands of being both mothers and child protection social workers. However, the experiences described by participants were not only discursive or interpretive; they were also shaped by material and institutional realities that persist regardless of how they are narrated. Workload pressures, organisational cultures, statutory duties, managerial decision-making, and structural racism are not simply 'stories', they are real conditions that constrain and enable practice, produce harm, and shape emotional experience in patterned ways (Sayer 2000, Danermark et al. 2002). For this reason, a purely constructionist approach risked over-privileging talk and meaning at the expense of the broader structural context that participants repeatedly pointed to, particularly in relation to trauma, racism, and organisational silence.

Critical Realism offered a better fit because it allowed me to take participants' accounts seriously as lived experiences while also asking a further question: what must be happening in the wider system for these experiences to be generated and sustained? (Bhaskar 1979). This mattered for a study concerned with entanglement between personal and professional, because entanglement is not only felt internally; it is produced through interactions across multiple layers of reality - personal biography, relationships, workplace cultures, and wider political and social structures (Bhaskar 1979, Sayer 2000). Critical realism therefore enabled an explanation-seeking

orientation, supporting movement from description (what participants said and felt) toward identifying underlying mechanisms (such as gendered expectations, power, institutional defensiveness, and racism) that shape emotional labour and support (Danermark et al. 2002, Fletcher 2017). This approach is increasingly used in social work research where the aim is not only to interpret experience but to understand how practice is patterned by structures and inequalities, and to inform change at organisational and policy levels (Houston 2001, Devaney 2016).

Ontology

Ontology is a philosophical study of 'being' within human existence (Crotty 2020). In research, it refers to the assumptions we make about the nature of reality, what exists and how it can be understood. These assumptions shape how researchers define concepts, frame questions, and interpret findings. For example, some ontological positions view reality as objective and independent of human perception, while others see it as socially constructed through experience and interaction. Clarifying one's ontological stance is essential, as it underpins methodological and theoretical choices in qualitative research.

My ontological position aligns with Bhaskar's (1979) Critical Realism, which recognises three layers of reality: empirical (what we observe); actual (what happens); and real (the underlying structures and mechanisms influencing events). This approach helps bridge the subjective and objective dimensions of experience, stressing the importance of context. Child Protection Social workers operate within

organisational cultures and wider societal structures, where systemic inequalities can act as triggers, amplifying tensions or challenges (Murphy et al. 2024).

Epistemology

Epistemology refers to the *nature of the relationship between the knower or would-be knower and what can be known* (Guba & Lincoln 1994). Ontology (what we believe exists) influences epistemology (how we believe we can know), and this connection has long been emphasised in research philosophy. For example, Moon & Blackman (2017) and other authors show how ontological and epistemological positions align with research design.

As mentioned above, Critical Realism (1979) bridges the gap between contrasting approaches to how knowledge is gained. Social constructionism (Burr 2015) views all knowledge as constructed including representations of physical and biological reality (although more moderate strands acknowledge that some things are not constructed), while realism posits the existence of a reality independent of human perception (Samsonsen & Heggdalsvik 2023). Critical Realism (1979) acknowledges that our understanding of the world is shaped through social, cultural and linguistic constructions and discourse, but asserts that these constructions are responses to real conditions, underlying structures and mechanisms such as material inequalities, institutional power, and historical forces, which are less immediately apparent (Bhaskar 1979), and encourages researchers to critically reflect on their assumptions and explore deeper causal explanations. This approach has gained impetus in social work scholarship, with Houston (2001), Devaney (2016), and Oliver (2012) applying it

to child protection, inter-agency collaboration, and systemic inequalities in practice. By integrating both individual experiences and broader structural realities, critical realism offers a powerful lens for examining complex social issues in child protection and social work decision-making. Sayer (2000) further emphasises the importance of reflexivity, urging researchers to question their assumptions and seek deeper causal explanations for observed phenomena.

Theoretical Frameworks

Further underpinning this research are two interrelated theoretical frameworks: intersectionality (Crenshaw 1991) and Bronfenbrenner's Ecological Systems Theory (1979). Intersectionality (Crenshaw 1991) is a theoretical framework that explores how multiple, interlocking social identities converge to shape individuals' lived experiences within broader systems of power, privilege, and oppression. Rooted in Black feminist thought and first articulated by Crenshaw (1991), intersectionality challenges additive or single-axis approaches to identity and recognises that systems of oppression, such as racism, sexism, and classism, are deeply interconnected and mutually reinforcing. Intersectionality is particularly well-suited to qualitative research, as it supports in-depth, context-sensitive inquiry into the nuanced and often contradictory experiences of individuals whose lives are shaped by multiple, overlapping forms of marginalisation or privilege. However, the framework has also faced criticism, particularly regarding its conceptual ambiguity, the challenges of operationalising it in empirical research, and the risk of overemphasising difference at the expense of solidarity (Nash 2008, Esposito & Evans-Winters 2022).

The ecological systems model, a term coined by Bronfenbrenner (1979), is a framework for understanding how different layers of environmental influence impact human development. It consists of five interconnected systems, the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. These systems range from immediate, face-to-face interactions (e.g. family, peers) to broader societal structures (e.g. policy, culture, historical context), each shaping individual experience in dynamic and reciprocal ways. Critiques of the ecological model include its limited attention to power relations and systemic oppression, areas that intersectionality helps to illuminate by foregrounding the impact of intersecting social identities and institutional structures (Pelech & Pelech 2013).

This integrated lens - Critical Realism (Bhaskar 1979), Intersectionality (Crenshaw, 1991), and Bronfenbrenner's Ecological Systems Model (1979), offers a multi-layered framework for analysing the complex realities women who are mothers face as child protection social workers.

The combined use of these theoretical orientations offers a robust and complementary lens through which to explore the multifaceted experiences of mothers involved in child protection. Their integration is particularly well-suited to capturing the complexity of this topic, where individual agency, relational contexts, and structural forces are intertwined.

Aims and Purpose

As outlined in the preceding chapter, existing research has highlighted the limited but growing recognition of the emotional dimensions of social work and the gendered expectations placed upon mothers. Building on these insights, this exploratory practitioner research project aims to better understand the emotional challenges faced by women navigating their roles as mothers and child protection social workers in England. It strives to extend our understanding of their lived realities, including their experiences of emotional labour, burnout, work-life balance, and the institutional or cultural barriers they face. The study examines both the supports that enable professional success and the barriers that create strain or conflict. It seeks to generate insights that inform practice, policy, and workplace culture and contribute to the development of practice frameworks and organisational policies that acknowledge and support the dual caregiving responsibilities of mothers working in child protection. Furthermore, this research contributes a novel dimension to the field by intentionally capturing diverse perspectives.

This study seeks to address the following specific questions:

1. What are the emotions experienced by child protection social workers who are also mothers?
2. What is the impact of these emotional experiences on their personal and professional lives?
3. How are these emotional experiences managed? Are they recognised by the organisation? If so, what support is available?

Research Design

This study employs a qualitative approach, which allows for a richer and deeper exploration of participants' personal experiences than is achievable using quantitative methods, while also maintaining a clear focus on key research areas. Qualitative methods are effective when seeking to uncover subjective insights, explore meanings and understand the broader social and structural factors that shape lived experiences (Denzin & Lincoln 2018, Hollway & Jefferson 2013, Haynes 2020), which are often difficult to capture through quantitative methods (Teater et al. 2017).

Specifically, the research was carried out using in-depth semi-structured interviews. Kvale & Brinkmann (2015) describes semi-structured interviews as conversations that have a purpose. Legard, Keegan & Ward (2003) note that although a good interview will appear natural, it will not compare to an everyday conversation and is an environment conducive to discussing personal and emotional topics (Magaldi & Berler 2020). In-depth interviewing enables a nuanced exploration of participants' lived experiences, aligning with a critical realist (Bhaskar 1979) perspective that seeks to uncover underlying mechanisms and social structures shaping individual agency and experience. By facilitating open-ended, reflective dialogue, in-depth interviews allowed for the emergence of rich, contextualised narratives that are essential for retrodictive analysis and theory development within realist research frameworks (Sayer 2000, Fletcher 2017, Bhaskar 1979).

The choice of semi-structured interviews (Kvale & Brinkmann 2015) over Focus Groups (Merton & Kendall 1946) and Work Discussion Groups, a method developed by the Tavistock and strongly influenced by Bion (1961), resulted from concerns about whether participants would feel comfortable (O'Sullivan 2017) being fully honest about a highly personal topic in a group setting. I felt that the potential for group dynamics or social pressures could limit the openness and depth of responses; this limitation of group work is well established in the literature (Acocella 2012). Logistically, a one-to-one semi-structured interview (Kvale & Brinkmann 2015) also involved a single, one-off commitment, making it a more feasible and manageable approach for both participants and the researcher. Asking questions about emotions is challenging and using a one-off interview to capture the experience of women as mothers in child protection is not without its limitations. Establishing a rapport and some element of trust is vital to enable the expression of rich detailed accounts of experience (Braun & Clarke 2006, Mason 2018). When participants feel safe, respected, and genuinely heard, they are more likely to share emotionally complex narratives that might otherwise remain hidden. This relational foundation is especially important in sensitive contexts, such as child protection, where experiences are often deeply personal and emotionally charged. Trust not only facilitates openness but also enhances the authenticity and depth of the data collected, contributing to more meaningful and ethically sound research outcomes.

Within interviews, the questions asked of participants shape the depth and quality of the information obtained (Agee 2009, Staller 2022). Well-crafted questions elicit rich and detailed responses, while clear and open-ended questions encourage participants to express themselves freely, enabling insights that might be missed with closed ended

or structured questions and contributing to the data's overall validity and reliability (Kvale & Brinkmann 2009). This approach enables researchers to capture the complexity of human perspectives and behaviours (Bryman 2012, Gear et al. 2018). It also allows the researcher to probe further where required (Bryman 2012, Patton 2015).

Guided by the work of Brönnimann (2022), I refined questions to target interviewees' emotional experiences. As can be seen in Appendix 4, the interview questions began with general prompts about the participants' experiences and gradually progressed to more detailed questions exploring their emotional experiences and reflections. This matched my positionality because I wanted to understand the relationship between the individual's subjective experience and the external world (Fletcher 2017). Brinkmann (2022) introduces a framework to guide the process of question design in realist research, arguing that questions act as a bridge between the researcher's understanding of reality and the identification of mechanism-based theories. He recommends starting with questions about events and social entities related to the phenomenon, then progressively moving backwards in time to explore the causal relationships between these elements and the underlying social conditions that influenced structures and agency behaviour, thus capturing the complexity needed for retrodictive analysis crucial to the critical realist research paradigm (Brönnimann 2022). Questions were specific to the research, such as 'What emotions have you experienced at work as a child protection social worker?' and 'Thinking about a particular incident that had an emotional impact on you, what happened, what were the emotions you experienced, and what helped you cope?'.

While a qualitative approach appeared the obvious choice for this study, some limitations must be acknowledged. These include the influence of subjective interpretation by the researcher, the time-consuming and resource intensive nature of data collection and analysis, and challenges in ensuring rigour and reliability. Additionally, the small, non-representative samples typically used limit the broad applicability of findings, and the rich, complex data requires significant expertise to analyse effectively (Palinkas et al. 2015). All the interviews took place online via Microsoft Teams.

Data collection

In-depth semi-structured interviews (Kvale & Brinkmann 2015) were conducted via Microsoft Teams, allowing for flexibility in questioning and enabling participants to reflect on their experiences in detail. Online meetings have become the norm since the Covid pandemic and afforded the opportunity to select participants from different parts of the country. Some interviews were conducted during office hours, others occurred in the evening or at weekends according to participants' preferences. Prior to interviews, I ensured my camera was positioned to create a clear, centred and welllit image, establishing a professional visual connection and reinforcing the importance of the conversation. Additionally, I verified the recording software was fully functional, giving participants confidence their contributions would be documented effectively.

Beyond the technical setup, I made a conscious effort to establish rapport, aware that discussing personal and sensitive topics in a virtual setting could feel challenging. To create a welcoming space, I engaged in polite conversation at the beginning of each

session, recognising that even small gestures in an online context can contribute to more open and meaningful dialogue (Seitz 2016). I empathised with participants and noted that, as a mother, I had a personal motivation for conducting this research as a means of building trust and conveying a sense of shared understanding (Oakley 1981). Such self-disclosure is recognised within qualitative research as a legitimate aspect of reflexive practice, helping to situate the researcher within the field (Finlay 2002). I also made clear that I would stop the interviews if, at any point, the participant became uncomfortable and required time away (Dickson-Swift et al. 2007). Participants were further informed of their right to withdraw from the study at any point without providing a reason, as detailed in the consent form provided beforehand. This approach reflects an ethically grounded and trauma-informed research methodology, which prioritises participant autonomy and emotional safety throughout the research process, an example of research practice informed by feminist ethics and participatory research principles (Campbell et al. 2009, Hesse-Biber 2014).

Interviews were subsequently downloaded onto a university drive protected by end-to-end encryption and will be deleted in line with the data protection guidelines outlined in the ethics (see Appendix A) section (Zitko 2019). Manual transcriptions of all interviews were completed within two days to preserve the accuracy of my memory of the discussions (ibid). Transcription practices fall into two broad categories. Naturalism records in detail every utterance and is presented as capturing the real world. Denaturalism removes idiosyncratic parts of speech including silence and non-verbal messages and suggests many different meanings and perceptions construct our reality (Cameron 2001 cited in Oliver, Serovich & Mason 2005). The majority of transcriptions fall within de-naturalism. Lapadat and Lindsay (1999) and Ochs (1979)

note that researchers typically borrow elements from both domains. Manual transcriptions may be time-consuming and can feel like a chore, but they are pivotal to qualitative research and require rigour (Agar 1996). I found the process to be illuminating, with each reading bringing fresh insight. Lapadat & Lindsay (1999), Mishler (1984), and Tilley (1998) show that transcription can affect how we see participants and interpret the information they share. However, Oliver et al. (2005) cautioned that the impact of manual transcription on data analysis is not fully researched and understood. This highlights a critical gap in qualitative methodology, where the process of converting spoken language into written text may inadvertently shape meaning, influence analytical decisions, and reflect the researcher's interpretive lens.

The choices made during transcription, such as how pauses, emphasis, emotion, or non-verbal cues are represented, can significantly alter the perceived tone and intent of participants' narratives. Therefore, researchers must remain reflexive and transparent about their transcription practices, acknowledging how these decisions may influence the interpretation and presentation of findings.

While practical, there are undeniable limitations to semi-structured online interviews (Kvale & Brinkmann 2015) as a method of data collection. Virtual settings can limit access to unspoken communication, which is essential for understanding a person's full response (Archibald et al. 2019, Seitz 2016). Non-verbal cues such as body language help interviewers read between the lines, providing context to verbal responses and potentially highlighting discomfort or reluctance. Even eye contact, which can signal trust and engagement, is less direct as both parties are looking at

screens. Background distractions in a home setting can reduce the depth of attention. At times I found participants' speech difficult to understand. Some did not have English as a first language, others had strong regional accents. When clarification was required, I sought confirmation from participants, who reiterated their responses consistently. Transcripts were subsequently shared with participants to verify their accuracy. This also served an important ethical purpose. I wanted participants to have the opportunity to review what they had shared and confirm they were still comfortable with it being included. I was mindful that many had made themselves quite vulnerable in the interviews and disclosed personal experiences that they might later feel differently about. Sharing the transcripts therefore gave participants the chance to clarify, amend, or request removal of any sections they no longer wished to be used, ensuring they retained control over their contributions and that consent remained ongoing rather than a one-off event (Dickson-Swift et al. 2007, Hesse-Biber 2014).

During one interview, a minor technical fault resulted in a short section of the recording being inaudible. Notwithstanding such limitations, the use of semi-structured interviews conducted via Microsoft Teams proved to be an appropriate and effective method for addressing the research question.

Inclusion/Exclusion Criteria and Recruitment

In this research, participants were recruited using purposive sampling (Palinkas et al. 2015) which involves selecting participants based on specific criteria relevant to the research question or objectives. Researchers intentionally choose individuals or cases

which can provide rich and meaningful information related to the study's focus. Requests were circulated via colleagues, and a call for volunteers was posted on LinkedIn, in a closed Facebook group for social workers, and through The Staff College (see Appendix E), specifically inviting child protection social workers who were also mothers, as my focus was to capture the nuanced detail of their experiences within this particular professional and personal intersection, because these women navigate the dual demands of being a mother and practising within one of the most emotionally charged areas of social work. Their position meant they were likely to hold unique insights into the emotional dimensions of practice, given their simultaneous experience of caring for children in their personal lives and making complex, high stakes decisions about the safety and wellbeing of children in their professional roles.

Inclusion criteria were as follows: social workers had to have worked or be currently working as a child protection social worker within England, with over two years of work experience post-qualifying, confirmed by checking the Social Work England register. They had to be female, to have their own children - either biological or adopted - and to have worked as a social worker while their children were 18 or under. Exclusion criteria were practitioners working outside of England, men, practitioners who had not worked within a child protection team, practitioners with less than two years of post qualification experience, females who did not identify as women and women who did not have children. Practitioners with whom I had currently or previously worked were also excluded. This was to ensure participants' confidentiality was fully protected and there was no risk of information being passed to line managers, and to prevent research being led by participants' expectations of what I wanted, social-desirability bias (Grimm 2010) and my own conscious or subconscious prejudice, observer bias

(Grimm 2010). I aimed to minimise the influence of personal assumptions and ensure they did not unduly shape the direction or outcomes of the study. These criteria were established to focus specifically on the unique intersection (Crenshaw 1989) of personal and professional identities, and to enhance the trustworthiness of the research. In addition, I employed reflexive analysis (Finlay 2002) throughout the research process, critically examining my own perspectives and responses to the data to reduce the influence of prejudice and maintain analytical integrity.

Consideration was given to the potential inclusion of police officers, doctors, nurses and health visitors involved in child protection work, rather than limiting the sample to social workers. Whilst each of these professions carry a pivotal role in child protection cases, social workers are the overall decision-makers for issues about a child's life, residency and care-plans. The distinctiveness of this role, coupled with my personal experience and interest in child protection social work led me to limit the scope of the research to social workers alone.

In the initial stages, as I began to build a list of potential participants, I became concerned that they were all from one particular part of the country, London, and also from an ethnically white background. As outlined earlier, many of the previous studies, while providing valuable insight, have tended to homogenise the data with little information given on the diversity of research participants. This is clearly a gap in the research.

Therefore, and as a South Asian woman in social work myself, I was intentional in selecting a diverse group of participants that included Black and Asian women. This

decision was rooted in a commitment to inclusivity and representation, reflecting the demographic composition of the social work workforce, particularly within children's services. It was furthermore essential to amplify the voices of practitioners from minoritised backgrounds, whose experiences are often underrepresented in research and professional discourse. This is also in line with my chosen theoretical and epistemological framework.

Moreover, I was particularly keen to include participants who shared my South Asian heritage. This was not only a methodological choice but also a deeply personal one. By engaging with individuals from similar cultural backgrounds, I aimed to explore whether social workers from the same background might have had similar professional experiences, perceptions of practice, and responses to systemic challenges. This approach enabled a nuanced understanding of how ethnicity and cultural identity intersect with professional roles, potentially shaping both opportunities and barriers within the field. It also provided a space for culturally resonant reflections, which may not surface as readily in more ethnically heterogeneous groups. In doing so, I hoped to uncover both commonalities and divergences in experience across ethnic lines, contributing to a richer, more intersectional analysis of practice within social work.

It was at this point that I contacted The Staff College (2025) and asked if they could share my advert and help identify participants through their BALI (Black and Asian Leaders Initiative) programme. The eventual sample consisted of eight women from a white ethnic background and seven from Black or Asian ethnic backgrounds. As stated above, my selection process was purposive (Patton 2002) and this extended to ensuring a diverse group of participants.

There may have been women who wanted to take part but felt unable to do so because of a lack of confidence or available time, or some other factor, and the lack of their input represents a limitation on the research.

Below is a table showing a breakdown of the demographics of each of the participants.

Detailed pen portraits can be found in Chapter 3.

Pseudonym	Ethnicity	Age Range	Location	Ages of child/ren
Hannah	Chinese	45-50	Southwest	13 16
Jane	White Scottish	55-60	London	22
Patricia	White British	30-35	London	4 3
Maria	White Italian	40-45	London	5
Astrid	White German	45-50	Southwest	9 13
Sallyanne	White British	25-30	Southwest	1 3
Nelly	Black Caribbean	45-50	London	20
Julie	White British	45-50	Midlands	16 9
Ria	White British	35-40	Northeast	7

Visaly	Indian	50-55	London	20
Shamim	British Bengali	30-35	London	3
Salma	British Bengali	35-40	London	11 8 3
Nazia	Pakistani	40-45	London	19 15
Dudu	Black African	40-45	London	22 19 16
Amina	Black African	45-50	London	22 19 17 13

Table 2 - Participants' Demography

Data Analysis

All interview data were analysed using Reflexive Thematic Analysis (Braun & Clarke 2022). Reflexive Thematic Analysis belongs to a group of thematic analysis approaches often used when analysing qualitative data (Fugard & Potts 2020). This method was chosen as it is a flexible approach that can be applied to various paradigms and theoretical perspectives (Clarke & Braun 2017). Reflexive Thematic

Analysis (Braun & Clarke 2022) aligns well with a Critical Realist position (1979). Critical realism (Bhaskar 1979) provides a philosophical framework for understanding the underlying structures and mechanisms that shape social phenomena, while Reflexive Thematic Analysis (Braun & Clarke 2022) is a methodological approach used to uncover and interpret patterns of meaning within qualitative data, often with attention to power dynamics and social context. This approach enabled a comprehensive exploration of the complex interplay between the roles of child protection social worker and mother and served as the lens through which this thesis strives to capture the nuanced narratives and intricacies emerging from the women's diverse perspectives.

Reflexive Thematic Analysis' (Bruan and Clarke 2022) six-phase process involves familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Thematic analysis is flexible and iterative, which allowed me to adapt my approach as new insights emerged from data. In line with the study's exploratory nature, an inductive approach was taken to generate themes. All themes were generated based on the presented data without existing knowledge or theory. However, the nature of the semi-structured interviews may have shaped the derived themes as the questions guided the interviewees' responses.

Phase	Procedure for each step	Application for this study
Familiarisation	Transcribing, reading, rereading, and noting down initial codes	The researcher familiarised herself with the data by manually transcribing the interview recordings, checking the transcription's accuracy and noting some initial codes.
Generate initial codes	Identify and label interesting features or patterns in the data. Coding features in the data is done using a systematic approach across the dataset	For example, all participants said they experience greater empathy with families they were working with as a result of having their own children. It was also notable that Black and Asian participants said they experienced overt racism and discrimination

		while carrying out their roles. I initially generated a table with each of the questions and added interesting points from the transcription.
Searching for Themes	Collating codes into themes	The researcher generated a second table, organised according to the themes generated during stage two of the process and reviewing them in relation to the entire dataset.
Reviewing Themes	Checking themes against the data, refining them and ensuring they are coherent.	The researcher initially started with 15 themes which were then reduced to 11 and then to five themes plus sub-themes.

Table 3 - Phases of Reflexive Thematic Analysis (Braun & Clarke 2022)

Coding (Byrne 2022) was approached as an active and interpretive process rather than a purely descriptive one. As outlined above I began by manually transcribing each interview and engaging in repeated readings to immerse myself in the data. Each

interview question was listed alongside notable excerpts and preliminary codes. This allowed for a systematic comparison across participants. I did not use coding software (Silver & Lewins 2014), as manual coding using tables in Word supported deeper engagement with the data and reflexive interpretation (Basit 2003, Saldana 2021). Initial codes were generated inductively, focusing on both semantic content and latent meanings. These codes (Byrne 2022) captured recurring ideas, emotional expressions, and contextual nuances relevant to the participants' dual roles as mothers and child protection social workers. Codes (Byrne 2022) were then clustered into potential themes based on conceptual similarity and relevance to the research questions.

This process was inherently iterative, involving multiple cycles of refinement informed by debriefings in research seminars, conference presentations, reverie group sessions (discussed in more detail below), and doctoral supervision. To ensure the incorporation of diverse perspectives, I engaged in reflective spaces with both peers and supervisors. For example, when developing the first theme, I encountered challenges in distinguishing and categorising the various overlaps. Through supervisory dialogue and seminar-based discussions, it became apparent that introducing sub-themes provided a more nuanced representation of participants' accounts.

This process of repeated review for internal coherence and distinctiveness resulted in a reduction from 15 initial themes to four overarching themes with sub-themes. Initially, themes arising from the dataset appeared clear and easy to discern. For example, participants perceived an increase in empathy after becoming mothers compared to before they had children. However, after review I realised that some themes

overlapped and could be combined into a single theme (Braun & Clarke 2006). For example, participants' description of work spillover into their personal lives in the form of hypervigilance around their own children initially appeared as a separate theme but was later integrated under the theme 'Motherhood Meets Social Work'. Similarly, discussions around racism, particularly experiences of being racially profiled or feeling culturally misunderstood, were initially coded under broader categories of discrimination but were later refined and placed under the theme 'Navigating and Responding to Trauma'. Reflections on the emotional toll of the work, the joy of making a difference, and the stress of managing competing demands were eventually brought together under 'The Rewarding Struggle'. Finally, what began as dispersed references to different types of support, personal, peer, and professional, were consolidated into the theme 'The 3 Ps of Support', reflecting the layered and interconnected nature of the support systems participants relied upon.

Throughout this research, my position as an insider researcher, both as a mother and a senior social worker in child protection, has shaped my engagement with the data. I am aware of my own strong personal experiences relating to the research topic. Recognising the complex interplay between personal experience and professional knowledge, I have remained aware of how my own perspectives might shape both data collection and analysis and have taken steps to mitigate their potential influence. To mitigate this, I acknowledged partiality from worldview, cultural experiences and upbringing and set out how these influenced this work with participants during the interviews, and participants were subsequently asked to confirm I had interpreted responses as they were intended (Berkovik et al. 2020). I also maintained a reflexive journal, which proved invaluable in processing the data I was collating. It served not

only as a tool for documenting emerging themes and insights but also as a critical space for examining my interpretations and remaining alert to any emotional triggers. Throughout, I also used various techniques such as comparison, peer-debriefing and supervision to enhance rigour and validity of the analysis. This practice helped me maintain a balance between empathy and analytical rigour, ensuring that findings were grounded in the data and critically reflective of my positionality.

Thematic development was guided by Braun & Clarke's (2022) emphasis on flexibility and researcher subjectivity, recognising that my own experiences and positionality shaped the interpretive lens through which meaning was constructed. As stated by its creators, Reflexive Thematic Analysis (Braun & Clarke 2022) emphasises the researcher's active role in interpreting the data (Braun & Clarke 2022). It considers the researcher's position, experiences, beliefs and values and how they relate to the data analysed within the research (Finlay & Gough 2003). This recognition of subjectivity, and the addition of reflexivity within the method name, support the distinction between Reflexive Thematic Analysis (Braun & Clarke 2022) and other thematic analysis approaches. Braun & Clarke (2022) acknowledge the relationship between the researcher's worldview and the generated patterns of meaning shared across the dataset. Aligned with Reflexive Thematic Analysis, Critical Realism also highlights how researchers project their worldview onto situations, which may not always reflect reality (Lawani 2021), and conscious efforts to challenge these assumptions can lead to new perspectives and alternative possibilities (Fodouop Kouam 2025).

Use of Reverie Group

As part of the data analysis, I participated in a reverie group alongside my supervisors and fellow students. The group provided a valuable forum for exploring the emotional and unconscious dimensions of the research. Through spontaneous sharing of thoughts, feelings, and imagery that emerged during engagement with the data, I was able to surface insights that extended beyond the spoken narratives of being a mother and a child protection social worker. This process was particularly powerful in identifying symbolic meanings and relational dynamics that might otherwise have remained obscured (Holmes 2018, Ogden 1997).

A significant aspect of the reverie group was its capacity to hold and process racist disclosures made by participants in the research. These disclosures, often subtle or embedded in everyday interactions, revealed the pervasive impact of structural and interpersonal racism on the lives of women who are mothers and child protection social workers. For example, some of the participants in this research described being routinely disbelieved or stereotyped by fellow professionals. In the reverie group, we were able to reflect on our own emotional responses to these accounts, ranging from discomfort and anger to guilt and helplessness, and consider how these reactions informed our understanding of the data (McVey, Lees & Nolan 2016).

The group also allowed for the crossover between personal and professional experiences to be acknowledged and explored. Participants often found that their own histories, identities, and personal lives influenced how they interpreted scenarios they encountered in their professional lives. This intersubjective awareness was not only

therapeutic but also methodologically enriching, as it encouraged a more nuanced and ethically grounded approach to analysis (Holmes 2017).

Overall, the reverie group was instrumental in deepening the research process. It supported a richer, more layered interpretation of the data and highlighted the importance of reflexivity when engaging with complex, emotionally charged topics such as race, motherhood, and child protection. The insights gained through this method have significantly shaped the direction and depth of the research, reinforcing the value of relational approaches in qualitative inquiry.

Ethical Considerations

Ethical considerations were made following the British Psychological Society (BPS) Code of Ethics and Conduct (2021a) and the Code of Human Research (2021b). Taking care of the research subject is central to research (Hollway 2005). During the design of this research, I remained mindful that participants were continuing to work as mothers and social workers and that the data was recording their experience of a central aspect of their lives and reality. This research involved eliciting personal accounts which were recorded, analysed and later put in the public domain. Therefore, some ethical issues need to be acknowledged (Peled & Leichtentritt 2002).

Informed Consent and Right to Withdraw

Participant information sheets and consent forms were sent out ahead of the interviews for participants (See Appendix B) to review. These were returned before the interview took place. The information sheet set out the purpose of the research, parameters around confidentiality, risks and benefits of participation, data handling, and the right to withdraw. This information supported participants in making an informed decision on their participation. Interviews began by ensuring informed consent. Participants were asked whether they had read the information sheet, had signed and returned the consent form and were happy to go ahead. Before starting they were also given the opportunity to ask any questions.

All participants were informed in the consent form prior to interviews that their participation was voluntary and that they had the right to withdraw without providing a reason, up until the point at which data analysis commenced. Participants were further verbally informed of their right to withdraw during the interviews themselves. For instance, during Salma's interview, she became visibly upset while recounting a difficult experience. I paused the interview and gently asked whether she wished to continue, reminding her that she could stop at any time. Salma chose to proceed with the conversation. All participants had access to the researcher's contact details to seek further information throughout the entire process.

Minimising Harm

It was acknowledged that participants could become upset when recalling difficult experiences. During interviews therefore, I made clear verbally that I would stop the interviews if, at any point, the participant became uncomfortable and required time away (Dickson-Swift et al. 2007). When participants did become upset, a follow-up 'check-in' with them took place and an offer was made to put participants in touch with any local support if needed. I also informed all participants of the support available from Social Work England, including that it can be accessed anonymously (Social Work England 2025).

Finally, it was acknowledged that data obtained through interviews could potentially contravene the professional standards outlined in the Social Work England Codes of Practice (2025). In the event that such a breach was identified, appropriate protocols would have been enacted, including direct communication with Social Work England or the relevant local authority employing the participant. This contingency was explicitly stated in the participant information sheet (Appendix B) distributed alongside the consent forms (Appendix C) and was reiterated verbally at the commencement of each interview.

Data Protection

All data was collected, stored and retained in compliance with the Data Protection Act 2018 (UK General Data Protection Regulation). I used technological platforms that best conformed to UK GDPR and offered high security for data collection and storage.

All electronic data was stored on my work computer. This account requires two-step authentication to access it through the use of a password and a randomly generated code sent to my mobile phone. Data associated with this research will be kept for 10 years, as recommended in the UK Research and Innovation guidance (2022). The data will be disposed of following the retention period. Participants were made aware of the purpose of collecting and using personal data, how their data would be shared, how to store and retain data, and what their rights were under the Data Protection Act (2018).

Ethical Reporting and Trustworthiness

The trustworthiness (Shenton 2004) of this study is underpinned by a combination of methodological, epistemological, and reflexive strategies designed to ensure transparency and ethical reporting, while recognising the inherent limitations of qualitative, insider research.

The extent to which the findings authentically represent participants' lived experiences was enhanced through multiple strategies. Firstly, semi-structured interviews provided participants with the opportunity to articulate their experiences in their own terms, while enabling the researcher to probe and clarify meaning, thereby capturing rich and nuanced data (Braun & Clarke 2021). Secondly, the application of reflexive thematic analysis facilitated a systematic yet flexible approach, allowing themes to be developed inductively while remaining closely grounded in the data (Braun & Clarke 2022). Reflexive engagement throughout the research process further contributed to trustworthiness, as I critically examined my own perspectives and the potential

influence these might have had on interpretations, ensuring ethical and transparent analysis (Tracy 2010, Guillemin & Gillam 2004) and transparently reported.

Reflexive Journal

As both a mother and a child protection social worker, engaging in this research has stirred deep emotional currents within me. The focus on women who navigate the dual roles of motherhood and frontline practice resonated strongly with my own lived experience, particularly as an Asian woman working in a system that often feels emotionally and culturally complex. Throughout the study, I encountered moments that triggered personal memories and feelings, some painful, others illuminating. To ensure these responses were acknowledged and processed ethically and thoughtfully, I leaned heavily on reflexive journaling, supervision, and reverie groups. These spaces allowed me to explore the interplay between my personal identity and professional lens, helping me remain grounded, self-aware, and emotionally attuned to the participants' narratives as well as my own.

Summary

This chapter has provided a comprehensive overview of the research design and methodological choices that underpin this study. By detailing the philosophical foundations, ethical considerations, and practical steps taken throughout the research process, it establishes a transparent and rigorous framework for the inquiry.

Chapter 5 - Findings: Motherhood and Social Work

Introduction

The literature review established that research into the emotional experiences of mothers working in child protection social work remains notably underdeveloped. Specifically, the implications of these emotional experiences for both their professional development and personal wellbeing remain insufficiently explored. Furthermore, there is a marked absence of research exploring how these dual identities manifest in practice, particularly in relation to the intersectional (Crenshaw 1989) experiences of Black and Asian women (Featherstone, White & Morris 2014).

With this gap established as the foundation of my inquiry, the following chapter starts by presenting pen portraits for each participant and then analyses the data generated through interviews with participants. Reflexive Thematic Analysis (Braun & Clarke 2022) was the chosen data analysis approach. Full details of the process can be found in Chapter 3. The themes generated are laid out below:

1. Motherhood Meets Social Work
 - 1.1 Increased empathy
 - 1.2 Reshaping professional approaches
 - 1.3 Hypervigilance
2. Navigating and responding to trauma
 - 2.1 Violent and racist attacks

2.2 Systemic exclusion and discrimination

3. The Rewarding Struggle: Balancing Joy and Stress in Social Work

3.1 Wide spectrum of emotional experiences

3.2 A 'toxic relationship' with social work?

4. The 3 Ps of Support:

4.1 Personal

4.2 Peer

4.3 Professional

Each theme and sub-theme will be presented individually in the sections below.

Participants

Below are pen portraits for each of the 15 participants. Pen portraits provide a concise, vivid description of individual participants (Gough 2003, McKie 2002, Hollway & Jefferson 2013). They capture key personal characteristics, experiences and perspectives. This humanises data and makes findings more relatable and accessible, especially in fields such as social work, where individual stories are crucial to interpreting broader themes and trends (ibid). All participants have been given pseudonyms to anonymise them.

Hannah is a 46-year-old of Chinese background, born and raised in Hong Kong. She is married with two children aged 13 and 16 and currently holds a part-time role in child protection in southwest England, with over 20 years of experience in the field. I remember this was the first interview, held on a Saturday morning, and Hannah had

arranged for her husband and children to be out of the house so she could focus. She struck me as a warm, bubbly character, eager to talk and share her experiences. Her openness was striking. At one point, she mentioned that she had been waiting a long time for someone to research this topic, which seemed to highlight the significance of the conversation for her. She spoke frankly and with remarkable clarity about an incident of racial discrimination that occurred over two decades ago, recalling vivid details including who was present and what transpired. She remained attentive and engaged throughout. Despite the passage of time, her recollection was rich and precise.

Jane is of white Scottish heritage, living and working in London. She has a 22-year old daughter and was one of three participants whose children were now adults. During the interview, she reflected thoughtfully on the challenges of balancing motherhood and her career when her daughter was young, and at one point wondered aloud about the impact her role as a social worker may have had on her child. She recalled something her daughter had said at the time, which seemed to prompt a deeper reflection on the personal cost of her professional responsibilities. Jane had a friendly, smiley face and a relaxed demeanour. She sat undistracted and was very attentive to the questions, often taking a moment to absorb each one before responding. On several occasions, it felt as though she was revisiting the past with genuine emotional depth.

Patricia is a white British woman living and working in London, with two young children aged four and three. She qualified as a social worker over a decade ago and has since transitioned into independent practice in child protection, a move she described as

essential for achieving a better work-life balance. She spoke candidly about how becoming a mother had changed her approach to practice, and how her partner, who works in a similar field, supports her in managing the demands of the role. The interview took place in her car, squeezed between attending court and collecting her children, which immediately gave me a sense of a fast-paced life with little time for herself. While her responses were often matter of fact, she described a professional incident that unexpectedly mirrored her personal life and revealed her integrity and empathy. She also spoke with compassion about how women are treated after court proceedings involving their children conclude. Although she initially came across as detached, it became clear that she was deeply reflective and emotionally attuned in her work.

Maria is a white Italian woman working in London, with a five-year-old daughter. She has been qualified for over 10 years and spoke passionately about her role as a child protection social worker. The interview took place during her lunch break, and at times I wondered if she was distracted by work pressures. She spoke openly and honestly about the overlap between her personal and professional lives. One particular traumatic event at work, which occurred while she was pregnant, seemed to have left a lasting impact on her mental health and she appeared still very occupied by it. It was clear that her experiences in practice had led her to reflect deeply on her own parenting. Despite seeming preoccupied at moments, her reflections were rich in emotion.

Astrid is a white German woman working in southwest England, with two children aged 13 and nine. With over 20 years of experience in various roles within child

protection, she currently works part-time to balance her professional responsibilities with family life. The interview took place at her kitchen table and was initially the shortest of all, completing all questions in just 12 minutes. Astrid then acknowledged the brevity, explaining that she is a matter-of-fact person and tends to be quite literal. That broke the ice and seemed to help her relax. She asked if she could go back through the questions, and at the second attempt was incredibly open, kind, thoughtful and clearly hard-working. Despite the abrupt start, Astrid offered rich insights into the intersection of her professional role and family life.

Sallyanne is a white British woman working in southwest England, with two young children aged three and one. Having qualified as a social worker before becoming a mother, she spoke about how her practice had shifted since having children, offering specific examples of how this change has influenced her work with families. The interview took place in the evening from her loft room while her husband put the children to bed, a detail that reflected the careful planning she had made to be fully present. She gave the impression of someone juggling many responsibilities at once. She spoke warmly about the support her husband provides. Sallyanne had made a conscious decision to move teams to better balance her professional and home commitments. She spoke quietly but with confidence and clarity.

Nelly is a Black Caribbean woman living in London and a mother to a 20-year-old son. Before becoming a parent, she worked as a qualified social worker for five years and spoke thoughtfully about the intersection of her personal and professional life. Her reflections revealed a deep concern for her son, particularly around the risks he faces as a young Black Caribbean male growing up in inner London, ranging from

experiences of racism and discrimination to potential vulnerability to becoming involved in gangs. She spoke in a quiet, measured tone and was deeply reflective, often revisiting the past and considering how her professional role shaped her parenting. Her narrative was pragmatic and conveyed the challenges of single motherhood with honesty and grace. Though she appeared composed and focused, there was a quiet intensity to her reflections that suggested the emotional weight of her lived experience.

Julie is a white British woman currently working as a team manager in the Midlands. She has two children, aged 16 and nine, and spoke about how her experience as a mother benefits her work with families, allowing her to share her lived experience and offer empathetic support. The interview took place in her kitchen, and she was bubbly, chatty, and warm-natured, which made for an engaging interview. I was struck by her saying she hopes one day to ask her children what impact her role as a social worker had on her parenting. She mentioned she would do this when they were considerably older, but I got the sense that she was already thinking about what they might say and how she might respond. She acknowledged the influence her professional role may have had on her children, even if she remained uncertain about its full extent.

Ria is a white British woman living and working in northeast England. She has a seven year-old son and has been qualified as a social worker for three and a half years. She was working in a child protection team but had recently resigned to pursue mentoring and support roles. The interview took place in a bedroom, and there were a few distractions from her son and partner. At one point, her son appeared on screen, laughed, and then disappeared, later trying to engage her in play. She gently reminded

him that she was on a call. Ria appeared emotionally preoccupied. She compared her son's circumstances to those of the children she worked with and noted how lucky he was. She expressed disheartenment with social work, particularly around the lack of support for newly qualified practitioners. The interview offered a raw glimpse into the emotional toll of frontline social work and the personal reflections it can provoke.

Visaly is a woman of Indian background working in London, with a 20-year-old son. She has been qualified for over 10 years and has consistently held roles in child protection. The interview was conducted with her background blurred, so I couldn't tell where she was, but she was clearly emotionally preoccupied. This was a long interview, and at times the conversation veered away from the topic as Visaly spoke at length about historical trauma at home and at work. I felt concerned for her emotional wellbeing, but as the interview progressed, it became clear that she was coping and using her demanding professional life as a helpful distraction.

She spoke openly about losing her temper with her son when he was younger and his response that as a social worker she should not behave in this way. Although the interview required gentle redirection at times, she ultimately shared rich, emotionally layered reflections. Her story highlighted the complex interplay between personal trauma, professional identity and motherhood.

Shamim is a woman of Bangladeshi heritage living and working in London. She has a three-year-old child and has been a qualified social worker for over five years. At the time of the interview, she held a team manager role in a busy safeguarding team and also had additional caregiving responsibilities for a sibling with a severe disability. The

interview had been arranged and rearranged several times, and I wasn't sure until the day whether it would go ahead. I remember feeling anxious, wondering if I would need to find another Asian woman to participate.

Shamim began the interview at a desk in her office with other people around, but quickly realised she couldn't speak freely and moved to a quieter room. She struck me as someone juggling a great deal and the interview felt rushed. Despite this, she spoke with conviction about the advantages of having both personal and professional experience with services, which she felt allowed her to empathise more deeply with the families she supports. Her reflections demonstrated resilience and commitment under pressure.

Salma is a woman of Bangladeshi heritage living and working in London. She has three children aged 11, eight, and three, and spoke candidly about the challenges of balancing her role as a social worker with her responsibilities within her husband's family. She described the expectations placed on her from both sides and how these shaped her experience of motherhood and practice. The interview took place in her dining/kitchen room during Ramadan, and although the household seemed busy with preparations to break the fast, she remained engaged throughout.

Salma recalled, in vivid detail, two significant incidents from a few years ago. She felt guilt at having missed events in her children's lives such as school sports days due to work commitments. She became visibly upset while recounting a time she was investigated after a family accused her of imposing what they believed her religious views to be. We paused the interview to give her space, and I found this moment

deeply moving and emotionally triggering, reminding me of my own experiences wearing a headscarf and the challenges that came with it, including stares and verbal abuse. Salma's reflections revealed a committed practitioner navigating highlighted the complex intersections of identity, faith and professional responsibility.

Nazia is a woman of Pakistani background working in a child protection team in north London. She has two children aged 19 and 15. The interview took place on a weekend from her living room. She spoke about her efforts to connect with families from similar ethnic backgrounds, noting that this often helps overcome barriers and that many families look to her for inspiration and confidence. Nazia remained emotionally reserved throughout. While she described emotions, she didn't express them, maintaining an objective tone about both her work and home life. She was notably guarded about her personal experiences. Her ability to build trust with families from similar backgrounds stood out as a strength, even though she kept her own story tightly held. The interview was calm and focused and offered valuable insight into the professional boundaries some social workers maintain to navigate their roles.

Dudu is a Black African woman living and working in East London. She is a mother to three children aged 22, 19, and 16, and has been a qualified social worker for four years. The interview was conducted via her mobile phone. Working in a safeguarding team, Dudu spoke openly about her concerns for her children, particularly her sons, and the risks they face of being racially profiled, subjected to racism and potential vulnerability to becoming involved in gangs. These concerns echoed Nelly's, and Dudu reflected on the emotional strain of projecting work-related risks onto her personal life. She emphasised the importance of advocating for families and ensuring that cultural

and religious differences are respected rather than judged. Her tone was calm and considered, and she spoke with conviction about the need for greater support for social workers. Her insights highlighted the emotional toll of safeguarding work and emphasised the significance of cultural sensitivity and professional support in sustaining practitioners in the field.

Amina is a Black African woman living and working in east London. She has four children aged 22, 19, 17 and 13, and has been qualified as a social worker for three years. She currently works in a safeguarding team and spoke openly about her concerns for her children's safety when they are out in the community. The interview took place in her kitchen while she was cooking dinner, often moving around to gather ingredients and attend to knocks at the door. Her children were in the background, occasionally asking for things. Amina remained engaged and shared her thoughts with warmth and honesty. She placed particular emphasis on the need for better support for social workers. The interview highlighted the realities of balancing professional responsibilities with family life.

Theme 1: Motherhood Meets Social Work

Motherhood is widely recognised as a transformative life event that reshapes identity, values, and priorities. For the child protection social workers participating in this study, whose professional responsibilities are deeply aligned with parenting, care, and safeguarding, this transition brought about a profound shift in outlook. Now inhabiting a dual role, participants raised important questions about vulnerability, judgement, and the lived realities of professional practice. As Sallyanne put it, *'I came back to work as*

a different practitioner... whether that's a positive or a negative, I don't know' (Page 7, Paragraph 1).

This theme includes three sub-themes: Increased Empathy, Reshaping Professional Approaches and Hypervigilance.

1.1 Increased Empathy

This sub-theme highlights the participants' experiences of how becoming mothers brought deeper insight into what parenting truly entails beyond theory and policy, nurturing increased empathy toward the families they work with in their professional roles.

Maria, Sallyanne and Amina were among many participants to acknowledge the inherent difficulty of parenting itself.

'It's hard... I mean... it's really hard.' (Maria, Page 3, Paragraph 1)

'Being a mum is a hard job.' (Sallyanne, Page 6, Paragraph 1)

'It can be tough.' (Amina, Page 8, Paragraph 1)

These comments, though brief, carry weight in the context of the study, highlighting the emotional and practical demands of motherhood that often go unspoken in professional settings. The simplicity of their statements demonstrate a shared

understanding among participants that parenting is not only labour-intensive but also emotionally taxing, particularly when balanced alongside the responsibilities of child protection social work.

Zeroing in on one specific aspect of parenthood, Jane said:

'I can see what parents are going through [with sleepless nights].' (Jane, Page 11, Paragraph 1)

This statement reflects a moment of embodied empathy, where Jane articulates a felt understanding of parental experience through personal or vicarious emotional resonance. Jane's recognition of parental exhaustion, specifically through the reference to '*sleepless nights*', suggests a somatic and affective attunement (Schoore & Schoore 2008) to the emotional and physical toll of caregiving. This goes beyond cognitive empathy (the ability to intellectually understand another's perspective) and enters the realm of affective empathy (Lynch 2025), where the practitioner internalises and emotionally connects with the parent's distress.

Such moments are significant in social work practice, as they can reframe interpretations of parental behaviour. Rather than viewing actions through a deficit lens, embodied empathy allows practitioners to consider the intent and emotional context behind parental decisions, a non-judgmental, strengths-based engagement (Ingram 2013, Ruch 2005, Ruch, Turney & Ward 2010).

On a more practical level, Julie described how her experiences of pregnancy and early motherhood enhanced her understanding of the parental journey.

'I know how to put car seats in cars... a lot of my social workers don't have a clue.' (Julie, Page 9, Paragraph 1)

These reflections illustrate how lived experience creates a deeper, more empathetic grasp of the practical realities faced by families, transforming theoretical knowledge into meaningful, embodied understanding that enhances professional practice.

Patricia described a deeper shift in her professional outlook, her lived experience of motherhood serving as an empathetic lens through which to examine the expectations placed on parents.

'When I became a mother, I began to realise how stressful it is actually. And our expectations on parents is horrendous actually when you think about it...'
(Patricia, Page 5, Paragraph 1)

This shift aligns with theories of experiential learning (Kolb et al. 2014), where personal transformation can lead to greater insight and emotional resonance in professional roles (Kolb et al. 2014). Patricia's use of the word '*horrendous*' indicates a critical awareness of systemic pressures within child protection. It suggests that becoming a parent herself allowed her to re-evaluate the standards and judgments often imposed on families, potentially challenging previously held assumptions.

'I'm much more sympathetic to parents and I seem to understand better now since having my own children.' (Patricia, Page 6, Paragraph 1)

'I'm much more sympathetic to parents...' reinforces this shift, pointing to a perceived increase in capacity for compassion and understanding. However, this also raises important questions about the role of subjectivity in practice. While empathy can enhance relational work, it may also introduce subjectivity or uneven alignment, particularly if practitioners identify more strongly with one party (e.g. parents) over another (e.g. children) and participants' experiences in this regard are presented later in this sub-theme.

Participants used their lived experience to reflect on professional decisions they made before having children of their own.

'I criticised a mum for not being at a 9am CP conference and she's got five kids to get to school, and I really reflect on that now.' (Patricia, Page 5, Paragraph 1)

This admission represents a moment of critical self-awareness and professional growth. Patricia acknowledges the logistical and emotional demands of parenting, particularly for mothers navigating complex family responsibilities.

Hannah meanwhile revealed a retrospective awareness of how her early professional practice, had been shaped by a lack of personal parenting experience.

'If I could turn the clock to my 20's again and doing those home visits, I would have been so different.' (Hannah, Page 8, Paragraph 1)

She described how families seemed to sense that she did not have children of her own. They frequently asked her directly, questions she chose to deflect.

'You know you go to see a doctor about a particular health concern, you don't expect your doctor to have had the same health concern to be able to help you. You expect that your doctor can still help you. So those are the things I used to say but now looking back because I now have children, I look at things quite differently...' (Hannah, Page 8, Paragraph 1)

This account suggests a discomfort with the perceived legitimacy of her authority, which later evolved into a more reflective and empathetic posture, and hints that, at the time, she may have held unrealistic expectations of the families she worked with, shaped by a more theoretical or procedural understanding of parenting.

Hannah's example brings to the fore a tension between professional detachment and experiential empathy (Ruch, Turney & Ward 2010, Ayling 2024). While technical expertise remains valid without lived experience, her reflection illustrates how becoming a parent introduced a more nuanced, empathetic lens through which she now views families and their struggles. It speaks to the transformative potential of maternal reflexivity in social work practice yet also raises important questions about the role of personal identity in professional contexts.

Deepening their empathic engagement, participants referred to their own emotional responses as parents as a tool for understanding the families they worked with, aligning with models of relational reflexivity and emotionally intelligent practice (Taylor 2010, Munro 2011).

'I seem to understand better now... often it's not intentional, the harm that they cause.' (Patricia, Page 6, Paragraph 1)

'I get that it's the most stressful thing that you ever do... I don't agree that the child needs to be hit... but I can understand... the build-up of emotions.' (Maria, Page 6, Paragraph 1)

Here, perceived empathy enabled participants to arrive at a more nuanced view of causality and responsibility, without however entailing an uncritical acceptance of harm. The distinction between understanding and condoning is familiar terrain. As a practitioner, I often sit in the discomfort of recognising that empathic understanding does not require ethical compromise.

Moving beyond parenting's humdrum daily challenges, Patricia gave a powerful illustration of the emotional intensity and relational depth that can emerge in frontline social work.

'I can remember sitting at a bus stop with the mum after the judge had just made adoption orders, with her head in my lap just sobbing and I can remember thinking this is shit. And she said to me 'what do I even tell people happened? Like do I tell people they're dead, do I tell people they're not in my care because I'll never have another photo.' (Patricia, Page 9, Paragraph 1)

This moment transcends procedural engagement and enters the realm of empathic presence, where the practitioner is not only witnessing but emotionally holding the distress of another human being. The mother's question, *'Do I tell people they're*

dead?' (ibid) reveals the existential rupture that can accompany the loss of children through the care system.

'And you just think, just how barbaric adoption in this country is. And I'm not saying that there is anything better in terms of options. These children should not be condemned to 18 years of foster care which is the most unstable system we seem to have at the moment in London, but adoption just feels so final...It's changed my test for adoption... the test is that nothing else will do.' (Patricia, Page 9, Paragraph 1)

Patricia's use of the word '*condemned*' evokes a strong sense of injustice and irrevocability, implying that she believes children are being sentenced to a future of instability. Her characterisation of the UK's adoption system as '*barbaric*' signals a moment of profound ethical and emotional reckoning. It exposes the raw emotional weight that underpins these decisions. The imagery of holding a grieving mother after a court order lays bare the human cost of decisions often framed in legal-rational terms. Having experienced the irreplaceability of maternal bonds herself, Patricia reframed what permanence and loss truly mean.

This moment exemplifies maternal reflexivity, not in the sense of projecting personal parenting experience, but in the capacity to emotionally resonate with the pain of another mother. It reflects a shift from judgment to understanding, and from proceduralism to relational depth. Such experiences can profoundly shape a practitioner's worldview and move them towards a more empathetic and ethically attuned approach to future decision-making.

Importantly, this comment also raises questions about support structures for practitioners. The emotional toll of such encounters emphasises the need for robust reflective supervision, peer support, and organisational cultures that validate emotional engagement as a legitimate and valuable aspect of practice. Without these, the risk of burnout or emotional disengagement increases, potentially undermining the very empathy that moments like this exemplify.

Participants described shifting their perceived empathic alignment with families depending on the context, sometimes feeling more attuned to the parents and at other times to the children.

'When you come to difficult teenagers, I think I emotionally align more with the parents as I know how hard it can be to parent a teenager who struggles and pushes boundaries.' (Astrid, Page 4, Paragraph 2)

Astrid's identification with parents of teenagers appears to stem from her own lived experience, suggesting that empathy is not always evenly distributed but may be selectively heightened when practitioners see aspects of their own lives reflected in the families they work with.

Julie's frustration that, in her view, *'parents are ... given more leeway... to the detriment of the child'*, (Page 5, Paragraph 1) reflects a strong child-centred stance, where delays in decision-making are seen as harmful to the child's wellbeing. Her comment highlights the ethical tension practitioners often face between supporting parental change and ensuring timely permanency for children. It suggests a critical awareness

of how systemic processes, such as court proceedings, can inadvertently privilege adult needs over children's rights.

In contrast, Visaly's admission, *'I think I align more with the parents than the child'* (Page 6, Paragraph 1), reveals a different emotional orientation, one that may stem from a perception of empathy with the challenges parents face. This alignment could be shaped by personal experience, values, or a desire to support family preservation. The question of selective empathy raises important considerations for practice. On one hand, it can deepen understanding and reduce judgment, offering more compassionate and supportive relationships with parents. On the other hand, it may risk skewing professional neutrality, particularly if alignment with one party (in this case, the parent) inadvertently diminishes attentiveness to the child's perspective or needs.

Jane described a different kind of resonance arising from the intersection of social workers who are mothers' professional and personal worlds - a sense of longing or emotional displacement.

'You can really miss them [your own children], especially when you go into families and the family is having a lovely time...' (Jane, Page 11, Paragraph 2)

Far from being a purely negative experience, such moments can also serve as a source of emotional grounding and reflective insight. In academic terms, this speaks to the concept of *empathic attunement* (Greenberg 2021), where practitioners not only observe but emotionally engage with the relational dynamics of the families they work

with. These experiences can deepen a social worker's understanding of what constitutes nurturing environments, and in turn imbue their practice with greater sensitivity and relational depth. Moreover, such reflections can prompt practitioners to consider their own family lives, values, and emotional needs, contributing to a more holistic sense of self within the professional role.

Overall, participants consistently reported an increase in empathy toward the families they worked with as a result of their own personal experiences of motherhood. While it remains unclear whether this shift directly influenced case outcomes, it appeared to shape practitioners' relational approaches.

1.2 Reshaping Professional Approaches

Building on the ways in which perceived empathy was seen to increase, this shift also translated into changes in practice. This subtheme captures how participants reshaped their professional approaches, not in terms of isolated incidents but as textured narratives (Ferguson 2011, Houston 2001, White et al. 2009, Parton 2000) reflecting a broader theme.

Maria's candid reflection articulates this shift powerfully:

'My whole approach to families softened and what I mean by softened... my empathy grew exponentially. When you experience the difficulties when having a child, and not having the family around, and they challenge you to the core.'

(Maria, Page 9, Paragraph 1)

Here, *'softening'* does not signify naivety or reduced professional rigour; rather, it can be regarded as a heightened capacity for compassionate engagement. This portrays a tension that I have also navigated in my own work: holding both the statutory expectations around parenting alongside a more humane, contextually grounded understanding of the barriers families face.

For all 15 participants, this enhanced compassionate engagement with families found expression in the concept of 'good enough' mothering, a term coined by Winnicott (1960, 1953) to offer a humane counterpoint to perfectionism. This concept, extensively taught in social work qualifying programmes, appeared to resonate deeply with participants, many of whom described how their understanding of being 'good enough' as mothers informed their practice and shaped their interactions with families (Ruch 2007).

Patricia described being asked in court by the local authority whether the children's mother was failing in her responsibility to provide the children a nutritious diet because they were having ice lollies for breakfast.

'...mum giving ice lollies to the children for breakfast, and I stood there, and I said... basically it's frozen squash, I found myself saying it's not the most nutritious, but I can't criticise her because I'd done that myself. That morning, to get out of the door, my son was kicking off because he wanted an ice lolly and I thought I've got to get to court so grab one and go to school. And that was 8.30 in the morning, so you know there's a boundary there that's just really blurred between who you are because you can't be... I'm either [Patricia], the social worker or [Patricia], the mum because you can't be both at the same time.' (Patricia, Page 8, Paragraph 1)

This quote highlights a reassessment of what constitutes 'good enough' mothering, with participants becoming more attuned to the struggles faced by service users and developing greater tolerance, in turn suggesting that empathy in child protection practice can be deepened through parallel personal experiences. In this sense, the notion of 'good enough' mothering not only reflects a personal recalibration of standards but also acts as a bridge between professional judgment and empathic understanding in practice.

Similarly, also with regard to a child's eating habits, Amina gave an example of how the boundaries between personal and professional perspectives may blur when practitioners encounter cases that mirror aspects of their own lives.

'My 13-year-old doesn't eat breakfast... she won't eat it. Not because there isn't any food in the house, but because she just doesn't want to eat it... So if I get a referral and there's similar concerns, that could impact on my response and my practice as well. It could also be that there is actually concerns about neglect, but because of my experience of a mum it affects how I see things as well.' (Amina, Page 8, Paragraph 1)

Meanwhile Patricia's insightful comment that *'you can't be both [mother and social worker] at the same time'* (Page 8, Paragraph 1) reflects how institutional expectations in social work often demand emotional detachment and procedural rigour, conflicting with the relational and emotional demands of motherhood and aligning with feminist critiques that challenge the undervaluing of embodied, gendered knowledge in care work (Featherstone et al. 2014, Scourfield 2021, Ferguson 2018).

In the same vein, Hannah's admission that her *'grey area is getting bigger'* (Page 10, Paragraph 2) reflects how complex empathy can be. The *'grey area'* refers to the growing recognition of ambiguity and complexity in decision-making. Prior to motherhood, Hannah followed procedures more rigidly, but her lived experience opened her up to the ambiguity inherent in human behaviour and parenting. Her account highlights a shift from rigid adherence to procedures toward a more nuanced, empathetic understanding of individual circumstances (Munro 2011).

This *'greying'* of once-clear boundaries is something I've also encountered: where once I may have leaned on policy, I now listen more attentively to context. Such shifts highlight the importance of reflexivity and supervision in making sense of evolving practice.

An example of this shift is seen in Sallyanne's reflection when she carried out a home visit with a newly qualified social worker who told her she was concerned about the home environment.

'Yeah, the house is a mess, it's fine though because she's got a new baby, and I know what that feels like... and I wasn't so worried about it.' (Sallyanne, Page 7, Paragraph 1).

In a similar vein, Patricia discussed how her views on parental substance misuse had changed, although this was not rooted in any experience of her own.

'And it [motherhood] has changed my views on substance misusing parents which I find really interesting for me because I've always been very much if they're using at all then their kid can't be returned and actually being a guardian, nearly every parent is apparently on cannabis. So who's to say your kid should never be with you again because your cannabis use is low range and actually if you're working with people it's meant to be... you know I'd say I take a lot more risks as a professional since having a child.' (Patricia, Page 10, Paragraph 1)

This account illustrates how perceptions of empathy and risk can coexist in decisionmaking - although this necessitates critical interrogation. Patricia describes moving from a rigid, zero-tolerance stance on substance use to a more nuanced, relational understanding. By acknowledging the contextual realities of low-level cannabis use among parents, she challenges binary notions of safe/unsafe parenting.

Patricia further offered a more structural reflection on how personal experience recalibrates expectations of others.

'I also think it [becoming a mother] made me a much better social worker... I think at some points it's changed my expectations of parents for the better and for the worse.' (Patricia, Page 11, Paragraph 1)

This perspective, shared by several participants, seemed to signal a reflexive awareness that a perceived increase in empathy arising from shared motherhood can complicate, rather than simplify, social work practice. I too have felt this duality, recognising that my expectations have shifted, becoming more lenient in some areas and in others more exacting, especially when I feel parents are at risk of replicating harm.

Amid such complexity, participants showed reflexive awareness of the pull of increased empathy. Shamim described hypothesising about what a child may be experiencing, and how she has found herself looking at things from a '*mother's point of view*' before consciously recentring herself into her professional role as a child protection social worker.

'It is fair to say that sometimes you're seeing an overlap and then you stop yourself and reflect.' (Shamim, Page 7, Paragraph 1)

Yet participants also described how heightened empathetic identification blurred boundaries, leading them to imagine themselves or their children in the scenarios they encountered at work.

'I automatically think about my daughter whenever I work with a child.' (Maria, Page 10, Paragraph 1)

'I worry about what I would do if there was a referral about her.' (Maria, Page 7, Paragraph 1)

'If someone took this decision about me when my children were younger... how would I feel?' (Jane, Page 10, Paragraph 1)

'Oh my gosh, how would that make me feel if it was my child.' (Salma, Page 12, Paragraph 1)

Such heightened identification can lead to an overlap of emotions, especially when personal experiences such as parenting are unconsciously activated in response to a

situation. These anxieties reveal the double consciousness of many women who are mothers and social workers who carry the knowledge that they are not immune to the systems they enforce.

Julie meanwhile questioned whether her professional lens coloured her perception of her own child.

'As a social worker, I think am I trying to diagnose him because of my experiences with work?' (Julie, Page 6, Paragraph 1)

This blurring of domains speaks to a phenomenon where the analytic tools of social work seep into the private sphere, shaping how practitioners interpret and respond to everyday life. Reflexivity, a core component of social work practice, encourages professionals to critically examine their own experiences, assumptions, and emotional responses, yet this process can also lead to the internalisation of professional frameworks in personal contexts (Houston 2015, Rogers & Allen 2024). As Rawles (2023) notes, social work is not just about doing but about thinking, and a practitioner's thought processes are inevitably influenced by their own life experiences, often unconsciously.

Together these internal responses reflect a form of *'professional parenting'*, a deeply affective reflex that can humanise practice but also heighten vulnerability. I have experienced this myself, often feeling the pull of *'what if this were me?'*, a source of ethical insight but also emotional risk. Nazia offered a practical response to the blurring of boundaries.

'I use a lot of self-awareness, reflection, knowledge and understanding of policies, legislation, theories, research, understanding of what is happening.'
(Nazia, Page 9, Paragraph 1)

With this comment, Nazia demonstrates how reflexivity becomes an ethical necessity rather than a nice-to-have add-on as practitioners themselves navigate the same intense challenges of raising children as the families they work with. Without regular, reflective supervision, such entanglements may remain unprocessed, reducing resilience and clouding judgment.

1.3 Hypervigilance

A recurring theme emerged across the narratives of 13 participants: the profound influence of professional knowledge on their parenting practices, particularly in relation to safeguarding their own children. Their awareness of the risks and vulnerabilities children face, gained through years of frontline exposure to cases of abuse, neglect, and systemic failure, did not simply inform their parenting, it transformed it, often amplifying protective behaviours to a level that bordered on overcautiousness (van der Kolk 2014, Figley 1995).

This manifested itself in various ways, including restricted social interactions, cautious supervision, and a deep mistrust of others, even within familial or community contexts. Shamim emphasised that she was much more cautious about who was changing her daughter and looking after her while she was at work.

'If it's a male member of my family, then they may just have to bathe her or wash her. So, it starts to make you feel over-protective, so it does have that impact on you [referring to her work].' (Shamim, Page 5, Paragraph 1)

For many participants, routine childhood experiences became fraught with anxiety and risk assessment. Maria described lacking trust in extended family members, saying that she was cautious about allowing her daughter to have sleepovers. Patricia meanwhile said she was overcautious in public places such as parks, saying the source of this anxiety was her job.

'Whenever we're out my children wear high vis jackets in the park because I'm convinced someone's going to hurt them or take them.' (Patricia, Page 14, Paragraph 2)

Patricia's statement powerfully captures the psychological and behavioural manifestations of hypervigilance and a profound lack of trust in the external environment. This form of anticipatory anxiety, rooted in perceived or experienced threats, reflects a heightened state of alertness that is often associated with trauma. Hypervigilance can be understood as a coping mechanism developed in response to chronic stress or perceived danger (van der Kolk 2014) In this case, the use of high visibility jackets serves not only as a practical safety measure but symbolically represents the mother's need for control in an environment she perceives as inherently unsafe. This behaviour suggests a disruption in the mother's ability to assess risk proportionally, which may be exacerbated by previous experiences of surveillance, judgement, or intervention by statutory services (McFadden et al. 2015).

The implications of such hypervigilance are multifaceted. It may impact the child's developmental experience of autonomy and exploration, as the parent's anxiety can lead to overprotection and restricted engagement with the world. Moreover, this behaviour can be seen as a way for mothers to assert agency and protect their children in a context where they feel their parenting is under constant threat. It raises critical questions about how child protection practices may inadvertently contribute to parental hypervigilance.

Hannah meanwhile said trick-or-treating - widely regarded as a typical and harmless childhood activity, often associated with fun, community engagement, and social development - was off limits.

'My daughter never goes out for trick or treat.' (Hannah, Page 12, Paragraph 3)

'I'm very protective of my son... when you think about sleepovers... his experience of school, his experience of discrimination and racism.' (Nelly, Page 6, Paragraph 1)

For Nelly '*sleepovers*' and '*play dates*', typically benign and normalised aspects of childhood socialisation that are often associated with trust and community integration, are reframed through the lens of race related risk, becoming a locus of anxiety and vigilance. Nelly's response is thus not abstract or hypothetical but catalysed by tangible experiences of '*discrimination and racism*' encountered within institutional settings.

From a sociological and psychological perspective, this aligns with literature on racial socialisation and the concept of 'racialised parental vigilance' (Hughes et al. 2006, Priest et al. 2014). Parents of minoritised children often engage in anticipatory strategies to shield their children from harm, which may include limiting exposure to certain environments or social interactions perceived as unsafe or exclusionary. The participant's protective posture can be interpreted as a form of resistance and care, shaped by an acute awareness of systemic inequities.

Meanwhile Nelly's hesitancy as she spoke, '*how can I put it... I suppose... maybe not so much*' (Page 6, Paragraph 1), may reflect the emotional labour involved in narrating such experiences, hinting at tension between the desire to normalise childhood experiences and the necessity to confront the realities of racial injustice. This ambivalence is critical to understanding the psychological toll of parenting under conditions of race related surveillance and exclusion.

Theme 2: Navigating and Responding to Trauma

Although the interview schedule did not include direct questions about work-related trauma (McFadden et al. 2015, Grant & Kinman 2011 and 2017, Hussein 2018), eight of the participants appeared eager, almost compelled, to recount such experiences. The opportunity to speak openly about their dual role as mothers and child protection social workers seemed to unlock a space of vulnerability that had long been suppressed (McFadden et al. 2015, Figley 1995).

Participants recalled threats to their safety, physical assaults and racist abuse. The emotional impact of this endured years after the incidents took place. These experiences shaped participants' practice, their sense of safety, and their relationships within the workplace. Their accounts were so powerful that trauma and how to navigate it emerged as a key theme in its own right.

The theme includes two subthemes: Violent and Racist Attacks and Systemic Exclusion and Discrimination.

2.1 Violent and Racist Attacks

While the profession is grounded in principles of care, protection, and advocacy, it also exposes practitioners to deeply traumatic experiences. Violence and assault were not isolated experiences among participants; rather, they emerged as recurring themes, quietly carried and rarely voiced.

During her interview Hannah shared an account of a serious physical assault more than 20 years ago. The impact of this event extended far beyond the immediate trauma, undermining not only her confidence in her role as a social worker but also her trust in her line manager and the organisational support around her.

'When she punched me, she got hold of me, it was mid-August, lots of people were outside, she got me on the floor and was punching and kicking me. I remember seeing lots of feet around me. But nobody came to help. I remember feeling abandoned at that moment. And then someone pulled her off and I got taken to hospital. The main thing was that my manager disowned the whole

thing. My support came from my boyfriend, mother and all my friends. Everyone was checking in on me. I hardly heard anything from my manager.’ (Hannah, Page 2, Paragraph 2)

‘I ended up in hospital with a broken cheekbone... He [Hannah’s manager] said that he had not been told that I was visiting, and he completely denied responsibility. I was so let down.’ (Hannah, Page 2 Paragraph 1)

Although not explicitly framed in terms of motherhood, Hannah described this incident in the context of her dual role as a mother and a social worker. It left her with ongoing anxiety and distress for years to come. She and other participants described symptoms consistent with post-traumatic stress, including hypervigilance, intrusive thoughts, and emotional numbing (van der Kolk 2014).

This enduring distress points to the chronic nature of trauma in social work, where unresolved experiences can resurface and influence both professional functioning and personal wellbeing. Levenson (2017) highlights how trauma is not only psychological but also embodied, affecting practitioners’ capacity to think, relate, and respond effectively. Her work highlights the need for reflective spaces and organisational containment to mitigate the long-term impact of such embodied distress (Ruch 2007, Ingram 2013).

Black and Asian mothers participating in this study described how various manifestations of racism compounded the difficulties of an already demanding role.

Some accounts involved direct racial assaults.

Salma said being racially and emotionally abused by the parents of a child she was working with had left her *'feeling scared'* (Page 4, Paragraph 1). She had been asked to carry out a home visit with a less experienced colleague and said that she was *'trying to act so brave'* (Page 4, Paragraph 1) and be a support to her newly qualified colleague. She said it was widely known that people of Asian heritage were frightened of dogs and that a family had used their dog to frighten them.

'They were saying things like, 'oh it's a bunch of Pakis', because the other worker was Asian too, and it really got to me... I felt like I didn't know how to handle it, and it did create a lot of emotions, but at the time I was trying to act so brave. I remember going to the family home and they had a dog, and they were trying to scare us with the dog.'

'We could hear them shouting and we could hear the dog coming towards us, and I thought if we get scared now and run off, I've lost... but that day I was really scared, but I had to make it look like I was not scared. Then when we got back to the office... I remember... I was supposed to be supporting... I was meant to be the stronger one supporting the other social worker, so I had to try and be brave, and although I'm not usually scared of dogs, this dog was really scary. The family were really aggressive; there was a lot going on.' (Salma, Page 4, Paragraph 1)

Although the incident occurred years ago, the lingering emotional pain it caused was evident. In this case the use of a dog to intimidate, exploiting cultural stereotypes, illustrated how racism and power dynamics compound the challenges of the role. As Salma noted:

'No amount of resilience training prepares you for being racially attacked, it's not something you can just bounce back from.' (Page 4, Paragraph 1)

Salma's resolve to remain composed during the incident she recounted highlights the emotional strength required to navigate both professional duties and personal vulnerability. According to Salma the family drew a distinction between her and her coworker, who were both Asian, and their manager.

"...but my manager who was a white Irish woman... they were being so nice to her in the conference. They made a clear distinction between us and my manager, even though she was the one who approved the plan... they saw her as the saviour.' (Page 4, Paragraph 1)

Notably, she did not share this experience or her reflections with her line manager. There appears to be a culture of silence around such experiences. This reflects findings from McFadden et al. (2023), where social workers often concealed the impact of aggression and racism, leaving emotional wounds unaddressed. Other research (Tadem 2012, Ferguson 2016, Bhatti-Sinclair 2011, Daniel et al. 2011) has found such incidents are frequently normalised and unacknowledged within organisational cultures that lack space for these conversations. Beneath this silence may lie a deeper fear of being perceived as weak and unable to cope, or of confronting the painful possibility that white managers might not be able to hear, hold, or validate such a deeply race related and emotionally charged reflection (Bernard & Harris 2016, Featherstone et al 2014, Bernard & Harris 2016, Research in Practice 2019).

Importantly, there is clear crossover between these accounts of trauma and the fourth theme, which centres on support. As in Hannah's case, participants' trauma was often compounded by a perceived lack of adequate support within their organisations. Several described feeling isolated, unsupported, or dismissed when they attempted to raise concerns about their emotional wellbeing. This intersection emphasises the need for a more robust and responsive framework for practitioner care, one that recognises the psychological risks inherent in child protection work and actively works to mitigate them.

2.2 Systemic Exclusion and Discrimination

Participants also discussed the impact systemic and race related social inequality had on their roles as mothers and child protection social workers, and highlighted incidences of cultural and religious discrimination from both families they were working with and, in some cases, colleagues.

Black participants spoke with deep unease about raising their children in environments where they are exposed to the dual threats of racism and gang violence. These reflections were not abstract concerns but lived realities shaping both personal lives and professional practice.

'When I see young Black boys with gang affiliations and stuff like that and then I have my own teenage boys, it sometimes hits me because I think this could be my boys.' (Dudu, Page 8, Paragraph 1)

Dudu's comment reveals a profound emotional dissonance, a moment where professional detachment collapses under the weight of personal fear. It speaks to the form of hypervigilance that many Black practitioners carry, which was explored earlier in the Hypervigilance subtheme and is shaped by an acute awareness of how Black boys are stereotyped, criminalised, and disproportionately targeted by societal systems. Nelly for instance regularly warned her son about community risks purely because of his race. Notably, none of these issues were discussed in supervision or other professional forums.

Such hypervigilance heightens the emotional labour of social work, with Black practitioners who are mothers constantly negotiating the boundaries between personal and professional identities. There is also an implicit emotional cost, the pain of witnessing systemic racism play out in real time, and the fear that their own children may be caught in its grip.

It was not all bad though. Dudu also said, '*I feel like being a mother and a Black woman can play an advantage*' (Page 9, Paragraph 2). She explained that her professional knowledge helped her cultivate greater awareness of the risks her own children might be exposed to and take informed steps to keep them safe.

Describing an incident where a colleague's cultural unconscious bias came into play, Dudu recalled how a Bangladeshi family's diet was problematised and viewed as a safeguarding issue. Such assumptions can influence professional judgments and decision-making (Featherstone et al. 2018, Bernard & Harris 2019, Brandon et al. 2010. Gill & Harrison 2019; Dominelli 2017, Ofsted 2011, Research in Practice, 2019).

'I worked with an Asian family, I remember when the referral came in the school had put in the referral they were judging the family. They mentioned that in the mornings the children will eat chapatti... it's one of the traditional foods from Bangladesh... it was a cultural thing, and I understood it. I'm a mum, not just a mum but an African mum and I know that in my household, or when I'm back home in Ghana, and I've taken my children back home we could have a very heavy meal for breakfast because that's normal. So, when I read the report, I compared that to my experience. I remember looking at the report and thinking there's nothing wrong with that. I sat in the conference, and I defended the family, I said, yes, they are eating that [chapatti] for breakfast but there's nothing wrong with that, it's cultural. It's something that I do back home or even at the weekend.' (Dudu, Page 6, Paragraph 1)

Dudu's advocacy is a positive response to the situation she observed. She said this incident gave her greater insight into the racism and unconscious bias faced by the mothers they were working with, and the importance of reflecting on this in their practice. Although she spoke primarily in her professional capacity, her reflections were shaped by her own experience as a mother, suggesting that her dual role deepened her empathy and sharpened her awareness of the systemic challenges faced by the women she supported.

Salma meanwhile recounted an incident in which she was falsely accused of discrimination by a pregnant Muslim teenager. The young woman's allegation was based on Salma's visible religious identity, specifically her headscarf, which led the teenager to presume that Salma would disapprove of her pregnancy outside of marriage. This presumption culminated in a formal complaint and subsequent investigation.

'So then I went off on maternity leave and while I was off, she made a formal complaint that I was trying to persuade her to have an abortion. I remember meeting with her several times and going through all the options, and I couldn't understand what it was that I said or did that made her believe that I was trying to encourage her to have an abortion. She said to me, 'how can you being a Muslim woman, pregnant yourself at the time, how could you encourage me to have an abortion'... that really really hurt me... we went through the formal complaint process... I felt so confused by the whole thing because I know that I wouldn't ever do that, it goes against my own values and beliefs...to this day she has it in her head that I encouraged her to abort the baby.' (Salma, Paragraph 1, page 13)

It is significant that the accusation against Salma was made while Salma herself was on maternity leave; it situates the incident within the intersection of her dual roles as a mother and a social worker (Bernard & Harris 2016). The young woman's comment, *'How can you being a Muslim woman, pregnant yourself at the time, how could you encourage me to have an abortion'* not only challenges Salma's professional conduct but also invokes her personal identity, religious beliefs, and maternal status.

Salma's confusion and pain highlight the psychological toll such accusations can have, especially when they conflict with one's personal values. Although the complaint was not substantiated, and Salma was fortunate to have a colleague present during each visit, the incident illustrates the emotional vulnerability that can arise when practitioners are navigating both professional responsibilities and personal transitions such as pregnancy. It also raises important questions about how cultural identity, motherhood, and professional judgement are perceived and contested within child protection work.

Theme 3: The Rewarding Struggle: Balancing joy and stress in social work

The findings of this study support other research which found that while social work is described as rewarding, it is also emotionally stressful (Morrison 2007). While several findings resonate with existing scholarship, their significance in this study lies in the fact that they emerged from women's reflections on their lived experiences of simultaneously occupying the roles of mother and child protection social worker.

This theme has two subthemes: Wide Spectrum of Emotional Experience and A 'Toxic Relationship' with Social Work?

3.1 Wide Spectrum of Emotional Experience

Several participants emphasised the very wide range of emotions provoked by their work.

'...everything from satisfaction and total pride in your work to total frustration to overwhelm to...really positive emotions, being really proud of your work, feeling really motivated like you make a real difference to feeling deflated and thinking why am I here?' (Astrid, Page 2, Paragraph 1)

'...sad, happy, surprised, fearful, all range of emotions...stressed, busy, tired, anxious, frustrated, disappointed, guilty, hurt, optimistic, proud, amazed, excited...yeah, just...it's a real rollercoaster.' (Ria, Page 2, Paragraph 1)

Ria's vivid description captures the emotional intensity and volatility of being both a mother and a child protection social worker. Her use of rapid, overlapping emotional states reflects the constant negotiation between personal and professional identities, where the boundaries between home and work are often blurred. The metaphor of a *'rollercoaster'* conveys not only the unpredictability of the role but also the lack of control many participants felt over their emotional wellbeing. This emotional layering is particularly pronounced for mothers, who must manage the demands of caregiving while absorbing the distress of others, often without adequate organisational support. *'You experience all sorts of emotions at work, from happiness to sadness to feeling helpless. Satisfied when you do a good job with children and families, and you bring about real positive change in their lives. I've noticed that this job can be very challenging as well as very rewarding.'* (Nazia, Page 2, Paragraph 1)

'Sadness, frustration, fear, kind of anxiety and insecurity... and then there are, you know, bits of 'oh I am good at my job, I can do this', or, 'this is brilliant for this family'... so you do get those sort of happier elements to it, yeah definitely.'
(Sallyanne, Page 2, Paragraph 1)

Nazia and Sallyanne capture the oscillation between anxiety, insecurity, and moments of pride and satisfaction. These narratives reveal how motherhood intensifies the emotional stakes of the work, not only because of the personal identification with families, but also due to the constant emotional juggling required. The presence of positive emotions does not negate the toll; rather, it brings to the fore the depth of emotional investment. For mothers in child protection, this emotional rollercoaster is not just part of the job, it is amplified by the personal resonance of the work, making

the need for emotional support and reflective spaces all the more urgent (McFadden et al. 2015).

Taken together, these accounts illustrate what could be described as the 'dual emotional ambivalence landscape' of child protection work (Trotter 2002), which is explored in detail in the discussion chapter. This concept refers to the ongoing tension between social workers' personal emotional responses and their professional responsibilities, where conflicting feelings coexist rather than resolve. It captures the oscillation between the distressing realities of systemic injustice and the profound satisfaction of supporting families. Participants frequently acknowledged that the negative emotions stemmed from the gravity and complexity of their responsibilities. Yet, moments of confidence and joy, when things went well, offered a sense of purpose and professional affirmation.

3.2 A 'Toxic Relationship' with Social Work?

Nevertheless overall, participants' satisfaction at positive outcomes arising from their work seemed overshadowed by stress, sadness and helplessness. All 15 participants employed the word 'stress' to describe their experience of work. Nazia described how uncertainty and risk in the role gave her a sense of helplessness, which was also shared by others and demonstrated a profound sense of vulnerability.

'I sometimes experience anxiety in situations when you don't know what's going to happen next and when there are high risks involved in a situation you feel anxious, you feel a bit helpless.' (Nazia, Page 2, Paragraph 1)

Other social workers may also feel this way but participants' feelings appeared amplified by their dual role as a mother and, for some, the added dimension of being Black or Asian. This finding aligns with studies showing that mothers who are from

racially ethnic minorities often report heightened parenting stress due to the interplay of structural disadvantages, cultural expectations, and racial discrimination (Nomaguchi & House 2013, Priest et al. 2021).

The negative emotions expressed by participants were frequently a response to political and societal circumstances as much as professional ones.

'Sadness, anger, feeling quite upset... depressed about social affairs and political situations... poverty and discrimination... a bit hopeless... you can't really do anything about the bigger picture.' (Jane, Page 2, Paragraph 1)

This sense of despair, rooted in structural inequality, reinforces the idea that social workers are often bearing witness not only to individual suffering but also to systemic harm, while feeling powerless to change it. These responses resonated with my own feelings of helplessness in the face of structural injustice. Despite years of practice, I still grapple with the emotional dissonance of knowing what would benefit a child but being constrained by organisational thresholds and resource limitations (Featherstone et al. 2014).

Dudu highlighted anger as a dominant response.

'The stress... Sometimes when I think about the young person then it gets me angry, especially sexual abuse cases... the anger comes.' (Dudu, Page 2, Paragraph 2)

This reaction may be driven by both empathy for the child and frustration with systems that fail to protect them. Patricia, a Children and Family Court Advisory Support Service

(CAFCASS) social worker, also described frustration and anger, mainly at local authorities, as well as moments of happiness. Her story of calling the police to remove a child at risk of significant harm (Children Act 1989) due to inaction from the local authority highlighted the emotional toll of professional powerlessness in the face of bureaucratic inertia. This tension between personal ethics and institutional limits resonated strongly with my own experience.

Sallyanne captured the paradox at the heart of many helping professions - taking into account the wide range of emotions such work provokes, the individual, societal and structural problems that make it necessary in the case of social work and the heightened emotional entanglement with child protection work specifically that mothers working in child protection described under the first theme above.

'I think, do I have a toxic relationship with work... by that I mean, you sometimes love something that isn't always good for you... it's quite a weird job. There's this crazy chaos that sometimes you love and find really difficult at the same time.' (Sallyanne, Page 9, Paragraph 2).

Her use of the term *'toxic relationship'* is particularly evocative, suggesting a deep ambivalence, a pull toward a role that is both fulfilling and emotionally corrosive. This mirrors Vega-Roberts' (2015) idea of the 'self-assigned impossible task': the internalised compulsion to fix everything, often rooted in personal history,

Theme 4: The 3 Ps of Support - Personal, Peer, Professional

Support, both formal and informal, is essential in social work (Ruch 2007). It aids professional development, helps manage complex situations, and encourages reflective practice, which in turn leads to better decision-making and outcomes (Ruch 2007, Morrison 2007). Reflective spaces enhance resilience and practice quality, making support a universal need across the profession (Ingram 2013, Ruch et al. 2010, Munro 2011).

For many of the participants in this study support was a crucial mediating factor enabling them to stay grounded and cope with the difficult emotional experiences of their professional role. Their accounts revealed a need for different forms of support, which can be grouped into three categories:

- Personal support: informal help from family and friends
- Peer support: shared experiences and informal conversations with colleagues, such as debriefing after a difficult visit or balancing work-home life
- Professional support: formal supervision from line managers, which many found crucial for managing complex casework and emotional strain

Each category is explored as a sub-theme.

4.1 Personal Support

Ten participants emphasised the importance of personal support outside work. For several, this kind of support from partners, family members, and close friends was the difference between barely surviving the pressures of the job and being able to manage them in a sustainable way. Whether through practical assistance such as childcare or emotional validation, personal networks provided a kind of holding space that was often lacking within the workplace.

'Sometimes it's people I worked with years ago and we're still friends....sometimes it's colleagues I work with now that perhaps I haven't known as long, but I feel like as social workers we all have that shared understanding of the emotional impact of the job and so those peer relationships are really really important to me and that's how I cope, really.'
(Julie, Page 4, Paragraph 1)

Patricia said her husband, a serving police officer, could relate to the intensity of frontline work.

'I'm very lucky because my husband is a police sergeant, and he understands because he also has similar experiences and me talking to him about stuff doesn't freak him out because he knows what I'm saying. But not everyone is going to have that.' (Patricia, Page 13, Paragraph 2)

However, merely being able to unburden oneself in the presence of a supportive partner was described as helpful.

'I do talk to my partner, you know he knows everything about how I feel so that was really helpful.' (Sallyanne, Page 3, Paragraph 1)

Sallyanne's reflection highlights the emotional significance of personal support in sustaining wellbeing amid the pressures of social work and motherhood. The ability to share openly with a trusted partner provided her with a vital outlet for emotional processing, highlighting how intimate relationships can serve as informal yet essential spaces of validation and containment. This kind of support often compensates for the emotional gaps within professional settings, where such vulnerability may not be acknowledged or safely expressed.

Practical support was also frequently raised by participants, who said living with or near family members provided vital logistical assistance.

'Thankfully my mother-in-law, who I had a really positive relationship with, and she was really helpful and hands-on, so she took care of my daughter.' (Salma, Page 3, Paragraph 1)

This arrangement allowed Salma to remain at work without the added stress of leaving to pick up her children. She reflected on how challenging things became after moving into her own home and having to independently juggle the demands of motherhood and her responsibilities as a team manager. Her account illustrates the precarious balancing act many mothers in child protection face, where the professional expectations of availability, emotional resilience, and managerial responsibility often collide with the realities of parenting. Without practical support, the role can become unsustainable, revealing how the structural demands of social work can render

motherhood an almost impossible task, especially when organisational systems fail to accommodate the dual pressures women navigate daily (Featherstone et al. 2014).

One particularly memorable account came from Hannah, who travelled to her native Hong Kong to recover after being physically assaulted by a service user (as described above). She recalled a delayed emotional reaction, saying, '*I was really upset... I wanted to go back home*' (Page 4, Paragraph 1). In that moment of vulnerability, she longed for her mother, a powerful reminder of how childhood attachments and cultural ties can resurface during professional crisis. Yet this longing may also reflect a more complex emotional landscape. For some, the desire to return to a maternal figure may coexist with a need to distance oneself from painful or unresolved maternal relationships. The concept of being '*mothered*', seeking comfort, safety, and emotional containment, can be deeply evocative, especially for mothers themselves who are often expected to provide care while receiving little in return. Hannah's story invites reflection on how professional trauma can activate personal histories, and how the emotional residue of social work may stir yearning in relation to one's own mother. It also highlights the importance of recognising these layered emotional responses within organisational cultures that often overlook the personal dimensions of professional distress.

It was striking that none of the three Black participants made reference to any sources of personal or familial support. Nelly said she gladly volunteered support to her peers yet she appeared to have little support at home. Similarly, most of the Asian participants also did not mention personal or familial support, the only exception being Salma who mentioned practical assistance from her in-laws. Although the sample

group is small, this pattern may hint at broader cultural or structural dynamics that influence how personal support is experienced, accessed, or articulated, particularly among Black and Asian professionals in social work. It also raises important questions about the potential emotional burden carried by social workers who are perceived by their peers as potential sources of support, yet who may lack reciprocal support in their own lives.

4.2 Peer Support

Peer support emerged as a vital theme across participant narratives, with ten participants explicitly naming it as essential to their professional lives. While the form and function of this support varied, the underlying sentiment was consistent: supportive relationships act as buffers against the emotional toll of child protection social work while also being a mother and are instrumental in promoting both personal and professional resilience (Baginsky 2013).

Participants highlighted the value of connecting informally with colleagues who shared similar life experiences, especially motherhood. Hannah, for example, actively sought out other working mothers in the office, forming informal alliances to manage both the emotional labour of the job and the competing demands of family life, '*As mothers we gravitate towards each other and support each other*' (Page 14, Paragraph 2). This network demonstrates how peer support extends beyond empathy and into practical, reciprocal action.

Maria similarly reflected that *'every mum will find her peer for support'* (Page 12, Paragraph 1), suggesting an almost instinctive drive among working mothers to seek solidarity. This resonates with my own reflections as a researcher and practitioner navigating motherhood: these bonds are not merely convenient but are vital acts of survival within a system that often undervalues the emotional labour of care.

What stood out was how this support was not limited to immediate teams. Several participants including Patricia, Nelly and Ria described turning to friends who were also social workers and parents.

'I've got social work friends who are also parents, so speaking to them feels like a strong support.' (Nelly, Page 3, Paragraph 1)

Ria meanwhile found comfort in peer support from *'social work friends... that know me well outside of work'* (Page 3, Paragraph 1). These accounts point to the importance of safe, informal spaces beyond the workplace - which were important to me too after the birth of my daughter. In these external peer networks, social workers can shed their professional armour and show vulnerability, without fear of judgement or performance expectations.

Structured peer support also played a role. Jane mentioned *'team check-ins'* (Page 14, Paragraph 1), and sharing self-care tips suggesting that organisational moves to facilitate spaces for reflection and connection strengthen a culture of mutual care. These examples demonstrate how both formal and informal practices serve as protective factors against burnout and moral distress.

However, participants also voiced concern over post-Covid hybrid-working practices and reflected nostalgically on the close-knit nature of past teams, in which mutual support was built on shared expertise and collaborative problem-solving. Salma said remote work offers flexibility that is especially valued by parents.

'Since Covid it's been so much more convenient because I now get to drop them off in school and pick them up all the time now. I wish I had the same opportunity with my first child.' (Salma, Page 8, Paragraph 1)

But remote work also fragments informal peer interactions, reduces opportunities for organic mentorship, and limits spontaneous emotional processing. Salma referred to receiving such in-person support from colleagues after visiting families.

'Coming back to the office and having a right old moan helped' (Salma, Page 5, Paragraph 1).

Julie meanwhile reflected on how Covid disrupted her emotional engagement with a family she had worked with closely. She described the impact of not being able to process her feelings in the usual way.

'So that will have been around Covid time as well. They ended up being placed for adoption basically. And I had a lot of emotions around that, because I'd known them for so long...' (Page 3, Paragraph 1)

Her account highlights how the pandemic not only altered practical working conditions but also deeply affected the emotional labour inherent in social work (Baginsky 2013).

This tension between flexibility and fragmentation highlights a broader structural issue.

Peer support was also closely linked to practice quality and decision-making. Dudu emphasised the importance of '*discussing the case with my colleagues*' (Page 3, Paragraph 1), showing how peer dialogue shapes practice wisdom and reduces isolation in high-stakes decisions. These informal reflections help social workers calibrate their emotional responses and ensure decisions are ethically grounded, rather than purely reactive.

Finally, Visaly illustrated the stabilising effect of peer relationships on workforce retention. She attributed the longevity of her former team to their mutual support.

'We made sure that we supported one another, we made that time and effort.'
(Visaly, Page 11, Paragraph 1)

This aligns with wider research suggesting that strong interpersonal relationships within teams contribute to staff satisfaction, morale, and retention-critical issues in the high turnover context of child protection (Baginsky et al 2010).

While all social workers benefit from supportive team dynamics, the emotional toll of juggling motherhood alongside the demands of child protection work appeared particularly acute among participants. Mothers often described a heightened need for support, not only to manage the intensity of frontline practice but also to navigate the persistent tension between professional responsibilities and caregiving roles. This dual burden emphasises the importance of workplace cultures that actively recognise and respond to the specific challenges faced by social worker mothers.

In interpreting these accounts, I was reminded of how support in social work is deeply relational and context dependent. It is not merely about who is in your team, but whether there is psychological safety and shared understanding. The stories shared by participants show that peer support is not an optional extra but a foundational aspect of sustainable and ethical practice.

4.3 Professional Support

Twelve of the 15 participants highlighted the importance of support from line managers, both through formal supervision and more informal check-ins. The topic arose 41 times across 13 interviews. It was widely described as essential in navigating emotionally charged cases, especially those involving trauma, ethical complexity, and child removal.

However, for many participants the absence of such support was more memorable than its presence. Almost all described feelings of disappointment, abandonment, or even betrayal when support was lacking, especially during moments of professional and personal vulnerability (McFadden et al. 2015).

From the outset, I was struck by the frequency with which participants described the need for a 'safe space', which could come under various names - such as protected time, reflective supervision, or emotional check-ins - and where they could voice the emotional toll of their work. By and large, this was unavailable.

Hannah's expectation of emotional containment from her manager following the physical assault by a parent (described above) was unmet.

'The thing that stays with me the most is not being held by him.' (Hannah, Page 3, Paragraph 1)

She was instead offered a plane ticket to return to Hong Kong, an offer that, while wellintentioned, felt like a dismissal of her pain and a deferral of responsibility. I found myself sitting with her words long after the interview, questioning how often support is framed in logistical or managerial terms, while deeper emotional needs go unseen or unacknowledged.

This gulf between what is offered and what is needed was a recurring thread.

'I know some local authorities have it and my local authority might have it, some kind of open door system where you can choose to speak to someone, not your manager, someone you're assigned to and can speak to them about different things... for example you're a mother in child protection and you want to talk about your role and being a mother and how sometimes that hits you.' (Dudu, Page 9, paragraph 1)

Dudu is highlighting the emotional complexity of being both a mother and a child protection social worker, and longs for safe, non-judgemental spaces to process that experience. She is asking for structured emotional support, not necessarily from line managers, but from someone neutral who understands the intersection of professional and personal identities. This suggests that current organisational models may lack the

flexibility or sensitivity required to support mothers in social work, particularly when the emotional impact of the role intersects with maternal identity.

'I remember once after a conference the chair was so nice... she picked up on what the case was doing to me, so after the conference she asked me to stay behind. We had a chat and that chat was so good I felt like someone really understood me and knows where I come from... someone neutral to talk to.'

(Dudu, Page 9, paragraph 1)

Here, Dudu's experience of recognition and empathy from a conference chair highlights the profound effect of being seen and understood. The relief she felt from a single, informal conversation reveals how rare and valuable such moments of emotional validation are. It also illustrates how informal acts of care can fill a void left by formal systems, and how emotional support, when offered with cultural and contextual awareness, can significantly impact wellbeing.

Ria recounted being left alone to remove a child from their family, another stark example of managerial absence. She recalled begging for support and receiving none, then crying uncontrollably after the event.

'If you feel supported, then you can offer that support to your families... otherwise, you're running on empty.' (Ria, Page 11, Paragraph 1)

This example powerfully articulates how managerial support or the lack thereof reverberates through the system, impacting not only the individual social worker but the children and families they serve. I found myself reflecting on times when I too felt

'empty', working long hours and emotionally frayed yet expected to maintain professionalism without pause.

Some participants shared more hopeful reflections. When supervision felt emotionally safe it could be transformative, with Nazia saying it enabled her to cry, share and reflect.

'Supervision is a place where you can do this.' (Nazia, Page 4, Paragraph 1)

Yet she also noted that such experiences were the exception. Dudu longed to talk about the emotional resonance of being a mother in child protection but found few spaces where this was welcome or appropriate. She stated: *'...someone you're assigned to and can speak to them about different things....for example you're a mother in child protection and you want to talk about your role and being a mother and how sometimes that hits you'* (Page 9, Paragraph 1).

Astrid reflected on the absence of support for practitioners and questioned whether an unspoken norm discouraged seeking help for oneself.

'But do we seek support for ourselves from professionals? Is there an emotional barrier that I shouldn't need to seek support...' (Astrid, Page 9, Paragraph 1)

Her comment suggests an internalised expectation of emotional self-sufficiency, raising important questions about the culture of care within social work and the potential stigma attached to vulnerability, particularly for those navigating dual roles as both mothers and professionals.

Julie emphasised the importance of accessible support structures.

'I think it should be readily available and people should know... when they come into the job they should be asked, 'are you a parent'? and for their personal situation to be understood as part of them coming into the job.' (Julie, Page 12, Paragraph 1)

Again, her reflection brings to the fore the need for organisational cultures that acknowledge and accommodate the personal identities of practitioners, including their roles as mothers. By advocating for early recognition of parental status, Julie highlights how personal circumstances can shape professional experiences and emotional resilience and calls for a more holistic approach to practitioner wellbeing that integrates both personal and professional dimensions.

Visaly emphasised the importance of not only practical but also emotional support within the workplace, particularly for practitioners navigating the dual demands of motherhood and child protection social work. Reflecting on her brief experience in a management role, she noted:

'...not just practical support... I think it's also that emotional support... managers need to build that trust... there needs to be that space to have empathy and understanding of the situation and how best to support.' (Visaly, Page 11, Paragraph 1)

Her insight points to the critical role of emotionally attuned leadership in fostering a supportive environment. For practitioners who are also mothers, such empathy and

understanding are essential, not only for managing the emotional labour of the job but also for feeling seen and valued in their full identity. Visaly's comments suggest that trust and relational safety within management structures are foundational to effective support, and that emotional responsiveness should be considered a core component of organisational wellbeing strategies.

Several participants articulated a clear desire for 'clinical' or 'therapeutic' supervision. While interpretations of these terms varied, there was a consistent emphasis on the need for a reflective space oriented toward emotional processing, rather than one solely focused on task-driven managerial oversight. Patricia succinctly captured this need, stating that what was required was *'some sort of real unpicking'* (Page 13, Paragraph 1). Even where reflective supervision was formally offered, participants often felt it lacked sufficient depth, with Shamim noting that the session *'doesn't cover it enough'* (Page 9, Paragraph 1).

Astrid expanded on this by referencing clinical supervision as a potential model.

'I'm thinking of clinical supervision for example. I'm not sure that's specifically or necessarily just for mothers. I think that's more a wider support provision that could be in place.' (Astrid, Page 9, Paragraph 2)

Her comment highlights the broader relevance of emotionally attuned supervision, while also implicitly acknowledging the heightened emotional demands placed on practitioners who are mothers (Ruch 2007, Ingram 2013).

These reflections brought up questions for me as both researcher and practitioner. Are social workers subtly taught to minimise their emotional needs? Do organisational cultures reward emotional stoicism over vulnerability? Jane's narrative seemed to support this.

'I think there were more emergencies, more complexity going on that week.'
(Jane, Page 5, Paragraph 3)

Despite feeling emotionally drained, she didn't seek support. Was she minimising her own needs because of past experiences of being overlooked or unsupported? It led me to reflect on how the culture of triage and crisis management in child protection can erode a practitioner's sense of self-worth and importance.

Perhaps the most searing account came from Maria, whose traumatic pregnancy went entirely unacknowledged by her line manager.

'It took me years, and I think I'm still healing from that wound.' (Maria, Page 2, Paragraph 1).

During her pregnancy, Maria began experiencing complications at seven months, with her baby's life at risk. Despite informing her manager during supervision, she was told to continue attending the office until medical evidence was provided. Her daughter was subsequently born two months prematurely, and it took two years for her to catch up developmentally. Maria described a deep sense of resentment at what she saw as an absence of care for her health and that of her unborn child, which she carried for many years. Her experience reflects the potential for emotional harm when organisational

responses fail to recognise the vulnerability of pregnant women. It highlights how the dual demands of professional responsibility and maternal care are not only undervalued but can result in lasting emotional trauma if support appears to be withheld at critical moments.

This analysis led me to question not just how supervision is delivered, but what it is for. If supervision remains focused solely on compliance, performance, and case management, it risks missing the very thing social workers repeatedly told me they need: a space to feel held, to process trauma, and to reconnect with their values. In their interviews, participants highlighted a simple but profound truth. Support isn't just about availability; it is about attunement, validation and care.

Summary

In this chapter, I have presented the key findings from the study, structured around the main themes identified in the analysis. These findings have highlighted the experiences, challenges, and reflections of participants, providing insight into the intersection of motherhood and professional practice in child protection social work.

Having set out these results, the next chapter moves into discussion, where these findings will be interpreted and examined in relation to existing theories and research. The discussion will explore their broader significance, consider implications for practice and policy, and situate the study within the wider context.

Reflexivity

Throughout this research, my position as an insider researcher, both as a mother and a senior social worker in child protection, has shaped my engagement with the data. I am aware of my own strong personal experiences relating to the research topic and many of the accounts given by practitioners resonated with me. Several examples stand out.

Hannah and Patricia's re-evaluation of past decisions after having children reminded me that I often over-relied on theory to interpret behaviour and policy and legislation as I responded to child protection referrals. It wasn't until I had my own child that I fully understood how sleep deprivation, or even a lack of emotional bandwidth, could distort one's capacity to parent well. That realisation led to a critical re-evaluation of some of my previous assessments, particularly when I may have suggested coping strategies without truly appreciating their context.

Patricia spoke passionately about adoption in the UK, describing it as '*barbaric*'. I found myself disagreeing with this perspective and was reminded of the many children who remain in highly neglectful circumstances, where child protection services either intervene too late or fail to make decisive decisions to safeguard their futures. That said, I recognise that care and support for mothers following the removal of their children is often lacking. This gap reflects a failure to respond to these women on a human level, and to support them in ways that might reduce the likelihood of future removals. It made me reflect on how systems can simultaneously protect children

while also showing compassion and care to parents who are often deeply traumatised by the process.

Participants' accounts of hypervigilance around their children echoed my own heightened sense of vigilance when it comes to my own child's safety. I have always been extremely cautious about where she goes for sleepovers, carefully considering who will be supervising her. When she was younger, I was particular about who changed her, ensuring that I did this myself in private wherever possible. These decisions have been shaped not only by my instincts as a mother but also by the professional knowledge I carry as a child protection social worker, constantly aware of the potential risks and vulnerabilities that children can face.

I found Salma's account of racist aggression highly triggering. Over two decades, I've faced numerous racist attacks, starting with being racially abused as a '*black devil*' by parents while on placement in a South Yorkshire village. These incidents were never acknowledged by managers or discussed in supervision, and I rarely shared them outside work. There appears to be a culture of silence around such experiences. This reflects findings from McFadden et al. (2023), where social workers often concealed the impact of aggression and racism, leaving emotional wounds unaddressed.

I also related strongly to Salma's experience of a false complaint, having been the subject of one myself when the husband of a Sikh woman who wanted to leave the marriage falsely accused me of trying to convert his wife to Islam. This occurred in the years following the 9/11 attacks, during a period marked by heightened Islamophobia. The accusation was not only deeply humiliating but also professionally challenging.

Sallyanne's description of a '*toxic relationship*' with child protection social work had me nodding as I have also experienced this push-pull dynamic and understand the allure of feeling needed even when the emotional toll is high.

Maria appeared genuinely traumatised and clearly felt that her manager showed no concern for her health and wellbeing. I thought about times when supervisees have shared health-related concerns. On occasion, I've asked for further information before agreeing to exceptional arrangements. This hasn't been due to a lack of care, but rather a desire to take a measured approach and ensure fairness across the team.

Finally, the theme of peer support resonated. Participants mirrored my own seeking out of fellow working mothers for informal support and validation. These microcommunities offer not just emotional refuge but practical solutions in the face of systemic constraints and I share participants' sense of loss following the shift to hybrid working. However, this hasn't been my consistent experience, and I have at times found that mothers in child protection seem less interested in networking and more keen to get back to their home responsibilities. I have also found that stronger support has come from colleagues who are not mothers.

Chapter 6 - Discussion, Conclusion and Recommendations

Introduction

This study has explored the emotional experiences of women who occupy dual roles as mothers and child protection social workers. It aimed to examine the nature and impact of these emotional experiences, as well as the forms of support available to help them navigate the complexities of their intersecting identities. Anchored in a critical realist paradigm and informed by Bronfenbrenner's Ecological Systems (1979) theory and intersectionality theory (Crenshaw 1989), the research reveals that personal and professional identities within social work are not distinct but intricately interwoven. This entanglement generates both protective resources and potential vulnerabilities for practitioners. Intersectionality theory (Crenshaw 1989) further illuminates how overlapping social identities, such as gender, motherhood, and professional role, interact within the child protection context to shape unique experiences of emotional labour, power, and support.

This chapter discusses the study's findings within the wider context of existing literature, relevant legislation, and theoretical framework. It responds directly to the research questions while critically examining the strengths and limitations of the study. Consideration is also given to the implications for professional practice. The chapter concludes with recommendations for future research and a reflexive account.

The first part of the chapter explores three key themes that directly address the research questions. The findings reveal a complex entanglement between the personal and professional identities of women who are both mothers and child protection social workers. These intersections are characterised by both potential risks and meaningful rewards. As outlined in the preceding chapter, participants frequently referenced personal experiences within professional settings; however, the appropriateness and safety of such disclosures remain uncertain. Participants also described how personal experiences informed their professional judgement, highlighting the nuanced role of reflexivity and emotional labour in practice. Additionally, participants discussed the formal and informal support mechanisms they rely on to manage the emotional demands of their work, while noting a lack of organisational awareness and responsiveness to these lived experiences. The findings of this study do not suggest a complete absence of support; rather, they reveal that such support is inconsistent and often fails to address the areas most critical to practitioners' emotional and professional wellbeing (Ingram 2013, Ruch et al 2018).

What this chapter repeatedly returns to is entanglement - the ways motherhood and child protection practice weave into one another emotionally, relationally and ethically. I use entanglement here as more than a descriptive idea; it is the analytic thread that helps explain why certain emotions feel so intense, why impacts follow social workers home, and why support needs to be organised differently. In the discussion that follows, I return to entanglement across each research question, showing how it operates as both a resource and a vulnerability, depending on context, identity, and organisational holding.

What emotions are experienced by social workers who are mothers?

Existing research shows that the emotional impact of child protection work often extends beyond the professional sphere, affecting practitioners' personal and family lives. (Menashe et al. 2014, O'Sullivan 2017, Lewis 2022, Steele et al. 2025). Alongside these blurred boundaries, participants described a broad spectrum of emotional experiences associated with their work, from joy, pride, and fulfilment to sorrow, guilt, and frustration. These affective responses highlight that social work practice is sustained through a complex interplay of both rewarding and distressing emotions (Hochschild 1983, Kinman & Grant 2020, Ruch 2018). As explored in the literature, emotional labour in social work is not solely characterised by depletion but can also be a source of meaning, identity, and professional satisfaction (Harris 2005, Charlesworth, Baines & Cunningham 2015, Murphy 2023). Yet, among this emotional diversity, what emerged as most powerful in this research study was the experience of crossover, the deep entanglement between the personal and professional, in which feelings linked to being a mother, such as empathy, protectiveness, and anxiety, became interwoven with professional judgement and practice. This aligns with the insights of Baraitser (2009) and Gatrell (2013), who conceptualise maternal subjectivity as inherently relational and permeable. It was this entanglement, rather than any single emotion, that in this research study most vividly illuminated the emotional complexity of being both a mother and a child protection social worker.

This research study found that while there was clear entanglement between social workers' personal and professional lives, this was by no means straightforward (O'Sullivan 2017, Steele et al. 2025). It is a complex dynamic that appears to

profoundly shape both practice and parenting. At home, the women in this study are caregivers, navigating the emotional and logistical demands of motherhood. At work, they are tasked with managing complex work, protecting vulnerable children, and working within highly stressful environments. The result is a kind of emotional saturation, where the personal and professional may become inseparable, and the labour of care can be constant and relentless. Participants described how professional awareness of risk permeated their family lives, creating hypervigilance, guilt, and anxiety.

Many participants experienced this crossover as a perceived increase in empathy, a sense that their own experiences of motherhood enhanced their ability to relate to, understand, and respond to the emotional worlds of the families they worked with. Participants who had practised before and after motherhood described a noticeable shift in their emotional engagement with families upon returning from maternity leave. This change was often characterised by an expression of deeper compassion, a greater tolerance for parental struggles, and a more relational approach to assessment and intervention, thereby echoing previous research (O'Sullivan 2017, Steele et al. 2015) and aligning with Lynch's (2025) review and the work of Steele et al. (2025). This can be positive, emotional attunement can deepen relational work and enable a more nuanced engagement with families' lived realities (Hochschild 1983, Gatrell 2013) and are qualities often undervalued in bureaucratic cultures of risk management and target-driven accountability (Munro 2011, Hingley-Jones & Ruch 2016). In many cases, this heightened perception of empathy translated into real-world impact, a shift characterised by Maria, one of the participants, as a softening that does not dilute professional responsibility but instead amplifies the role's moral and emotional

complexity. Understanding another's perspective, even when it conflicts with legal or moral norms, reflects not approval but a commitment to holding complexity and practising compassionate neutrality.

Participants also reflected critically on their earlier reliance on theory or rigid procedures, acknowledging that lived experience of parenting altered their understanding of what constitutes '*good enough*' care. This highlights the ethical dimension of child protection social work practice, by recognising the sometimes disproportionate expectations placed on parents, especially mothers, with participants beginning to question the fairness and feasibility of certain professional demands. This is not a rejection of accountability, but rather a call for empathy, an approach that balances professional responsibility with a grounded understanding of lived experience. The social workers in this study felt their experiences of motherhood were not recognised as a valuable asset capable of enriching professional judgement.

These insights demonstrate that empathy in child protection can be ethically complex. It can encourage relational, strengths-based practice, but without critical reflection, it risks over-identification and subjectivity (Ingram 2013, Lynch 2025). This raises important and as yet unresolved questions about its implications for practice. A perception of deeper empathy must be interpreted with careful consideration and requires careful negotiation to ensure it remains ethical and safe. It prompts reflection on the appropriateness of such empathetic positioning and, crucially, on where within organisational or supervisory structures there is space to critically explore these dynamics to ensure that empathy is exercised ethically, safely, and within professional boundaries. This is where entanglement becomes particularly visible. The empathy

participants described was not simply a personal trait, but a product of their dual positioning as mothers and child protection social workers - that travels with them into practice. For some, this created a deeper relational capacity and a more grounded understanding of parenting pressures; for others, it raised questions about over-identification and the need for tighter reflective boundaries. In other words, entanglement here is not automatically 'good' or 'bad'; it is a dynamic that needs active noticing, supervision, and ethical working through. It is vital to embed this awareness within a framework that supports ethical scrutiny and continuous learning. While statutory guidance like *Working Together to Safeguard Children* (HM Government 2023) stresses procedural compliance and professional judgement, it largely overlooks the emotional labour and embodied knowledge that shape frontline practice.

Overall, this study shows how motherhood, a transformative life event, reconfigures how empathy is felt, understood and enacted by child protection social workers. Practitioners in this study echo Lynch's (2025) call for a more nuanced understanding of empathy, one that recognises how personal experiences, such as parenting, can deepen a practitioner's capacity to connect with service users in more meaningful and compassionate ways. Their experiences reinforce the importance of organisational and leadership support in sustaining empathic practice (Lynch & Currie 2025) and support Lynch's (2025) recommendation for future research to explore how empathy is developed and expressed within specific social and organisational contexts, particularly through qualitative, interpretive approaches.

A compelling theme on the other side of the emotional crossover between motherhood and social work was the emergence of hypervigilance in participants' personal lives.

Professional awareness of risk permeated domestic routines, shaping parenting decisions in ways that heightened anxiety and restricted children's independence. This phenomenon can be interpreted as a form of *'professional parenting'*, where the tools and anxieties of child protection work seep into family life, reinforcing the difficulty of maintaining clear boundaries. If empathy shows how motherhood shapes practice, hypervigilance shows the entanglement running in the other direction - how child protection work reshapes parenting. The professional gaze does not switch off at the end of the day; instead, risk knowledge and worst case thinking can settle into the home and become part of everyday parenting decisions. This is a clear example of why 'work-life balance' language can feel too thin for these women: what they are describing is not simply stress, but a recalibrating of how they experience safety, responsibility, and care across both worlds.

Equally noteworthy was the *'emotional rollercoaster'* (Ria, Page 2, Paragraph 1) nature of child protection social work, highlighting the depth of emotional investment involved in simultaneously being a mother and a child protection practitioner and bringing a wide spectrum of experience, from joy and fulfilment to anxiety, sadness and frustration. This emotional investment emerged as both a strength because it served as a source of meaning and purpose as well as a source of vulnerability that can contribute to burnout. What emerged strongly from this research was a portrait of professionals who remain committed to their work not despite its emotional demands, but in part because of the profound significance they derive from it.

Several studies suggest that social workers often experience high levels of job satisfaction alongside emotional exhaustion, indicating that their capacity to derive

ongoing meaning and fulfilment from their work may enable them to withstand and navigate the intense emotional demands inherent in practice (McFadden et al. 2015, Stalker et al. 2007, Cook et al. 2024).

This echoes previous research such as the work of who highlight that child protection social workers often sustain their commitment through the intrinsic meaning, moral purpose, and sense of identity derived from their work, despite the emotional intensity it entails.

In summary, this study found that motherhood reshapes the emotional terrain of child protection practice, offering direct insight into the emotional experiences of women and how these shape their professional lives. Their accounts illustrate that emotional labour extends beyond the workplace, influencing not only how care, risk, and responsibility are perceived but also how social work is enacted, negotiated, and sustained in practice. However, it is important to acknowledge that these findings are based on a small sample size and may not reflect the experiences of all women who are mothers in child protection social work. The emotional impact of motherhood on professional practice is deeply personal and context-dependent, and therefore cannot be universally applied. Further research with a broader and more diverse participant base is needed to deepen understanding and ensure a more representative picture of these complex dynamics. While this area remains under-researched, this study makes a distinct contribution by focusing specifically on the emotional journeys of women who are both mothers and child protection social workers, illuminating how these dual identities uniquely inform and enrich their practice. Taken together, this section suggests that the most significant finding is not simply a list of emotions, but the way

emotions are produced and intensified through entanglement. Participants' feelings of pride, guilt, anxiety, fulfilment and distress were often inseparable from the fact that they were mothers and child protection social workers at the same time, often with very little space to separate, process, or recover. This matters because it shifts the discussion from individual emotional resilience toward the relational and organisational conditions that make entanglement manageable, or indeed harmful.

What is the impact of these emotional experiences on personal and professional lives?

This study revealed significant emotional and professional impacts arising from the crossover between practitioners' personal and professional worlds. These impacts can be understood as the consequences of entanglement - what happens when the emotional demands of being a mother and child protection social worker are carried at the same time, and when the boundary between personal and professional is repeatedly crossed. From an ecological perspective (Bronfenbrenner 1979), these impacts are not located only within the individual; they are shaped through everyday interactions across systems, including family life, organisational cultures, and wider societal expectations of mothers and professionals. These dynamics compounded emotional labour and shaped practitioners' identities as both mothers and social workers.

For many white participants, this crossover was sometimes experienced positively. They described how motherhood enhanced their capacity for empathy, patience, and understanding, skills they could consciously apply in their professional practice. In

these cases, the movement between the personal and professional created a generative space, allowing professional knowledge to inform parenting and parenting insights to enrich practice. This form of crossover reflects what Baraitser (2009) calls the productive tension of maternal subjectivity, where care, moral responsibility, and relational depth become key resources rather than liabilities. Viewed through Bronfenbrenner's Ecological Systems (1979) lens, these experiences illustrate how processes within the *microsystem*, the domain of home, family, and individual emotion, interact dynamically with the *exosystem* and *macrosystem* structures of social work practice. In doing so, they demonstrate that personal emotional experiences are not isolated phenomena but are continuously shaped by, and in turn shape, broader organisational and societal systems.

However, for Black and Asian practitioners, the entanglement between home and work took on a different, and more stressful, character. Across the literature, racism is shown to operate through intersecting structures of gender, race and class, shaping how women who are mothers experience and perform social work (Ahmed 2004, 2012, Bhatti-Sinclair 2011, Dominelli 2008, Hussein et al. 2020). Intersectionality helps explain that these experiences stack up and interact, rather than simply add together. Women from Black and Asian backgrounds face extra surveillance and scrutiny both in public life and at work (Crenshaw 1989, Phoenix & Woollett 1991, Bhatti-Sinclair 2011, Ahmed 2004, 2012, Dominelli 2002, 2008, Hussein et al. 2020). Consistent with this literature, this study found that participants experienced racism from families within their workplaces and through unconscious bias from colleagues. This meant that crossover was more likely to feel exhausting than generative, because the same identities that strengthened their empathy and cultural understanding also exposed

them to harm and institutional neglect. In that sense, racism does not sit alongside entanglement - it shapes the form entanglement takes and intensifies its impacts.

This research found that, at the organisational level, practitioners' experiences of racism were not acknowledged, and there appeared to be no clear mechanisms or policies for responding to incidents reported by colleagues. At the team level, participants generally did not discuss these adverse experiences, formally or informally. Instead, many sought containment and validation outside the workplace, turning to family, friends, and former or current social work colleagues to manage the stress of their work. While Black and Asian social workers often drew on their cultural heritage and lived experience to connect with families and deliver culturally competent and empathetic practice this was coupled with a double burden: their identities exposed them to racism, tokenisation, and epistemic injustice.

Perhaps most troubling, and not unique to this study, was the normalisation of racism within organisations (Dominelli 2002, Bhatti-Sinclair 2011, Williams & Parrott 2014, Hussein et al. 2020, Ahmed 2012, Bernard & Harris 2016). Participants reported that racist abuse from families, including threats with dogs and demands to be replaced by white colleagues, was frequently accommodated by managers, thereby reinforcing racist expectations. In one case, a participant who was judged based on her outward appearance as a Muslim woman found herself investigated rather than supported. This reflects how cultural and religious prejudices, particularly those surrounding visible markers like the hijab, can influence responses, leading to discriminatory practices rather than culturally sensitive support. This raises profound ethical concerns about the prioritisation of service-user relationships over the dignity and safety of workers.

Such organisational inaction reflects a failure of the mesosystem, where supervision and management should protect but instead perpetuates harm. These findings echo the work of Sewell (2018), Ahmed (2012), and Qasqas et al. (2024), who have each examined how racism is embedded and sustained within institutional structures (Francis 2024).

Participants were unanimous in highlighting that resilience discourses were inadequate. While reflective practice and self-care may support everyday stress, they cannot address racial abuse or institutional neglect. The current emphasis on individual resilience risks placing responsibility for systemic injustice onto already marginalised workers. These findings reflect and extend the work of scholars such as Wilson and Beresford (2000), Morrison (2007), and Dominelli (2017), who have critiqued individualised resilience frameworks and called for structural, justice-oriented approaches to practitioner wellbeing.

For Black and Asian participants, the race-related trauma arising from the profession does not end at the office door but follows them home, shaping their capacity to parent and to sustain their professional identities. Their experience of hypervigilance was intensified by structural racism and the lived realities of raising Black and Asian children. Mothers of Black boys described a constant fear of institutional prejudices, profiling or violence, resonating with research on race-related parental vigilance. Their accounts reveal the dual burden of navigating the risks inherent in child protection work while simultaneously preparing their children to survive systemic inequalities. This finding highlights the salience of intersectionality, as maternal reflexivity for Black social workers is inseparable from broader histories of racist surveillance and

exclusion. These insights are supported by the work of Phoenix (1991), Hughes et al (2006), Priest et al (2014), and Rollock (2012), whose research similarly explores how race related parenting and systemic racism shape the emotional and practical realities of Black and Asian families.

This research makes visible a critical but often silenced reality, that racism intensifies the emotional and professional strain for Black and Asian social workers. The role is not only emotionally demanding but structurally fierce. Unless racism is addressed as an institutional and systemic problem, rather than an individual coping challenge, the profession will continue to perpetuate harm against the very workers it depends upon to protect society's most vulnerable children (Ahmed 2012, Hussein et al. 2020, BhattiSinclair 2011). The study complements the work of Dominelli (2017), Bernard & Harris (2018), Hughes et al. (2006), Rollock (2012), and Priest et al. (2014), who have each examined how racism operates within social work structures and its enduring impact on practitioners' wellbeing and professional identity, and sits uneasily alongside the public sector equality duty under the Equality Act 2010 and the Social Work England Professional Standards (2019), which require organisations to promote antidiscriminatory practice yet often fail to protect workers from racism within their own institutions. What is unique about this study however is that it draws attention specifically to the emotional experiences of Black and Asian women who are both mothers and child protection social workers, exploring how these intersecting identities shape their professional lives and the forms of support, or lack of, available to them.

How do child protection social workers cope and what supports are accessible to them?

Existing research consistently reports on the importance of reflective practice and emotional containment in sustaining the wellbeing of child protection social workers (Ingram et al 2018, Ruch et al. 2018, Toasland 2007). However, while reflective forums and supervision can provide vital spaces for processing emotionally charged work, their effectiveness is often undermined by managerialist cultures, performance pressures, and professional anxieties about vulnerability (O'Sullivan 2017, Kalliath & Kalliath 2014, Connor & Napan 2022, Steele et al. 2025). This study found that the absence of supervision saw organisations fail to hold practitioners through crises, whether after racially motivated assaults, child removals carried out alone, or the ongoing pressures of balancing professional responsibility with maternal identity.

These moments signify not individual failings but systemic withdrawal, what Whittaker & Havard (2014) describe what they term the '*defensive organisation*', one that manages risk by externalising vulnerability and rendering the emotional lives of workers invisible. Seen through the lens of entanglement, support is not an 'extra' or a wellbeing add-on; it is the mechanism that makes this dual identity sustainable. When supervision and reflective spaces function well, they help social workers hold the crossover safely, notice when boundaries are becoming blurred, and process the emotional spillover before it settles into home life or ethical practice. When organisational containment is absent, entanglement becomes riskier - not because mothers are 'too emotional', but because the system fails to provide the reflective conditions needed for ethical, emotionally literate practice. Seen through the lens of

entanglement, support is not an 'extra' or a wellbeing add-on; it is the mechanism that makes this dual identity sustainable. When supervision and reflective spaces function well, they help social workers hold the crossover safely, notice when boundaries are becoming blurred, and process the emotional spillover before it settles into home life or ethical practice. When organisational containment is absent, entanglement becomes riskier - not because mothers are 'too emotional', but because the system fails to provide the reflective conditions needed for ethical, emotionally literate practice. Bronfenbrenner's Ecological Model (1979) helps make sense of this dynamic. Failures at the exosystem level of organisational practice reverberate into the microsystem, undermining practitioners' immediate sense of safety, identity, and relational integrity.

Exacerbating the fragility of existing support mechanisms, structural shifts such as post-pandemic hybrid working and dispersed teams have further weakened the '*container-contained*' dynamic essential for holding practitioners in distress. While neither Bion (1962) or Toasland (2007) wrote in the context of the Covid pandemic, their conceptualisation of containment offers a valuable lens for understanding how the emotional holding once provided by physical proximity and team coherence has been disrupted in contemporary practice. At the macrosystem level, support was further constrained by societal norms around motherhood, professionalism, and emotional labour. Cultural scripts reward stoicism and penalise vulnerability, where mothers who are social workers are expected to embody both selfless care and professional detachment (Gatrell 2013, Ruch 2010). The chronosystem exposes how these pressures intensify at particular life stages or after traumatic professional events. For example, Participants described identity recalibration upon returning from

maternity leave, yet organisations rarely accommodated the profound emotional labour involved.

Instead, child protection social workers in this study appeared to rely on personal and peer networks to survive the emotional toll of practice when what they urgently needed were safe spaces within the workplace where they can bring their whole selves, including their identities as mothers and as Black or Asian practitioners, without fear of judgement or marginalisation. Without such spaces, ethical practice and long-term resilience remain compromised. This is not to suggest that informal support is ineffective or without value. Many participants described it as sustaining and restorative, but rather that both formal and informal forms of support are essential and should coexist in balance, ensuring that personal networks complement, rather than substitute, organisational structures of care and containment (Toasland 2007).

This insight directly extends the previous finding on racism in the system: while racerelated and maternal identities often exposed social workers to heightened vulnerability and trauma, the perceived absence of organisational containment compounded this harm. In other words, the failure to provide safe spaces within the workplace not only intensified the effects of racism and gendered expectations but also left practitioners reliant on informal networks as their primary means of support.

In this context, Hannah's retreat to her country of origin following a physical assault is particularly telling. It signifies a return to the embodied and cultural roots of care - not just for safety, but for recognition. As Clegg et al. (2011) suggest, such moments expose the cracks in workplace systems that fail to acknowledge the human

vulnerability of professionals. This echoes Ahmed's (2012) argument that institutions often reproduce affective hierarchies, privileging certain emotional expressions while silencing others, and thus reinforcing racial and gendered forms of exclusion. This is a stark reminder of the importance of providing support that must be understood not only as an interpersonal act, but as a necessity rooted in cultural, familial, and affective histories (Clarke & Hoggett 2009, Cooper & Lees 2015).

However, even where reflective supervision, peer support, or wellbeing initiatives are available, social workers may still experience emotional exhaustion, isolation, or moral distress, as the structural and relational complexities of child protection work cannot always be resolved through support alone. Overall, the emotional holding provided by spouses who understood frontline trauma, or by mothers offering childcare and comfort, functioned as compensatory mechanisms for the affective voids within professional settings.

Taken together, these findings reveal support in social work as an ecologically embedded, gendered, and emotionally charged phenomenon. Informal networks of friends, family, and peers offer vital holding, but they also mask systemic failure by compensating for absent organisational structures. Linking back to the earlier findings on racism and emotional crossover, it is clear that race related and maternal identities intensify the need for safe spaces where vulnerability can be acknowledged and ethically contained. What emerges is a pressing need to reimagine support not as an individual coping strategy but as a collective, ethical obligation of organisations, rooted in justice, inclusivity, and cultural responsiveness. Without such spaces, the profession risks sustaining structural neglect and leaving its workforce, especially mothers and

Black and Asian social workers, to carry impossible emotional burdens alone.

As with the preceding findings, this must also be approached with caution. Several participants described positive experiences of managerial support, noting that supervision provided a valuable space for professional growth and development. Others spoke enthusiastically about the supportive relationships they had cultivated both within and beyond the workplace, characterised by open and honest dialogue that enabled them to navigate and reflect on challenging professional experiences effectively.

Methodological and Reflexive Insights - Researching as a Mother and a Child Protection Practitioner

Positionality - as a practitioner-researcher, I entered this study with prior knowledge and lived experience in the field of child protection social work. This positionality inevitably shaped not only the research questions but also how I interpreted and responded to participants' narratives. Insider knowledge brought clear advantages, it enabled me to ask nuanced questions, recognise subtle meanings, and build trust with participants (Dwyer & Buckle 2009). At the same time, it carried the potential for subjectivity. On some occasions, I was drawn to probe areas that resonated with my own sensitivities or experiences, which risked directing the data in particular ways.

I was also aware of the personal resonance of certain accounts, particularly those concerning racism. For example, my awareness of racial inequality heightened my attunement to participants' descriptions of racism in the profession. These dynamics underline the importance of positional transparency, as my background inevitably

influenced the interpretive lens through which I approached both data collection and analysis (Sibbald et al 2025).

Reflexivity was central to addressing these positional influences and ensuring that the research remained balanced and credible. Reflexivity involves ongoing critical self examination of how the researcher's background, assumptions, and emotions may shape the research process and outcomes (Finlay 2002). Throughout the study, I used reflexive journaling, academic supervision, and continuation seminars as structured spaces for reflection. These enabled me to explore potential assumptions and refine my interpretations in response to feedback from peers and supervisors (Pillow, 2003).

There were also moments when the research was emotionally demanding. For instance, my interview with Salma, who described a traumatic experience of racial abuse in which a family threatened to set their dog on her, was deeply unsettling and left me emotionally affected for several days. Such responses are not uncommon for practitioner-researchers, who often bring empathy and personal investment into the research process (Etherington, 2004). Recognising this, I sought support from both my academic and workplace supervisors. These conversations were crucial in processing my emotions and ensuring they did not overshadow my analysis.

Through this reflexive practice, I came to see how the emotional labour of research mirrors the emotional labour of practice. Actively engaging with my emotional responses, and making use of supervisory and peer spaces, enabled me to sustain perspective and analysis. This process enhanced the credibility and trustworthiness of

the study by ensuring that findings were grounded in participants' accounts rather than being overly shaped by my own experiences.

This study is also shaped by the researcher's own experience of entanglement. As a mother and a child protection social worker, I was not standing outside the phenomenon I was studying; I was inevitably in a relationship with it. At times, this strengthened the research because I could recognise what was being communicated beneath the surface and create safety for participants to speak openly. At other moments, I had to work hard to ensure that resonance did not become assumption. Naming this matters because it shows that entanglement is not only the participants' lived reality, it is also part of the research process, and it required consistent reflexive discipline to hold it ethically.

My perspectives on the above align with the BASW Code of Ethics (2021) and the Social Work England Professional Standards (2019), both of which emphasise the centrality of emotional awareness, reflexivity, and supervision in sustaining ethical and accountable practice.

Limitations

This study has several limitations that need to be acknowledged. First, this was a small sample size of 15 participants. The participants' demographics, with 8 identifying as ethnically white, 4 as South Asian, and 3 as African or Caribbean, do not fully reflect the diversity of social workers in the wider population. As a result, the conclusions drawn from this study may not be representative of social workers as a whole.

Additionally, the study relied on one-off semi-structured interviews. This approach, while useful for exploring initial perspectives, does not always allow for the clarification of emerging questions or deeper exploration of themes over time. Follow-up interviews may have provided further insight, enabling a more thorough examination of participants' experiences and potentially revealing additional themes that may have been overlooked.

Another limitation is the geographic diversity of the participants, as they were drawn from different parts of the country. Although no clear patterns related to geography were identified, this does not rule out the possibility that regional factors could influence social workers' experiences. The limited number of participants from each region prevents any definitive conclusions from being drawn about how geography might play a role. Overall, the limitations of sample size, demographic representation, lack of follow-up, and geographic considerations suggest that further research with a larger and more diverse group of participants, along with repeated interviews, would be valuable in building on the findings of this study.

Strengths of the Study

While this study has certain limitations, it also offers several notable strengths that enhance its contribution to knowledge. First, the focus on the intersection of motherhood and child protection social work addresses a significant gap in the literature. Although emotional labour, burnout, and identity have been widely studied, the specific experiences of women who are both mothers and child protection social

workers remain underexplored. By centring these voices, the study generates fresh insights into how maternal identity reshapes professional practice and emotional engagement.

Second, the methodological approach combined critical realism with Bronfenbrenner's ecological systems theory and intersectionality theory, enabling a nuanced interpretation of participants' accounts. This combination allowed for an exploration of how multiple, overlapping identities, such as gender, race, motherhood, and professional role, interact within complex social systems to shape emotional experiences and workplace dynamics. The ecological lens foregrounded the multilayered contexts of practice, while the critical realist orientation ensured attention to generative mechanisms such as racism, managerialism, and gendered expectations. By incorporating an intersectional lens, the analysis further acknowledged how these mechanisms interact and compound across axes of identity, such as race, gender, class, and migration status, shaping experiences in complex and often unequal ways. This integration strengthens the explanatory power of the findings by situating individual narratives within broader systems of power and oppression.

Third, the study benefitted from the researcher's positionality as an insider practitioner. This position facilitated rapport and trust with participants, enabling them to share experiences with honesty and depth. While insider research carries risks of researcher influence, the sustained use of reflexive journaling, supervisory dialogue, and peer feedback enhanced transparency and credibility. This combination of insider sensitivity and reflexivity constitutes a methodological strength.

Finally, the diversity of participants in terms of ethnicity, geography, and professional experience, although not statistically representative, ensured a range of perspectives that enriched the thematic analysis. The inclusion of Black and Asian practitioners was particularly important, as it illuminated the race dynamics of practice that are often marginalised in mainstream accounts of social work.

Taken together, these strengths highlight the originality, methodological robustness, and ethical integrity of the study, positioning it as a meaningful contribution to both academia and practice.

Future Research

Larger Sample Size and Follow-Up Interviews. A larger study involving a higher number of participants would be beneficial to increase the reliability and generalizability of findings. Additionally, a follow-up interview could delve deeper into the themes and questions that arise from initial interviews. This would help to provide a more nuanced understanding of the participants' experiences and allow for the exploration of any emerging patterns.

Stronger Representation from Black and Asian backgrounds. It is crucial to have stronger representation from Black and global majority backgrounds to gain further insight into the experiences of social workers from these groups. By incorporating more voices from underrepresented ethnicities, the study could explore how cultural,

racial, and structural factors influence their professional lives and experiences within the child protection system.

Inclusion of Women Social Workers who are not mothers. Including female social workers who do not have children would enable researchers to draw comparisons between women with and without children. This would allow for a better understanding of how parental status affects professional experiences, work-life balance, and perceptions of competence or empathy in child protection roles.

Contributions to Knowledge: Advancing Theory, Practice, and Policy

This study contributes new knowledge to the understanding of women who navigate the dual roles of motherhood and child protection social work in the UK. It highlights the deep entanglement between personal and professional identities, showing how the boundaries between home and work are often blurred. The findings reveal that child protection social work is emotionally demanding, with practitioners frequently drawing on personal experiences to inform professional decisions, and vice versa. For Black and Asian social workers, this emotional labour is compounded by the added burden of racism, which further intensifies the challenges they face. The research brings to the fore the critical importance of both formal and informal support systems in sustaining the wellbeing and ethical practice of women who are simultaneously mothers and child protection practitioners.

My specific contribution is to bring entanglement to the foreground as an explanatory concept, rather than treating 'blurred boundaries' as a background condition of child

protection social work. By centring mothers in child protection, this study shows how entanglement actively shapes emotional labour, risk perception, relational practice, and the need for containment - and how this is intensified for Black and Asian women through racism and cultural expectations. In doing so, the study moves beyond describing crossover to explaining the mechanisms that make it feel sustaining in some contexts and unbearable in others.

Acknowledging the Distressing Nature of Social Work

Although this study has focused on the experiences of mothers in child protection social work, its insights are relevant to social work more broadly.

Social work is an inherently emotionally demanding profession in which practitioners routinely confront trauma, poverty, abuse, and systemic inequality (BASW 2022). Open acknowledgment of the distressing nature of this work is crucial in cultivating professional cultures where practitioners feel validated and supported in their emotional responses. Without such recognition, unrealistic expectations of resilience risk becoming normalised. The cumulative emotional toll can manifest as burnout, compassion fatigue, or secondary traumatic stress, with significant implications for practitioner wellbeing and service delivery.

To mitigate these risks, organisations must ensure manageable workloads and promote genuine work-life balance. This requires structural supports such as reasonable caseloads, protected opportunities for rest, and flexible working

arrangements. These measures are not optional but integral to ethical practice, sustaining practitioners' capacity to provide safe and relationally attuned services.

- Theoretical contribution - extends understanding of emotional labour in social work by situating distress as an inevitable, rather than exceptional, feature of practice.
- Practice contribution - emphasises the necessity of embedding reflective acknowledgement of distress into everyday professional cultures.
- Policy contribution - highlights the importance of workload management and organisational responsibility in workforce planning to reduce burnout and attrition.

Supervisory Support

Supervisory relationships cannot be treated as uniform or formulaic. Practitioners bring diverse personal histories, vulnerabilities, and emotional capacities to their roles. Some require more intensive emotional support, while others benefit from a greater focus on practical strategies. Supervisors must therefore adopt a responsive and tailored approach, balancing accountability with emotional containment. However, for supervision to function effectively as a containing space, front line supervisors and managers themselves must also receive consistent and meaningful support from their own senior leaders. When managers are emotionally held and supported, they are better able to model reflective practice, demonstrate empathy, and offer high-quality supervision to practitioners. This model of containment reinforces the idea that emotional resilience and reflective capacity are not individual traits but relational processes sustained within organisational systems (Ruch 2007, Toasland 2007,

Ingram & Smith 2018, Ruch, Turney & Ward 2018). Douglas & Fourie (2022) similarly emphasise that supervision and safeguarding practice must attend to the emotional realities of practitioners as well as families.

Regular opportunities for reflective practice are essential and should be embedded within the organisational structure rather than treated as optional or ad hoc. Supervision sessions must go beyond case management to include dedicated time for emotional reflection, critical thinking, and exploration of unconscious processes influencing practice. Organisations should ensure that supervisors are trained and supported to facilitate these discussions safely and with cultural sensitivity, creating psychologically safe environments where supervisees can explore the personal and emotional impact of their work without fear of judgement. Establishing consistent, well facilitated reflective spaces, whether through individual supervision, group reflection, or peer reverie sessions, enables practitioners to process complex emotions, recognise early signs of stress or burnout, and sustain ethical reflexivity in their decision-making.

The Impact of Race and Culture on Practitioner Distress

The findings highlight the additional pressures faced by Black and global majority women, who reported heightened levels of distress arising from intersecting racial and cultural dynamics. These included exposure to microaggressions, overt racism, and persistent under-representation in leadership roles. Such stressors compound the already considerable emotional demands of social work, increasing risks of burnout and exacerbating feelings of exclusion within professional contexts.

Addressing these inequities requires organisations to move beyond rhetorical commitments to anti-racism by embedding culturally responsive practices into everyday structures. This includes ensuring that supervision attends to the lived realities of Black and Asian social workers, implementing robust mechanisms for challenging discrimination, and promoting greater diversity at leadership levels.

- Theoretical contribution - extends intersectional analyses of emotional labour by showing how race and culture intensify the emotional burdens of social work.
- Practice contribution - calls for culturally responsive supervision and recognition of race-based stressors as integral to professional support.
- Policy contribution - highlights the urgency of anti-racist organisational reform, leadership diversification, and accountability mechanisms to reduce systemic inequities.

Recommendations

Building on the findings discussed above, this section translates the study's theoretical insights into practical and policy recommendations. The research demonstrated that the emotional experiences of mother social workers are deeply shaped by intersecting systems of gender, race, and organisational culture. Addressing these challenges requires moving beyond individualised notions of resilience toward collective, systemic, and culturally responsive forms of support. The following recommendations are made. Alongside existing supervision policies and workforce wellbeing frameworks, the STAR (2026) reflexivity tool offers a practical mechanism for

embedding many of these recommendations within everyday organisational practice. The STAR framework embeds structured reflexivity, encouraging social workers and supervisors to reflect critically on how identity, power, race and organisational context shape professional experiences. When used alongside formal supervision processes, the tool can support deeper reflective conversations about the emotional labour associated with safeguarding work, including how practitioners' identities as parents, women, and members of Black, Asian and global majority communities intersect with their professional responsibilities. In doing so, it provides a structured approach to exploring the relational and systemic dimensions of practice, enabling practitioners to surface experiences that may otherwise remain unspoken within organisational settings. Embedding the STAR framework within supervision, peer reflection spaces and organisational learning structures could therefore help operationalise the recommendations outlined below, ensuring that issues of race, identity and emotional labour are recognised as legitimate aspects of professional reflection rather than remaining marginalised within practice (Bostock and Grant 2026).

Peer and Reflexive Spaces and Intersectionality of Identity - Support strategies must account for the intersecting dimensions of race, gender, class, and culture, recognising the compounded vulnerabilities experienced by practitioners. This includes creating psychologically safe reflective spaces where Black, Asian and global majority social workers can speak openly about how wider societal events intersect with their professional roles and parental identities. Participants described the emotional impact of hearing about serious incidents affecting children from their own communities - for example, the stabbing of Black children locally - while simultaneously worrying about the safety of their own children and continuing to safeguard others. These moments

illustrate the depth of race related entanglement, where professional exposure to risk cannot be separated from personal fears as parents.

Organisations should therefore establish facilitated reflective forums specifically designed to explore race related emotional labour. These spaces should be structured, protected, and led by skilled facilitators who understand race, trauma, and organisational dynamics, ensuring that practitioners are not left to carry these experiences alone or process them solely outside of work.

Anti-Racism and Organisational Accountability - Leaders must take ownership of racist or abusive incidents, ensuring practitioners are not left unsupported. Formal reporting, trauma-informed responses, and protective policies must be visible, consistent, and enforced.

However, policy statements alone are insufficient without visible organisational action. Organisations must move beyond reactive responses to individual incidents and instead embed proactive structures that enable social workers to safely name racism and micro-aggressions as they occur. This includes clear escalation pathways, leadership accountability when incidents are minimised or accommodated, and transparent follow-up so practitioners can see that concerns lead to action.

Importantly, organisations should recognise that racism is not only experienced through overt incidents but also through cumulative micro-aggressions, cultural misunderstanding, and emotional silencing. Regular facilitated conversations about race, psychologically safe reporting mechanisms, and explicit leadership messaging

that racist behaviour will not be accommodated are critical to shifting organisational culture.

At a policy level, anti-racist practice should be embedded within supervision frameworks, workforce wellbeing strategies, and organisational learning processes, rather than positioned as a standalone initiative.

Supervision and Support - Individualised Support: Supervision should be culturally responsive, recognising how race related trauma, discrimination, and isolation compound professional challenges for Black, Asian, and global majority practitioners.

Culturally responsive supervision must also create space to explore how practitioners' parental identities intersect with race-related fear and professional exposure to harm. For some participants, conversations about serious incidents affecting children from their own communities triggered reflections about their own children's safety, highlighting the need for supervision that can hold both professional responsibility and personal vulnerability without pathologising either.

Supervisors therefore require training and support to recognise race related emotional labour, to respond when workers describe experiences of racism or micro-aggressions, and to move beyond reassurance toward advocacy where needed. This includes validating experiences, supporting escalation, and ensuring practitioners are not left navigating organisational responses alone.

Where supervision functions as a containing space for these experiences, it enables ethical reflection and sustainable practice. Where it does not, practitioners are more likely to rely on informal networks and carry race related distress in isolation.

Taken together, these recommendations recognise that supporting mother social workers - particularly Black, Asian and global majority practitioners - requires organisations to acknowledge the emotional reality of entanglement, including how societal violence, racism, and professional exposure to harm are experienced simultaneously across home and work.

Conclusion

This thesis has explored the emotional experiences of women who simultaneously occupy the roles of mothers and child protection social workers. It set out to examine the nature of these emotions, their impact on personal and professional lives, and the ways in which practitioners cope with, and are supported in, managing these experiences.

This research has shown that racism intensifies the emotional and professional strain for Black and Asian mothers in child protection. While this was not a direct research question, it emerged as a significant and unexpected finding that powerfully supports the first two questions of the study, illuminating both the nature of the emotions experienced by social workers who are mothers and the profound impact these have on their professional and personal wellbeing. This research emphasises the need to move beyond resilience narratives toward systemic, anti-racist approaches that protect and value practitioners as much as the families they serve. National data

reinforces this picture and the What Works for Children's Social Care (2021) survey found that 8% of social workers had considered leaving the profession due to racism, and over a third of Black and Asian respondents reported direct experiences of racist behaviour from families or colleagues. However, these findings should be interpreted with caution, as not all Black and Asian social workers reported experiences of racism. As might be expected, some participants spoke positively about their organisations, managers, and the support they had received, highlighting the variability of experiences within and across institutional contexts.

Many of the experiences described here are not unique to women or to those who are mothers and may be shared by men and by practitioners without children. Motherhood is neither a prerequisite for effective practice nor a singular explanation for distress; rather, when maternal identity meets the demands of child-protection work, a particular configuration of vulnerabilities and resources emerges that warrants specific analytic and organisational attention.

Three key insights emerged. First, motherhood reframes social work practice. Participants described becoming 'different practitioners', with empathy, reflexivity, and moral awareness deepened through lived experience. Yet this enhanced attunement also blurred professional boundaries and heightened hypervigilance in personal life. Motherhood, therefore, functioned as both a protective resource and a source of strain, a duality that challenges narrow, procedural notions of professionalism.

Second, the research unexpectedly revealed the enduring presence of racism within child protection. Black and Asian participants carried the double burden of performing

emotionally demanding roles while experiencing racism and institutional neglect. Their accounts demonstrate that racism operates across micro, meso, and macro level systems, compounding emotional labour and shaping practitioners' capacities to parent, to feel safe, and to belong within their professional environments.

Third, the findings highlighted the importance of support as survival. While supervision and reflective spaces hold the potential to provide containment, they are often undermined by managerialist priorities and cultural blindness. As a result, participants relied heavily on personal and peer networks to sustain emotional equilibrium. These adaptive strategies, though vital, reveal the absence of robust organisational holding environments and the need for cultures that are reflective, inclusive, and emotionally literate.

My specific contribution is to bring *entanglement* to the forefront as an explanatory concept, rather than treating 'blurred boundaries' as a background condition of child protection social work. By centring mothers in child protection, this study shows how entanglement actively shapes emotional labour, risk perception, relational practice, and the need for containment - and how this is intensified for Black and Asian women through racism and cultural expectations. In doing so, the study moves beyond describing crossover to explaining the mechanisms that make it feel sustaining in some contexts and unbearable in others.

The challenge now lies with organisations, policymakers, and the profession as a whole: to listen, to act, and to create environments where social workers can bring their full selves to the task of care, without fear of burnout, marginalisation, or silencing.

Only through such systemic transformation can social work become not only procedurally competent but also emotionally just, inclusive, and sustainable.

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Appendix A

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TRtEC form which are NOT covered in your existing approval

<p>Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)</p>	<p>No</p>
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Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

SECTION A: PROJECT DETAILS

Project title	Entanglement's risks and rewards: The unique path taken by women social workers who are mothers		
Proposed project start date	May 2023	Anticipated project end date	December 2024
Principle Investigator (normally your Research Supervisor): Nicola O'Sullivan			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	YES (NRES approval)	<input type="checkbox"/>	
	YES (HRA approval)	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
	NO	<input checked="" type="checkbox"/>	

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.

SECTION B: APPLICANT DETAILS

Name of Researcher	Shaista Afzal
Programme of Study and Target Award	Professional Doctorate Social Work - D55
Email address	Shaista.afzal@walthamforest.gov.uk
Contact telephone number	07939 476373

SECTION C: CONFLICTS OF INTEREST

<p>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>If YES, please detail below:</p> <p>N/A</p>	
<p>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	

<p>Are you proposing to conduct this work in a location where you work or have a placement?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>If YES, please detail below outline how you will avoid issues arising around colleagues being involved in this project:</p>

<p>Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation).</p> <p><small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small></p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If YES, please add details here:</p>	
<p>Will you be required to get further ethical approval after receiving TREC approval?</p> <p>If YES, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:</p>	

N/A	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
I will be approaching friends/colleagues who I have previously worked with and ask them to recommend potential participants. However, this can't be progressed until I have received ethical approval.	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> Not yet. <input type="checkbox"/>
Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION	
<p>I confirm that:</p> <ul style="list-style-type: none"> • The information contained in this application is, to the best of my knowledge, correct and up to date. • I have attempted to identify all risks related to the research. • I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research • I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research. • I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct. 	
Applicant (print name)	Shaista Afzal
Signed	S Afzal
Date	3 May 2023

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Dr Nicola O'Sullivan Dr Anna Harvey
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Supervisor -	
<ul style="list-style-type: none"> Does the student have the necessary skills to carry out the research? YES <input type="checkbox"/> x NO <input type="checkbox"/> <input type="checkbox"/> Is the participant information sheet, consent form and any other documentation appropriate? YES x NO <input type="checkbox"/> <input type="checkbox"/> Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES x NO <input type="checkbox"/> <input type="checkbox"/> Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A 	
Signed	
Date	3.5.2023

COURSE LEAD/RESEARCH LEAD	
Does the proposed research as detailed herein have your support to proceed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signed	
Date	

SECTION E: DETAILS OF THE PROPOSED RESEARCH

- 1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**

Background

The profession of social work is dominated by women (service.gov.uk, 2023). Research suggests that women make up the largest numbers of frontline social work practitioners in England and internationally. Some, if not a high proportion, of those women will also be mothers. Despite this, there has been little research in this area by academics. In England 72% (ONS, 2019) of women are mums in paid employment. It is inevitable that women will be juggling home lives and their professional lives, sometimes with little support from a spouse. Perhaps we, as a society, take for granted that women can manage lots of competing demands and believe that it doesn't impact them in any adverse way. This relates to Emma (2018) the French artist's position about the 'mental load' or the 'gender war' in a household and the emotional impact that this has.

In this limited area of research, the findings allude to the fact that a female child protection worker is greatly affected when she is a mother herself, and that she uses various ways to cope with this and to try to maintain some boundaries. However, the two roles are intertwined, and one has an impact on the other (O'Sullivan 2020, Kalliath and Kalliath 2014, Menashe, Possick and Buchbinder 2014). This comes across particularly strongly in O'Sullivan's paper on her research undertaken in Ireland. While her research was not centred on women who are mothers, this was

an unintended outcome. She talks about the significant psychological impact on women doing child protection work and how being a mother impedes child protection work in a much deeper way than we are even aware of. Participants talked about how complicated their professional role becomes and the impact of this on their relationship with their own children. The importance of support, in and out of the workplace, as well as a safe reflective space to consider the emotional impact of the two worlds colliding, was a theme that was raised in all three papers (Kalliath and Kalliath 2014, Menashe, Possick and Buchbinder 2014).

Proposed Research

This research will consider the emotional experiences of women who are child protection social workers and mothers in England. The study will explore their role as mothers and social workers, using semi-structures interviews as a research method. The study will look at the experiences of eight women who are child protection social workers and mothers in the UK. The main purpose of this research is to find out what it is like to be a mother and a child protection social worker and what impact these combined roles have on the experience of child protection decision making.

This study is underpinned by a hypothesis that is professional and personal. My own experience of being a mother and doing child protection work is that the two roles can sometimes intertwine and complicate professional decisions. I would argue that the process of making decisions is complicated by the two roles. And that at such times it can cause emotional entanglement leading to distress. In my experience

there is limited spaces in which to raise this topic and discuss this experience in an open yet supportive space that is confidential.

In summary, when mothers neglect, hurt or sexually abuse their children it is generally the case that the person conducting the investigation into this is a mother herself. This raises issues for these workers (mother who are social workers) and as has been highlighted, whilst these ideas are explored in some research, I feel there is still a lack of understanding.

Requirements of Participants

In terms of my sample group, I considered including police officers, doctors, nurses and health visitors and not just limiting it to social workers. However, as social workers are the overall decision makers in issues about a child's life, their residency, their care-plans and so forth, compared to other professions, I believe their role stands differently to these other professions. This does not in any way take away the fact that other professionals play a pivotal role in those sorts of decisions and their roles as mothers or fathers may impact them too, but this can be a consideration for research at a later date.

To consider the emotional experiences of these women I will use semi-structured interviews as a method to obtain, review and analyse their views and experiences. I initially thought about using the Work Discussion Group. However, after further reflections I recognise that this is not suitable for my research. I feel that semi-structured interviews are the best way to elicit the information that I require for this project. This is because they allow participants to talk freely, to lead the interview in the direction that suits them - although I

would have to have some limits to this as I would not want to lose sight of the questions I would need answering.

To qualify for the study, social workers will need to be a mother to a child or young person who is currently under the age of 16. They will be biological or adoptive mothers and the child will be in their care. In addition, they should have more than two years' experience in frontline social work and still be practising as social workers.

Having a selection of participants with mixed experience and intellect has the potential to produce rich data. It allows the research or elements of it to be followed up or replicated as well as generating new and interesting avenues for further exploration/research. Research which is high in validity is known to yield data which depict reality as it happens on the ground. All of this is made possible by the careful selection of the sample group, appropriate sample size and a careful analysis of this information that is obtained. Ensuring that the size of the sample group is ample, i.e. not too small and a careful analysis of the information gained (Schaffer, 2004).

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

Research Aim

The aim of this study is to explore the emotional experiences of mothers who are child protection social workers and working in the UK child protection system, and to offer them an opportunity to consider their role as mothers and social workers.

The objectives, as below, support the aims as follows;

4. In what ways do mothers who are child protection social workers experience their mothering role and professional role - and is there a connection between them?
5. When a mother is involved in a difficult case at work how does this impact on her experience of mothering her own children. What are the consequences of this, professionally and personally?
6. How are these complexities managed i.e. is this recognised by the organisation? If so, what support is there in the organisation for the social workers?

To support the aims I will invite child protection social workers who are mothers to participate in a semi-structured interview.

Having worked as a mother and social worker and having worked with other mothers who are social workers, my working hypothesis is that women who are mothers and social workers may occupy a more complex space when it comes to making child protection decisions involving other mothers and children

My study will consider this hypothesis using a rigorous qualitative research methodology (Brace & Westcott, 2002). Interviews are considered as such because it generates detailed data which can be replicated.

Given the depth of literature on the experience of women who are mothers and social workers, this work aims to contribute in a small but important way. I hope to ascertain whether decision

making capacity might be improved by acknowledging that there is a potential link between the two roles and removing the stigma from talking about it. There is a possibility that the interviews could have a therapeutic affect and that participants could feel encouraged to engage in this topic more widely.

Significance of Proposed Research

It is well known that women make up most of the workforce in child protection and welfare settings in the UK and internationally (Galley 2014, Tusla 2015 & 2018).

Research on the experiences of women who are social workers is limited. Specifically, research that explores and sheds light on the practice issues and tensions that are raised for mothers who practice as social workers (Featherstone, 1997; Menashe et al., 2014).

This study will explore this further and offer a valuable contribution to practitioners and to organisations, it will also contribute to some of the other research within this area. For example, Kalliath & Kalliath (2014), in their study, conducted via an online survey in Australia used 2000 participants. The survey, which included some open-ended questions, intended to gain an understanding of how child protection workers manage the challenge of home and work life and what systems they use to cope with such a demanding role. The aim of the study was to answer two main questions; (1) what are some of the challenges you experience in managing the demands of your work and family lives? and (2) What are the ways in which you cope with these challenges? In response to the first question, three main themes appeared. *Pressure from the workplace* was the first one, family pressures was the second one and the final one was time pressure.

Menashe, Possick and Buchbinder, (2014) in their study focus on exploring social workers' understanding of the relationship between motherhood and their work as child protection workers. The study was carried out in Israel and based on the principles of interpretative phenomenological analysis (Smith et al, 2009, cited in Monashe et al 2014), which effectively means that the researcher focuses on understanding how a person relates to a particular process or experience. Detailed personal accounts were taken, which were then reflected to the participant and confirmed as their experience. The sample group comprised of women social workers working with child protection teams for at least one year and they had a child who was at least one years of age.

Upon analysing participants responses, one of the first things noted was that a relationship develops between the professional identity of the woman and her identity as a mother. In her role as a mother, she becomes much more anxious and worried about her own children because of the abuse and harm she has encountered in respect of other children. She is less likely to trust other people and sees 'danger' all around. These women were more likely to be emotionally tuned in and affectionate towards their children, as a way of easing their own anxiety. Also, these women were much more present in their role as mothers. They reflected on their parenting style and were aware of their stresses and appeared to make a conscious effort not to allow their personal stresses to impact on their children or their role as a mother. In these findings, anxiety levels were high and some thoughts or behaviours perhaps irrational (Smith et al, 2009, cited in Monashe et al 2014).

The above studies support my research in that they acknowledge the complexity of women child protection social workers who are also mothers. However, the aim of my work is to take this one step further and to establish how the two roles link to each other and what this means for the person as a social worker. Specifically, is their professional decision making influenced by the fact that they too are a mother. The other aim is to find out if women receive support around this from within their organisations.

Potential impact to knowledge and understanding of women who are mothers and social workers in England.

My own experience of being a mother and doing child protection work is that the two roles intertwine and complicate professional decisions. In my experience it can, at times, be difficult to make abstract decisions and I would say that the process of emotional entanglement causes distress. There is a high possibility that social workers project their own feelings onto a professional situation, thereby clouding professional judgement. I believe that this needs to be acknowledged and that it could lead to a healthier workforce and better social work decisions.

Anticipated benefits to the profession.

In undertaking this research, I hope to shed light on the experiences of women who are mothers and child protection social workers and the challenges of managing the two roles. I hope that it validates the experiences that women have been grappling with and encourages them to talk more openly on the subject. Using a methodology like semistructured interviews will, I hope, lead to women feeling more confident in talking about the complexities of the two roles (Scaffer, 2004). As has already been stated above, interviews

are considered to be a valuable tool in research as they allow the researcher to collect data which is high in quality, and it generates new and interesting avenues for further study.

Improved understanding and knowledge of how mothers who are social workers think about practice and make practice decisions and engage in the systems in which they work will elevate practice potentially and improve outcomes for children and families and social workers themselves. I hope that my findings are helpful to social workers and social worker management teams across the country. I hope my work contributes towards the topic being less taboo and that this opens up broader discussions about what happens when practitioners' personal and professional lives collide.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

Methodology

I had initially chosen the Work Discussion Group as a method of collating data but also providing thinking space to women who are child protection social workers and mothers. I believe that the two roles have the potential to become intertwined and thus cause complications in the workplace and at home. However, if we offer a safe space for women to reflect on this and seek support, then this potentially has a great impact in terms of the social workers health and wellbeing but also in terms of

decisions for children they are working with. However, after further consideration I have decided to use semi-structured interviews as the methodology. The main reason for the change is that in the work discussion groups participants would be asked to think about cases in their own time i.e. outside of the group. I believe that there is a risk that a) participants may feel anxious about recalling difficult cases and b) if participants become distressed then they may decide not to take part in the research. I also felt concerned that within a group setting participants may not share their experiences as openly as they would in an interview. Interviews are also great for opening up the possibility of further questioning/exploration.

Semi-structured interviews are a well-established research method. They enable the researcher to ask structured and open questions which allow participants to engage in a free discussion and respond with open-ended responses (Kvale, 1983). I have decided to use Zoom/Teams to conduct the interviews. This is because it increases the chances of participants attending as well as giving me the flexibility to consider participants from other parts of the country.

Using a qualitative methodology for my research seems vital because the aim is to explore in detail people's experiences, emotions, conscious and unconscious facts, values and relationships, and gain a deep understanding about the subject (Braun & Clark, 2013). Qualitative methodologies are interested in the human experience, allowing useful insights into the subject's minds (Braun & Clarke, 2013) as well as enabling me to explore workplace attitudes, to see how many of my participants have space within their organisation to discuss difficult feelings and experiences and how they are supported to work through some of these challenges.

Method of data collection

Eight participants will be recruited by way of asking colleagues and friends to recommend people who I do not know. I aim to start this process within a month of approval being granted. I will then approach them and introduce the research and explain what the requirements are. I will be interviewing people as individuals as opposed to them in the context of their organisation, which means that the interviews will take place in people's personal time. By not knowing the participants it increases the chances of a more open and honest interview, allowing participants to share information without worrying about who I might share it with or whether I would cross them in a professional capacity and make judgements on their work. The other advantage is that I will have a mixed sample group from different parts of the country, which will help me analyse if the themes arising are local to certain areas or more national. Each interview will last no longer than 1.5/2 hours, which will be recorded and transcribed, and I will complete two per month. I will then spend time recording my own reflective journal and ensure I make note of key thoughts/events.

As a practitioner who is trained in systemic social work practice, I will use the principles of this approach, which centres on building a relationship with people and trying to understand things from a whole system perspective rather than individual. A systemic approach also needs to be reflexive, meaning that the researcher needs to remain aware of the effects of their own actions beliefs and experiences and how they might be impacting on the participants (Lishman, 2007).

As stated above, I considered including police officers, doctors, nurses and health visitors and not just limiting it to social workers. However, as social workers are the overall decision makers in issues about a child's life, their residency, their care-plans, compared to other professions, I believe their role stands differently to these other professions.

Data Analysis

As stated above, I will draw on the concepts of systemic social work practice while analysing the data. At the start of the interviews, I will be open with the participants and say that I am a mother and work in child protection, and this is why I am interested in this topic.

The semi-structured interviews will be held over a period of seven months. This will be an online meeting, which will be recorded and later transcribed and reviewed by the researcher, the research supervisor, and the seminar groups. Audio records will not be shared outside of this group.

I will analyse each interview individually and in a qualitative way (Hibbert, 2021). I have chosen Thematic Analysis to interpret the information. This is a process of identifying patterns or themes within qualitative data. Braun & Clarke (2013), state that this approach is suitable when interpreting qualitative data as it allows the researcher to play an active role in drawing out themes and picking out salient points (Holmqvist & Frisen, 2012). I will take the reflexive researcher position (Hibbert, 2021) and draw on my own experience as a mother working in a frontline child safeguarding role, making links between my own experience and that of my participants. Taken together the interviews will be further analysed using a cross case analysis method (Stake, 2006).

At the end of the research, I will produce a written report setting out exactly what I did and how I did it. In terms of interpreting the data, I will check with the participants, within one week, that I have understood the information in the way they intended me to. I will do this by providing an analysis to the participant and giving them an opportunity to think about the

information they have shared and whether they are happy for this to be included in this research. The disadvantage here is that a participant could say they want me to omit certain information. If this happens, I will honour this and talk about it in my write-up. I will compare the information between the participants and draw out themes. I will also apply my own interpretation, personal experiences and views, where relevant. The material would be anonymised and used in my supervision seminars, thereby creating a further opportunity to interpret the data and getting an alternative perspective. Finally, I would hope for my research to be published and will make this clear to each participant.

SECTION F: PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)

I will email social work friends and colleagues to recommend respective colleagues who might be interested in taking part. This is also known as 'snowball sampling', whereby the researcher identifies one or two participants and then relies on them to identify further participants (Braun & Clarke 2013). I will then share my research outline the proposed research aims and methods in order to provide as fuller a picture as possible. I am keen not to have participants who are friends or people who I have worked with because this could potentially stop them from contributing fully and makes my research unethical.

Once someone has been identified I will arrange to speak to them on the telephone and explain in detail what my research is, the aims and what their role within it would potentially be. I will also share the consent forms and the information sheet.

I am only looking for participants who are females, work in child protection and have their own children - these can be adopted or biological children only. Their children can be from 0 to 18 in terms of age. My sample size will be eight. I would like to collate qualitative in-depth data so keeping my sample size small and intimate will hopefully lead to fuller and more authentic contribution (O'Sullivan, 2018, Elfer, 2012).

I am deliberately only having women as participants because I believe the role of a mother is unique and doesn't compare to the role of a father or the experience of fathers. I am also excluding foster mothers because again, I think it is very different compared to having your own children (Kalliath & Kalliath, 2014).

Information and consent sheet are attached, which provide clear and concise information of what the requirements are upon the participants, but also my responsibility too.

Recording method - as stated above, I will record the session and transcribe it straight after the session has taken place. This will be stored on a private computer and remain within my possession. I will only share this with my research supervisor.

5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.

If any data collection is to be done online, please identify the platforms to be used.

I was hoping to meet with participants in person and introduce myself and then carry out the interviews online. Face-to-face meetings are unlikely because participants are likely to be from different parts of the country. Also, my own experience post-Covid tells me that people are more likely to attend a meeting that is online as opposed to being face to face.

All the meetings will be held via Teams and only the participants will have a link to the meeting. The meeting organiser (researcher) will only be able to admit people into the meeting. The meetings will take place outside of normal business hours.

If a risk assessment is required due to specific circumstances i.e. a participant is currently working on a difficult case then I will conduct this and ensure that the participant is willing to go ahead, and if so, offer any support they might need straight after the session.

6. Will the participants be from any of the following groups?(Tick as appropriate) Yes

- Students or Staff of the Trust or Partner delivering your programme.
- X Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)¹
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults² with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent³ relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

¹If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability³, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

² 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

³ Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7. Will the study involve participants who are vulnerable? YES NO X

For the purposes of research, 'vulnerable' participants may
their own interests are impaired or reduced in comparison

Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or
- their social environment, context and/or disadvantage (-economic mobility,
- attainment, resources, substance dependence, displac
- where prospective participants are at high risk of conse
- result of manipulation or coercion, they must also be cc
- children are automatically presumed to be vulnerable.

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If YES, a Disclosure and Barring Service (DBS) check *within the last three years* is required.

Please provide details of the "clear disclosure":

Date of disclosure:
Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

(NOTE: information concerning activities which require DBS checks can be found via

*<https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>). Please **do not** include*

a copy of your DBS certificate with your application

8. Do you propose to make any form of payment or incentive available to participants of the research? YES

NO X

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

N/A

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10. Does the proposed research involve any of the following? (Tick as appropriate)

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- X use of emails or the internet as a means of data collection use of written or
- computerised tests interviews (attach interview questions) diaries (attach diary
- record form) participant observation participant observation (in a non-public place)
- without their knowledge / covert research
- X audio-recording interviewees or events video-recording interviewees or events access
- to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the
- participant's informed consent for use of these data for research purposes X administration of
- any questions, tasks, investigations, procedures or stimuli which may be experienced by
- participants as physically or mentally painful, stressful or unpleasant during or after the research
- process
- X performance of any acts which might diminish the self-esteem of participants or cause them to
- experience discomfiture, regret or any other adverse emotional or psychological reaction
- Themes around extremism or radicalisation investigation of participants involved in illegal
- or illicit activities (e.g. use of illegal drugs) procedures that involve the deception of
- participants administration of any substance or agent use of non-treatment of placebo
- control conditions participation in a clinical trial
- X research undertaken at an off-campus location (risk assessment attached)
-

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— research overseas (please ensure Section G is complete)

11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES NO

If **YES**, please describe below including details of precautionary measures.

Participants may recall difficult experiences that could leave them feeling upset. Therefore, I will follow up with a call one day after the interview to 'check-in' with them. I will also inform participants of the support available from Social Work England, which can be accessed anonymously. <https://www.socialworkengland.org.uk/concerns/support/>

12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

I have not previously undertaken any research. However, I am an experienced social worker and have worked in frontline child safeguarding services for 19 years. For the past 12 years I have had supervisory and management responsibility towards frontline social workers. I have experience in supporting staff when they have become distressed. I have done this sensitively and in a confidential setting. I have also encouraged staff to access external support through the council's human resources department.

For the purpose of this research, I will encourage participants to tell their line manager that they are taking part in this research. I will also inform them of more general support available, should they wish to access it e.g. through Social Work England.

13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The benefit to participants is that they have an opportunity to share difficult experiences in a safe and confidential space. The interviews will remain confidential and will not be shared with anyone outside of the research team.

As stated above, there is a gap in research in this area. By undertaking this study there is an opportunity to share more widely across the world of social work, so there is better understanding, and hopefully support, for mothers who are juggling these two complex roles.

14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

At the start of the interview I will acknowledge that recalling difficult experiences can be difficult. If the interview becomes particularly difficult for a participant, I would ask them whether or not they would like to continue. Pausing for a little while would also be an option.

15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.

This is covered above. However, and in brief, I will always offer the participant a bit of time after the interview. This will be an opportunity for them to de-brief and discuss any ongoing support that I could help them secure. I would also encourage them to look at support through their line manager, if appropriate, and/or employer.

16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.

This is not yet known because I have yet to approach local authorities and then decide which option I will go ahead with. However, the participants will all be from a local authority in the UK, which means that there will be support available through their employer but also support through Social Work England/BASW.

17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

N/A

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

18. Does the proposed research involve travel outside of the UK?

NO

If YES, please confirm:

I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad/>

I have completed a RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact academicquality@taviport.nhs.uk:

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

Please also clarify how the requirements will be met:

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES X NO

If **NO**, please indicate what alternative arrangements are in place below:

21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES X NO

If **NO**, please indicate what alternative arrangements are in place below:

22. The following is a participant information sheet checklist covering the various points that should be included in this document.

X Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.

X Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.

X A statement confirming that the research has received formal approval from TREC or other ethics body.

X If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.

X A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.

X Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.

X Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.

X A statement that the data generated in the course of the research will be retained in accordance with the [Trusts 's Data Protection and handling Policies](#):

<https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/> X

Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact the Head of

Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

X Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23. The following is a consent form checklist covering the various points that should be included in this document.

X Trust letterhead or logo.

X Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.

X Confirmation that the research project is part of a degree

X Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.

X Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.

- X If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- X The proposed method of publication or dissemination of the research findings.
- X Details of any external contractors or partner institutions involved in the research.
- X Details of any funding bodies or research councils supporting the research.
- X Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

- X Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- X The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- X The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- N/A Participants have the option of being identified in a publication that will arise from the research.
- X Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- X The proposed research will make use of personal sensitive data.
- N/A Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES

If **NO**, please indicate what alternative arrangements are in place below:

27. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

X 6-10 years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

X Research data, codes and all identifying information to be kept in separate locked filing cabinets.

Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.

X Access to computer files to be available to research team by password only.

X Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

X Research data will be encrypted and transferred electronically within the UK.

Research data will be encrypted and transferred electronically outside of the UK.

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer:
<https://www.essex.ac.uk/student/it-services/box>

- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
- Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).
- Use of personal data in the form of audio or video recordings.
- Primary data gathered on encrypted mobile devices (i.e. laptops).

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

X All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

X All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

None
30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:
None

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? (Select all that apply)

- Peer reviewed journal
- Non-peer reviewed journal
- Peer reviewed books
- Publication in media, social media or website (including Podcasts and online videos)
- Conference presentation
- Internal report
- Promotional report and materials
- Reports compiled for or on behalf of external organisations

X Dissertation/Thesis

- Other publication
- Written feedback to research participants
- Presentation to participants or relevant community

groups X Other (Please specify below)

If approval is gained soon and I am able to recruit participants before the end of December then data will be stored outside of the UK on my personal computer. However, it will not be shared via email or any other means with anyone until I return to the UK in January 2023.

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

No.

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

- Letters of approval from any external ethical approval bodies (where relevant)
- Recruitment advertisement
- X Participant information sheets (including easy-read where relevant)
- X Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Letters of approval from locations for data collection
- Questionnaire
- Interview Schedule or topic guide
- Risk Assessment (where applicable)
- Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

N/A

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact:

Paru Jeram, Trust Quality Assurance Officer pjeram@tavi-port.nhs.uk

The Researcher

Shaista Afzal

Email: shaista78uk@yahoo.co.uk

Tel: work: 07721 684817

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

Entanglement's risks and rewards: The unique path taken by women social workers who are
mothers

Dear participant,

Thank you for speaking earlier about the research I am about to start. I am sending you the information sheet and consent form, as discussed. Please have a read carefully before signing the consent form. If you have any queries about the details or need clarification on any matter, then please drop me a line on Shaista.afzal@walthamforest.gov.uk

In signing and returning the consent form you give full and informed consent to participating in the study. If you wish to withdraw at any time, then please write to me confirming that you wish to leave the study and have any unprocessed data you have supplied removed.

The data collected will be used to complete a Professional Doctorate dissertation and may be used to submit papers to Journals or conferences. The results of the study will be used to inform social work practice within my local authority and will hopefully improve outcomes for children and young people we work with. All names will be anonymised in order to protect participants identity. Participants will also be asked to only refer to children by their initials or use a pseudonym.

Once I receive the consent form, I will contact you to discuss a mutually convenient time to hold a zoom meeting. I will also discuss with you potential times and dates of when the interviews could take place. Please ensure that you provide an email address.

Many thanks for agreeing to take part in this study.

Yours sincerely

Shaista Afzal

Consent Form

I hereby agree and give full and informed consent to participating in the study, which is

**Entanglement's risks and rewards: The unique path taken by women
social workers who are mothers**

Furthermore, I understand that: *(please tick each relevant box)*

This research study is undertaken as part of a Doctoral Thesis registered with Essex University and the Tavistock Clinic

Participation is voluntary and that I can withdraw my consent at any time

The interview will take place via Zoom/Teams and will be recorded, transcribed, stored and deleted in accordance with the Data Protection Guidelines of Essex University and HCC.

- The interviews will be recorded and notes and recordings taken will be stored and deleted in accordance with the Data Protection Guidelines of Essex University and HCC
- Whilst every effort will be made to disguise identities and sources of information the nature of the study means that complete anonymity cannot be guaranteed. There will be distinct limitations in the level of anonymity afforded owing to the size of the study.
- I understand that owing to the small sample of participants in this study confidentiality pertaining to individual participants cannot be guaranteed.
- if I disclose information that raises safeguarding issues or indicates harm to self or others, confidentiality cannot be guaranteed in these circumstances.
- The data provided may form part of papers submitted to professional journals and conferences and will be publicly available as a Doctoral Thesis.

Signature

Date

Contact details:

Address:.....

Email

Appendix B

Information Sheet

This research is being undertaken by Shaista Afzal, under the supervision of Dr Louise Grant and Dr Nicola O'Sullivan, at the Tavistock and Portman.

Louise can be contacted on LGrant@Tavi-Port.nhs.uk

Nicola can be contacted on NOsullivan@Tavi-Port.nhs.uk

This research has received approval from Tavistock and Portman Trust Research Ethics Committee (TREC).

The aim of this study is to explore the experiences of mothers who are child protection social workers and working in the UK child protection system. I would interview you as a potential participant before the actual interview. I will have 8 participants who will also take part in an interview, which will last approximately 2 hours. The interviews will take place over a seven-month period. At the interview you will be asked questions about working in child protection social work while also being a mother.

The following objectives support the above aim;

1. What are the emotions experienced by child protection social workers who are also mothers?
2. What is the impact of these experiences on their personal and professional life?

3. How are these complexities managed? Are they recognised by the organisation? If so, what support is available?

Contribution required as participants

I aim to hold the data gathering process in two parts; I will first speak with potential participant to ensure they know what is involved and the nature of my research. Then participants will be invited to a semi-structured interview during which I will have some questions to help steer the sessions.

There will be up to 15 interviews in total, which will last approximately 2 hours each. These interviews will be held online via Microsoft Teams/Zoom. We will ensure to address issues of confidentiality and ensure that participants feel safe to discuss their experiences, and this will happen at the beginning of each interview. I will also ask participants to ensure that all client names and details are anonymized so that the chances of people being recognized is reduced.

Explanation of what participants will be asked to do

You will be invited to take part in an interview with the researcher. The aim of the interview is to explore your experiences as a mother and a child protection social worker. The interview will be recorded, and the researcher will use the information to form part of the overall research.

Description of hazard/risk associated with taking part in the research

Participants may recall difficult experiences that could leave them feeling upset. Therefore, I will follow up with a call one day after the interview to 'check-in' with them. I will also inform participants of the support available from Social Work England, which can be accessed anonymously. <https://www.socialworkengland.org.uk/concerns/support/>

The only time the researcher would share confidential information is where there is a disclosure of imminent harm to self and/or others.

Description of any aftercare which might be required

To support participants, firstly, as a qualified social worker, the training for this and the experience gained as practicing practitioner already puts me at a good position to be able to deal with emotionally charged situations, as well as being able to continue with the interview with participants at the conclusion of an interview so as to contain their reactions and recommend further support if needed.

Additionally, given that participants are also working in social work roles, I will remind them that if they are feeling overwhelmed and are in need of some professional help and support, they can find various support options available as described above.

Confidentiality of the Data

To protect the identity of participants, participants will be pseudo-anonymised in a publication that will arise from the research. This means that myself as the researcher, I will endeavor to remove or alter details that would identify the participant. However, because of the small sample size in current research project, there is a distinct limitation in the level of anonymity that participants can be afforded.

To protect the confidentiality of data, research data, codes and all identifying information will be kept in separate locked filing cabinets. This will only be stored in the University of Essex

OneDrive system and no other cloud storage location. Access to computer files will only be available to research team by password only.

Once the research programme has been completed, all electronic and hard copy data will undergo secure disposal. It is recommended that research files must be overwritten to ensure they are completely irretrievable, and I will be observing this rule. For shredding research data stored in hardcopy (i.e. paper), I will be adopting DIN 3 to ensure files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm.

Please note that data generated in the course of the research will be retained in accordance with the Trust's Data Protection and handling Policies, which can be found at:

<https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>

In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected, research data will be retained for 6-10 years in line with Research Councils UK (RCUK) guidance, that doctoral project data should normally be stored for 10 years.

Location

Online Zoom/Teams platform will be utilized for the interviews.

Remuneration

There are no payments being offered to participants to take place in the research project.

Disclaimer

You are not obliged to take part in this study and are free to withdraw at any time during tests. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

If at any stage you have any concerns about the conduct of the investigator, researcher or any other aspect of this research project, you should contact the Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Appendix C

Consent Form

I hereby agree and give full and informed consent to participating in the study, which is

Entanglement's risks and rewards: The unique path taken by women
social workers who are mothers

Furthermore, I understand that: *(please tick each relevant box)*

- This research study is undertaken as part of a Doctoral Thesis registered with Essex University and the Tavistock Clinic
- Participation is voluntary and that I can withdraw my consent at any time
- The interview will take place via Zoom/Teams and will be recorded, transcribed, stored and deleted in accordance with the Data Protection Guidelines of Essex University and HCC.
- The interviews will be recorded and notes and recordings taken will be stored and deleted in accordance with the Data Protection Guidelines of Essex University and HCC
- Whilst every effort will be made to disguise identities and sources of information the nature of the study means that complete anonymity cannot be guaranteed. There will be distinct limitations in the level of anonymity afforded owing to the size of the study.
- I understand that owing to the small sample of participants in this study confidentiality pertaining to individual participants cannot be guaranteed.
- If I disclose information that raises safeguarding issues or indicates harm to self or others, confidentiality cannot be guaranteed in these circumstances.
- The data provided may form part of papers submitted to professional journals and conferences and will be publicly available as a Doctoral Thesis.

Signature

Date

Contact details:

Address:.....

Email

Appendix D

Interview Questions

1. **Tell me something about your role - how long have you been working in child protection?**
2. **What emotions have you experienced at work as a child protection social worker?**
3. **Thinking about a particular incident that had an emotional impact on you, what happened, what were the emotions you experienced, and what helped you cope?**
4. **Did you find yourself being aligned more with the parent or the child/ren?**
5. **How did these experiences impact your personal life?**
6. **Did any aspect of motherhood cause you to change the way you worked, or felt about your work?**
7. **Thinking about the emotions you experience with your work. Do you think being a mother changed the way you took decisions about children or worked in general?**
8. **Overall, do you think being a mother helped you carry out the role of social worker, and if so how? Or did it make the job feel tougher and if so how?**

9. What kind of support do you think there should be for social workers in child protection who are mothers themselves, if any?

Appendix E

DOCTORAL RESEARCH

PLAY A ROLE IN MY RESEARCH STUDY

Are you a children's social worker and a mother who works in child protection in a local authority?

Have you worked in this setting for more than two years?

Are you willing to share your experiences about your supervision in confidence?

CONFIDENTIALITY

Conversations are confidential unless there is a legal or moral obligation to escalate concerns.

Personal identifiers will be removed, and I will not name the Local authority you work for, only the region, i.e., North-West.

Data will be stored securely and in line with the university's policy and the Data Protection Act 2018.

WHAT IS THE RESEARCH ABOUT

I want to examine the emotional impact on women who are mothers and at the same time child protection social workers and find out how these two roles impact on the other. Social work has been found to be an emotionally demanding profession. It is important for social workers to understand that their emotional responses to situations may affect their decision-making processes.

Participate in a 1:1 recorded interview with me virtually through Teams, both video and audio are required.

Interviews will last approximately between 45 - 90 minutes.

The interview will be at a time that is convenient for you.

YOUR CONTRIBUTION

By agreeing to be part of my doctoral research, you will help me to understand the emotional impact, if any, of being a mother and doing child protection social work. This is an area that is under researched.

Doctoral Researcher: Shaista Afzal Shaista.afzal@walthamforest.gov.uk

Research Supervisors: Dr Louise Grant LGrant@Tavi-Port.nhs.uk Dr Nicola O'Sullivan
NO'Sullivan@Tavi-Port.nhs.uk