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How Children Become Invisible in Child Protection Work: Findings from Research into Day-to-Day Social Work Practice

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Abstract

It is well known that in cases in which abused children have died, social workers and other professionals did not relate to them effectively—the phenomenon now known as the 'invisible child'. Much less well understood is how often and why such invisibility occurs where there has not been a major inquiry or scandal and this paper draws on research which observed day-to-day encounters between social workers, children and families. In most of the practice, children were seen and related to but, in a small number of home visits, social workers were not child-focused. The paper provides a detailed analysis of those cases and shows how social workers were overcome by the emotional intensity of the work and complex interactions with angry, resistant parents and family friends. Workers were also affected by organisational culture, time limits on their work and insufficient support to enable them to contain their feelings and think clearly. The powerful impact of unbearable levels of complexity and anxiety on social workers requires much greater recognition. Sociological, psycho-dynamic and systemic theories are drawn upon to establish how workers need to be helped to think clearly about children and relate to them in the close, intimate ways that are required to keep them safe.

Keywords: Child protection, social work practice, psychosocial theory, ethnographic research, child abuse deaths, home visits, emotion

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Introduction

It has been well known for several decades now that, in child abuse cases in which children have died or been seriously harmed, social workers and other professionals have not adequately related to the children or understood their experiences. For instance, two-year-old Keanu Williams died in 2011 from physical abuse and neglect, despite the extensive involvement of social workers and other agencies, and the report into his death concluded that 'Keanu became invisible' (Lundberg, 2013, p. 51). Much less well known and researched is the extent to which children become 'invisible' in everyday practice where there has not been a tragedy, major inquiry or media-generated scandal and how this occurs. Drawing on a participant observation study of face-to-face encounters between social workers, children and families, the aim of this paper is to deepen understandings of how and why children become invisible in everyday child protection practice.

In most cases in the study, the children were seen and engaged with in some manner by social workers in an attempt to establish their well-being and needs. Situations where social workers' practice did not meaningfully focus on the children and they were rendered partially or even totally invisible were the exception (Ferguson, 2014). This paper provides an analysis of what occurred in that small sub-sample of encounters. To understand how the needs, and even the very presence, of children can be missed, it is vital that close attention is given to the detail of the interactions between social workers, children and families, and the organisational systems and cultures within which the work goes on. The analysis uses sociological, psycho-dynamic and systemic perspectives to frame social work practice as a product of the interplay between social workers' lived experience, emotional lives and the effects of the organisations and systems they work in (Reder *et al.*, 1993; Froggett, 2012; Munro, 2011; Ruch *et al.*, 2010; Trevithick, 2012). This kind of psycho-social approach is absent from influential texts such as serious case reviews and child abuse inquiry reports and practitioners' lived experiences are written out of the script (Ferguson, 2011). This paper takes the knowledge base further by placing workers' lived experience at the heart of the analysis of actual social work practice performed in real time. The evidence shows how, when children become invisible in casework, a combination of organisational processes and the dynamics of interactions with service users lead social workers to experience emotional and sensory overload and become detached from children and also in significant ways from parents.

The paper begins by reviewing what is known about why superficial child protection practice occurs. It then outlines the research study and

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its findings, followed by analysis of the case studies and the learning from them.

Thinking about how children become invisible

The most commonly cited reason why children who are known to be at risk are not protected is breakdowns in communication between professionals and agencies (DHSS, 1974). An increasingly influential explanation is that the scope for social workers to get to know children sufficiently is constrained by excessive levels of case recording and other bureaucracy, tight timescales for completing work, high case loads, and compliance with procedures and management dictates (Broadhurst *et al.*, 2010). The effect of these systemic pressures is said to be that practitioners do not have the time to develop the depth of relationship necessary to keeping children safe (Munro, 2011, p. 128).

A further area of concern and analysis surrounds what occurs in the interactions and relationships between practitioners, children and families. Reviews of cases in which children have died invariably contain scenes where professionals were in the presence of abused children, most often in their home, but the workers did not get close enough to them to discover the abuse (Ferguson, 2009). Knowledge of such scenes was crucial to shaping my interest in researching what occurs in actual face-to-face practice and how is it possible for practitioners to be in the same room as children and not engage with them in ways that reveal their experience. Brandon *et al.* (2008) identify the 'start again syndrome' where social workers pay insufficient attention to the history of the parents and patterns of risk in the cases. Munro (1999) shows the forms of reasoning that can lead professionals to remain wedded to their initial assessment and not revise the level of concern despite new information. Laird (2013) and Tuck (2013) show the high levels of conflict and resistance in child protection work that result in social workers either avoiding or over-identifying with parents and losing focus on the child (see also Stanley and Goddard 2002). A hugely influential argument is that the thinking of child protection professionals is governed by a 'rule of optimism', which 'is where a positive stance is taken of a child's circumstances or level of risk, which is not necessarily supported by the objective evidence or information available' (Coventry LCSB, 2013, p. 43). The meaning of the rule of optimism and how it is used in such reports is disputed (Dingwall *et al.*, 2014), but the version of it that holds sway is that social workers avoid 'robust challenge' of parents by emphasising their strengths, and resist enquiring more deeply into children's experiences due to naïve hope (Ofsted, 2010).

These understandings of practice are limited by the fact that they are based on retrospective analyses of tragic events that have already

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occurred, or research into work that has already been done, as opposed to gathering evidence about what happens in practice in real time. Research into encounters between practitioners and children and families is remarkable by its absence (Broadhurst and Mason, 2014). This paper is seeking to advance understandings by joining up areas that are too often kept analytically separate and presenting evidence from observations of what happens in social worker–service user interactions, while taking into account the impact of organisations and systems on what is and is not done.

Researching child protection practice

The research adopted an ethnographic research approach with the aim of getting as close as possible to practice by participating in and observing social workers in their work. The most senior managers in the two local authorities where the research took place agreed to allow access to their staff and individual workers could choose whether they wished to co-operate. A total of twenty-four social workers took part, nineteen of whom were women, and five men and three were from black and minority ethnic backgrounds. Individuals' length of service varied from being newly qualified to having almost thirty years' experience. I shadowed practitioners by going out with them on home visits, interviewing them on the way to the visit and straight afterwards about their experience—usually in the car—and observing and audio-recording the encounters between social workers and service users. This was only done when consent was given by all parties. The research was granted ethical clearance by my university and the two local authorities where it took place. In total, eighty-seven practice encounters were observed and audio-recorded, seventy-one of which were on home visits; the remainder took place in social work offices and schools. The key research questions were: What do social workers do in performing child protection, especially on home visits? What do they say to children and parents? How do they act? How close to children do they get? (see Ferguson (2016a) for a full account of the methodology).

The research drew on theory that provides resources for thinking about the lived experience of practices like social work. Freud's work and psychoanalytic theory as developed in the work of Klein (Salzberger-Wittenberg, 1970), Winnicott (1957) and Bion (1962) consider how difficult it can be to think clearly about service users, to 'hold them in mind', and what is necessary to enable effective thinking in professional–client relationships. Within this perspective, 'invisible children' are those who become 'unthought' about and are not 'held in mind' by workers and systems. To help someone requires a capacity to think about them and become emotionally attuned to their experience. Thinking is influenced by

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several things but anxiety is regarded as particularly influential (Bower, 2005). Child protection professionals experience intense emotions, from their own experience of anxiety, fear, sadness, hope, despair and the feelings of rage, hate, love, gratitude and so on that are projected into them by services users. These intense emotional experiences are unavoidable in social work and child protection; what is crucial is whether and how they are managed in containing ways that promote clear thinking. Bion's (1962) concept of 'containment' accounts for the process in which a trustworthy person accepts and takes in the anxious person's feelings and returns them in a digestible form (as a parent does with an infant, for instance), which helps them to think more clearly. Not being 'held' in this way causes the links between thought and feeling to be broken and practitioners defend themselves from unbearable feelings by detaching physically and emotionally and even completely dissociating from those they are seeking to help. In social work, supervision provides the key opportunity for containment of the worker's emotional experiences in ways that help them to think clearly, keep their focus on the child and provide effective care (Ruch, 2007).

The research also drew on theory that helps to illuminate the nature of lived experience. Deepening understandings of how social work is—or is not—done requires analysis of how practice is achieved and experienced not only in terms of emotions and the mind, but through movement, the body and the senses (Pink, 2009). The focus was not just on what was done and 'thought' about, but how it *felt*, seeking understanding of the lived experience of practice as it was being done. This method is concerned not merely with the emotional dynamics of interactions, but also with the atmospheres, smells and moods of encounters. The research sought to enter the internal world of practice and the practitioner as they moved through space and into the homes and intimate lives of children and families, gathering data on what they were doing, feeling and thinking as they were doing it (Ferguson, 2016a; 2016b). This involved taking account of experiences that are usually ignored, such as journeys, and the car was found to be a crucial space within which workers prepared for and afterwards reflected upon encounters with families. This approach provides insights into what makes practice flow well and how close, intimate relating to children and parents occurs and into instances in which moving, seeing, talking, touching and thinking straight become difficult and how barriers to engagement are overcome, or not.

Findings: intimate child protection practice and invisible children

The overall picture of social work to emerge from the study was of practice that achieved different degrees of closeness to children and families.

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In some short- and long-term work, relationships with families had real depth and the interactions with children were very close and intimate. In such casework, children were not only talked to, but hugged, caressed to bring comfort, examined and played with. Babies and pre-verbal infants were picked up, held and engaged in face-to-face, eye-to-eye contact and communicated with through noises and playfulness. Children aged four and above were spoken to on their own. What mattered was a capacity to relate to children not merely through talk, but in embodied ways, through touch, play and other forms of movement (such as while walking or driving), and the need to be able to do this in people's most private spaces, like bedrooms. In earlier work, I conceptualised this kind of close-up social work and relating to children and families as 'intimate child protection practice' (Ferguson, 2011). The emphasis on the visual in the notion of the 'invisible child' is problematic because it could be taken to imply that the goal of good practice should be its opposite, making children *visible*. The notion of 'invisibility' does have some explanatory power in how children are not 'seen' by workers in the most rudimentary sense even though they are right in front of them. However, the goal of good practice needs to be expressed in terms of a language that incorporates all the senses and intimacy. The research findings show that, where children are not meaningfully engaged with, it is the absence of intimate practice that involves eye-to-eye contact, talk, active listening, play, touch and close observation that results in crucial aspects of their experience remaining unknown. A more suitable term for this phenomenon is the 'unheld child', which speaks to the absence of the physical and emotional closeness required to truly enter the child's world.

A key finding concerned the complexity of the work. Home visiting is very different from work that goes on in the office or the clinic, as workers have to negotiate with family members and relationships as they are lived out in their space, and deal with the presence of strangers and the impact of the home itself, such as smells and atmospheres (welcome, hostile) and dogs. Multiple tasks had to be completed, invariably within time limits: parents and other carers interviewed, children spoken to on their own, interactions between family members observed, and bedrooms and other home conditions inspected, to name just some. This complexity meant that the risk of superficial, non-intimate practice was ever present. Sometimes social workers were observed in encounters and atmospheres on home visits that threatened to distract them from their focus on the child but they managed to pull themselves back from the edge of being overwhelmed to complete purposeful work (Ferguson, 2016b). But, in a minority of cases, social workers did not overcome these challenges and this resulted in different degrees of detachment from and invisibility of children. This was particularly evident in three

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cases involving different social workers and families and these will be drawn upon to illustrate the various dynamics.

The first involved an initial home visit to inquire into concerns about domestic abuse and alleged poor child-care standards/possible neglect. The social worker spent the duration of the visit interviewing the mother in the sitting room, while the three-year-old child spent most of it upstairs, playing with a friend. The social worker did not directly engage with the child on the one occasion he came into the living room. Nor did she seek out the child or inspect the children's bedrooms, which she did where required on the five other visits that she was shadowed on in the research. On those, she addressed concerns openly and honestly with parents, was empathic and strengths based in her approach; she saw the children on their own and observed them interacting with their parents. What most seemed to throw the worker off balance on this visit was the presence of a family friend who stayed in the kitchen for all of the visit except for one moment when she entered the sitting room, walked across the room and stuck her head through the hall doorway and shouted upstairs very loudly to the children: 'Fucking behave!' From the outset of the visit, the children's mother seemed to be superficially cooperative but the atmosphere was awkward and felt slightly menacing. The family friend was not introduced even though the social worker had to walk past her to get to the living room. This friend's intervention had the effect of significantly increasing the tension. It felt like an aggressive act that was directed towards not the children, but the worker, who was the one who was really being given the message to 'fucking behave'. When interviewed afterwards, the worker had a sense that things were messy, incomplete and that she needed to go further and deeper in engaging with the children, which she did by going back much sooner than she had committed herself to doing at the end of the first visit.

The second example involved a home visit in which the worker engaged in a very fitful and largely detached way with the two children, aged ten and fourteen. She did not see the children on their own to discuss what she regarded as quite serious concerns about alleged neglect, despite their father in one of his few moments of overt cooperativeness asking her whether she wished to. The worker turned down the opportunity, which was very unusual in the context of the study, as social workers generally had to work hard to be assertive in asking to see children on their own. The father was mostly belligerent, restless and highly active, which included patrolling up and down in front of the fireplace and using a dustpan and brush to sweep the living room in front of the social worker. As soon as the worker stepped out of the home, she spoke vividly about how she felt the neglected house—especially the smell—overcame her. She said she knew that she had been ineffective and half way through thought about leaving. She was viscerally affected by disgust, anxiety and fear. She managed to move physically to inspect the house,

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but could not think clearly about and focus on the children. Because the worker knew that she had lost her composure and authority and that her practice was not sufficiently child- or parent-focused, she too went back.

The research found that not only were different degrees of intimacy with children achieved, but workers had different levels of awareness of how close to children they had managed to get. As these two case examples show, some workers knew when they had not done what they knew they should, acknowledged that it was very difficult, and that their practice lacked rigour and was unfinished. It is in situations in which the worker did not engage with the children and at the time did not know that they had not done so that the children can be said to be *fully* invisible and unheld.

Fully invisible and unheld children

A case that vividly illustrates this kind of full invisibility and lack of holding of the children involved a social worker who was shadowed on a visit concerning a two-year-old girl, here called Amelia, who allegedly was left unsupervised and found a long way from home. Mother, here called Mrs Brown, was a lone parent and there was one other child, five-year-old Jamie. It was an announced visit and the social worker arrived as planned at 3.30 pm. Mrs Brown was dressed in pyjamas and dressing gown, and led the social worker into the living room, where another adult was sat on the settee. Mrs Brown sat down beside this other adult and Amelia, while Jamie was sitting on the armchair. The social worker sat on the other armchair. I sat on a chair to one side, positioning myself as discretely as possible so as to be able to see and hear, while being somewhat detached. The home was a council property and beautifully presented. The social worker began by reading the concerns from the referral sheet. Unlike most such opening moments observed in the study, the worker did not engage in any rapport building or introduce her purpose as being wider than investigating the specified concerns, such as being a possible source of help. Going straight into the alleged incident seemed to compound an oppositional atmosphere that was evident as soon as the social worker stepped into the home. Mrs Brown flatly denied that Amelia had been left unsupervised and blamed the person who reported it for persecuting her. The worker did not challenge Mrs Brown's account or try to come at the issues from other directions, but moved on.

From the outset, the social worker seemed to be at a loss to achieve any composure. She forgot to introduce herself to Mrs Brown and became aware of this eleven minutes into the visit and apologised. The social worker was totally non-relational towards the children. Although

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they were present throughout, she did not directly relate to them in any way. Jamie moved around the room at times, while Amelia was also active in the room and snuggled up to her mother on the settee a lot. Neither of the children initiated any verbal or play-based contact with the social worker, who reciprocated by ignoring them. This ran counter to the research finding of it being common for practitioners to use children's movement in the room as a starting point for playful engagement. Nor did the social worker have any overt interaction with the other adult who was present. That person left the house and came back five minutes later but the social worker did not even take that opportunity to ask Mrs Brown about who they were or about their relationship with the children.

The social worker's assessment completely lacked depth. This was in part because she used many leading questions. For instance, referring to the children, she asked: 'What about their behaviour, have you got any worries about that? They seem lovely.' The social worker asked a reasonable question but placed a leading statement on the end of it. Mrs Brown answered it in the affirmative ('Yes, they are lovely') and, as she did most questions, in very brief replies. This seemed to be what the social worker wished. Asking leading questions that gave the desired answers provided for minimal engagement rather than longer dialogue. Questioning styles consciously and unconsciously mirrored the worker's internal states. The worker was struggling and wanted to get it over with. A key source of the worker's discomfort was that Mrs Brown was clearly angry. The atmosphere was tense:

> *Mrs Brown*: Yeah, do what you want. There's nothing wrong with my kids, I can assure you of that. There's nothing wrong with my kids.
>
> *Social worker*: The thing is, when we come out we've got to do these [interrupted].
>
> *Mrs Brown*: Yeah, that's what I'm saying, you can do what you want because there's nothing wrong with my kids.

When it came to doing what the social worker wanted, however, Mrs Brown was less than happy to co-operate. She challenged why the social worker wished to see upstairs, wanting to know why it was necessary, and very reluctantly led the way. Jamie's bed and the state of the bedroom looked comfortable and had toys and photos. In passing, Mrs Brown's bedroom could be seen and was very well presented. However, in Amelia's room, her cot was broken and collapsed. It was not fit to sleep in that night, and it was now late afternoon. The social worker never actually entered the bedroom but stood at the door and looked into it. The viewing lasted seconds.

Mrs Brown said that Amelia jumped on her bed and broke it, which the social worker accepted and made no attempt to probe further. Mrs Brown may well have been telling the truth, but what was striking was

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the absence of a deeper inquiring approach which was what the social worker was there to do. This is the same two-year-old child about whom the referral alleged there had been a lack of proper care and it was reasonable to consider that this could be a scenario in which that child was receiving inferior care to her brother and to that which her mother provided for herself. However, the social worker did not incorporate any such hypothesis into a more critical dialogue with the parent, or afterwards in the research interview. Another indicator of the worker's superficiality was the absence of curiosity as to why Mrs Brown was in her pyjamas and dressing gown at 3.30 in the afternoon when she knew the social worker was coming, the obvious hypothesis being that this could indicate depression.

On coming downstairs, the worker wound up the visit, which lasted just fifteen minutes and was the quickest 'assessment' in the study. The social worker's view when interviewed in the car straight afterwards was that the referral information was probably true, which she never shared with the parent, and there was little in her behaviour that suggested any concern for the children.

The social worker's first words on leaving the house were about Mrs Brown: 'She was simmering underneath, I think she was trying to keep her temper wasn't she'. It then emerged on the journey back to the office that the social worker did not even know whether the other adult in the house was a man or a woman (which is why they have been referred to here in gender-neutral terms). Because I thought it was a man, I asked her what she made of 'him':

> I thought it was a girl, but then I did look at her legs and they were very, very hairy, and then I thought maybe it is a man. But no, I think it was a girl, but I'm not 100% sure.

In general, social workers in the research were rigorous in asking for the names and addresses of anyone present in the home who appeared to have significant access to children, so that they could do police checks. So for this to be absent to the extent that the gender of the person was not even clear was a striking omission.

When asked in the car straight afterwards whether she had considered speaking to the five-year-old, the worker replied: 'But yeah I, I could have done, couldn't I, really? But I didn't think about it at the time because he's only five.'

I knew that this worker had interviewed a five-year-old alone in another case I had shadowed her on, so this was not a convincing reason for not doing it. As the social worker continued to drive, she must have been silently reflecting on this and, a couple of minutes after the above comment, volunteered: 'But I'll be honest, I didn't, I didn't even think about it, I don't know why but I didn't.'

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As the worker thought more about what occurred on the visit, she seemed to begin to become mindful of the children and how absent they were from her attention. As she was getting out of the car at the office fifteen minutes after the end of the visit, referring to the five-year-old, she said, 'I don't know why I didn't talk to him?'. The worker was unable to explain even to herself how she had so totally failed to think about the children and keep them in mind. In the heat of the visit, talking with and other forms of relating to the children became unthinkable and the fact that she had not engaged with them in any way was, at the time it was happening, unknown to the worker. The children had ceased to exist to her, despite being there right in front of her. They were invisible children.

Detaching from children: the process of invisibility and being unheld

In its most complete form, social workers' lack of meaningfully relating to children and detachment from parents involves the worker becoming intuitively, cognitively and spiritually absent. It would be easy to blame individual social workers for such errors and judge them to have failed due to lacking the skills and competence to do the work. But this is far too simplistic an interpretation, which immediately runs into trouble because the same workers in the examples given were observed on other occasions with different families practising competently. Such detachment from children occurs when social workers reach or go beyond the limits of anxiety and complexity that it is possible for them to tolerate. They are overcome by the sheer complexity of the interactions they encounter, the emotional intensity of the work, parental resistance and the tense atmospheres in the homes. Such detached practice is deeply non-reflexive in the sense that, while the worker may be reflecting superficially on what is going on, there is no self-monitoring or critical thinking being practised that results in them adjusting their approach in light of the experience they are having and the reasons they are there. This was at its most thorough in the Brown case in which the work seemed driven by an (un)conscious intention to get through it and back to the office as quickly as possible. This is not so much the 'Start Again Syndrome' (Brandon *et al.*, 2008) as a pattern of Never Properly Getting Started At All.

Practitioners' skills, knowledge and confidence levels do matter (Handley and Doyle, 2014), but situations in which children are lost sight of and unheld are best understood in terms of a process of invisibility that arises from the interaction of organisational influences, the absence of containment and workers' qualities and lived experience. I will make this argument by focusing in even greater detail on the

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Brown case, as it was the encounter in which the fullest invisibility occurred.

Time and organisational culture

Organisational culture first comes into play in relation to the definitions of need and risk to children that are operating and the time available to practitioners to respond to them. In the bigger scale of the child protection work that went on, the Brown referral was at the lower end of risk. This could have resulted in the worker feeling under pressure to go through the motions and get out as soon as possible so as to be able to deal with more serious cases. The worker could even have claimed to have performed the key tasks of child protection: the children were 'seen', the parent(s) spoken to, the home inspected, although these were done in a totally superficial manner. But the extent of the superficiality in the Brown case was unusual. While practitioners sometimes struggled to find the time to do in-depth work, crude adherence to a 'tick-box' culture of superficial practice was not the norm in the casework observed in the research. In general, more rigorous work was done in cases with a similar level of risk to that featured here.

What was influential, however, was that, in general, small amounts of time were spent with children, such as when they were seen alone: the shortest in the study was two minutes, while the norm was between five and fifteen minutes (Ferguson, 2014). Sometimes this was sufficient to establish how safe children were, but there was some evidence that the time spent with children was dictated more by organisational requirements and timescales than the amount of time the worker needed to spend with the children to try to fully understand and meet their needs. A key dynamic, then, in how some children become invisible in child protection work is the systemic pressures practitioners feel under to rush through their work and the limited time they have generally to make *any* children 'visible'.

These general dimensions of organisational culture are played out through the dynamics of what occurs in the office and in particular in social workers' experience directly prior to (and after) the visit. In the Brown case, the social worker had been very busy on the duty desk since 8.30 that morning, sometimes on the phone, but mainly on the computer. In the many cases in the study in which children were engaged with effectively, workers were assisted by managers to plan the encounter with the family. The Browns' social worker did have a discussion with her manager, who was quite cynical about Mrs Brown, due to knowing that she had not engaged in response to previous referrals, expecting her to deliberately avoid social work by being out. This seemed to send the worker on her way with a feeling of pessimism and low

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motivation. This probably accounted for at least some of the weariness and dullness in the social worker's demeanour.

In the research study, the journey between the office and the home emerged as a crucial space within which workers could further prepare themselves for the encounter with the child and family. In many other cases, workers were observed using the car journey creatively to prepare themselves to be intuitively and emotionally available when face to face with service users and to rehearse a plan for what they wanted to say and do. On the way to the Brown visit, the social worker spoke about how difficult it was making the transition from the duty desk/office and computer screen to the service user's home and direct human contact, and how sometimes busyness meant they would not tune into the referral until outside the house. The data bears out research which shows how organisational pressures lead practitioners to have to take risky shortcuts (Broadhurst *et al.*, 2010). But, while this worker *had* managed to read this referral earlier, she did not articulate any coherent plan for the encounter. On arrival at the home, the social worker's state of mind was still in the detached state brought about by spending hours at the computer and feeling rushed to get back to the office to continue being on duty. She was in a bureaucratically preoccupied state. Although she never recognised it, in her mind, she had not really left the office. Her heart never seemed to be in it.

Emotional and interactional dynamics

As I have been showing, the state of mind that social workers turn up in when they see service users is crucial to the nature and quality of the work they do. All three case examples show how, in stepping into the service user's life (and home), practitioners' responses are then shaped by the emotional demands and interactional dynamics they experience and the impact of the home or other environment where the work goes on. The Browns' social worker immediately had to contend with Mrs Brown's 'simmering' anger. In all such cases in which children were inadequately seen and unheld, there was considerable anger, resistance and physical movement by parents and by family friends. When those people were strangers to social workers and experienced as distracting and/or intimidating, this added to a state of flux and agitated, menacing atmospheres in the home. The effect in the Brown case was that the social worker's already bureaucratically preoccupied state of mind and detached self became even more defended and they emotionally disassociated from not only the children, but also the adults.

The full extent of this dissociation became obvious when it emerged afterwards that the Browns' social worker did not even know whether the other adult in the house was a man or a woman and she was unaware

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that the children were invisible to her. A crucial opportunity to identify and correct such defended practice arises when the worker arrives back at the office. The Browns' social worker put her head around the manager's door and said 'She was in', to which the manager replied 'Oh, right', and the social worker then went back to working on the duty desk. Thus, nothing was done in terms of an immediate debrief to help the social worker make sense of her experience and bring the children to mind.

Conclusion

This paper has sought to contribute new insights into how superficial and unsafe child protection work occurs in day-to-day practice. It has tried to illuminate the ways in which various factors and the interconnections between them constitute the lived experience of doing the work and impact upon practitioners' capacities to 'see' and meaningfully relate to children. I have argued that how children become invisible—and, as I have framed it, 'unheld'—is not reducible simply to 'bad' practitioners, but must be understood in terms of the interaction of organisational processes, the practitioner's qualities, their visceral experience and emotional state during face-to-face encounters, and the atmospheres within which the practice occurs.

An important ethical question arises about whether the lack of child-centred practice that was observed in the three research encounters referred to in the paper was of sufficient concern to require me to inform managers that the children may have been left at risk. Issues concerning the quality of the practice were addressed implicitly in the research process through the detailed discussions that went on with the social workers after home visits and often with their front line managers. Crucially, the events covered here were not the only actions taken in the cases. This paper has focused on the interactions that occurred before, during and after specific home visits and has not provided an analysis of all the work that went into the entire cases. The aim has been to show the processes and interactional dynamics that resulted in different degrees of visibility and detachment from children on particular occasions. It is not the role of a researcher to act as a case supervisor but the Brown case illustrates how, through the posing of open-ended questions during the research interview straight after the visit, the worker's awareness of how she had ignored the children began to change. I subsequently satisfied myself that she had completed follow-up work to check on the children's safety in greater depth.

Where social workers did not engage with children or challenge parents, this was not because of a 'rule of optimism' and seeking to put the best interpretation on events. It was rooted in a mixture of fear and other intense emotions and sensory experiences and organisational

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constraints. Far from being optimistic, in the cases profiled here, there was pessimism about the parents, whose stories were viewed with scepticism. In child death inquiries and much child protection literature, unsafe practice is said to occur due to reasons that are exceptional, rather than it being part of the fabric of the work (Cooper, 2005). The paper has shown that the processes and events that lead to children becoming invisible and unheld in child protection work turn out to be everyday ones. It is vital that workers' emotional and visceral experiences are now understood for the crucial part they play in why they do not relate effectively to children and parents.

A crucial way forward in ensuring safe, intimate child protection practice occurs and children are held in mind is to provide staff with an organisational culture in which they routinely receive opportunities to critically reflect on their experiences. The work is too demanding for so much of it to be done by lone workers and much more physical support is needed in the form of joint home visits and co-working. Workers need to be supported in every case to enter a state of mind and readiness to engage intimately with children and parents and assisted afterwards to make sense of what they have just experienced. As Ruch argues, such organisational containment and emotionally attuned support can transform experiences of fear, anxiety, anger and frustration into 'a resource for practice rather than a reason for disengagement' (Ruch, 2007, p. 377). The more that social workers are given time to do quality work, opportunities to talk, reflect on feelings and to think critically about their lived experiences, the less risk there will be that children will become unheld and invisible.

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