Towards Intimate Child Protection Practice: Evidence from Research

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• What do professionals actually do in performing child protection?
• Where do they do it?
• How do they do it – what do they say? How do they act?
• What is the lived experience of doing child protection – how does it feel?
• What supports are needed?
The vision

• To have authentic, close relationships with children in child protection of the kind where we see, hear and touch the truth of their experience and are able to act on it.

• Intimate child protection practice
The neglect of lived experience

- Huge literature on child protection
- But questions about what gets done, where and what it feels like neglected
- Focus on inter-agency communication
- Impact of increased procedures, paperwork, computers (Broadhurst et al, 2010; Munro, 2011). Concerns about limited time to do direct work with children & families.
We need to pay attention to:

• How is the time that workers do have & spend in face to face work used?
• Understanding face to face practice in context
• On home visits, in clinics, hospitals, schools, family centres, …
• How professionals protect children while on the move (Ferguson, 2011).
Non-intimate practice: The struggle to get close to children

• Almost 40 years of child death reports

• Professionals not getting into the home

• Or, getting in but not properly moving towards, seeing, hearing or touching children – *when in their presence.*
On 30th July 2007 all the children were seen on a planned home visit by the social worker on their own and with Ms A. Peter was in the buggy, alert and smiling but overtired. His ear was sore and slightly inflamed. He had white cream on the top of his head and Ms A thought the infection had improved. Peter’s face was smeared with chocolate and the social worker asked that it be cleaned off. The family friend took him away to do so and he did not reappear before the social worker left. Ms A said she had a GP appointment and mentioned grab marks on Peter. She was worried about being accused of harming him.

(Haringey, 2009, p.13)
Researching Intimate Child Protection Practice

• Research needed to get as close as possible to practice
• Shadowed practitioners on home visits, in the car, in schools, family centres
• Observed & recorded their encounters with service users
• Only when consent given by all parties.
• Getting to the child & family
The experience of child protection

• Or: What it’s like to do this?
Or,

- When the child at risk & their parent(s) step into see you:
  - Fleeting contacts: clinics, housing…
  - Sustained contacts: school, children’s centre, in care ….
COMUNITYcare
WORKING TOGETHER FOR BEST PRACTICE IN SOCIAL CARE | WWW.COMMUNITYCARE.CO.UK | 13 JANUARY 2011 | £2.55

‘HE’S JUST BEING FRIENDLY’
ADVICE FOR SOCIAL WORKERS CROSSING PATHS WITH MAN'S BEST FRIEND IN THE LINE OF DUTY. PAGE 28
Inside the world of practice

• “It’s like stepping into another world”
• Impact of the home, smells, dogs, chaos, hostility, atmospheres…
• Emotions, senses
• Need a language to describe these experiences.
Patterns of practice

1. Get ‘stuck’, immobilised, lose authority, don’t follow through on seeing child …

2. Move (run!) faster out of it … Automated

Automated Pattern of relating

- Goes through the motions, quickly
- “Sees” child … from a distance
- Limited time / organisational pressures
- Emotionally defend against parental anger, child’s suffering, atmospheres of menace, sadness...
‘I suggest that another reason why we often hold back from direct work with children about their problems is that the needs of many of the children who come our way seem overwhelming. ... To work effectively with children, the first and most fundamental thing we have to know about is the strength of our own feelings about the suffering of children. ... But we [professionals] too are only human, and we shall find that our own tolerance level will fluctuate.’ (Clare Winnicott, 1963, *Face to Face with Children*).
• Distracted / intimidated by friends
• Workers flooded by anxiety
• Sensory overload
• Little or no organisational help to make sense of experience
• Without talk, reflection on feelings, the child stays out of mind, invisible.
Mindful intimate practice

• Time for thoughtful preparation
• Support from managers/peers
• Strategies for parental resistance
• Spatial awareness      Movement
• Able to get beyond disgust, avoidance
• Maximising time in children’s lives, rooms to try to understand them.
• Skilled at communicating – including playing - with children

• “...This is why I like coming out, so I can play!”
  (Social worker, kneeling on floor beside 15 month old ‘Mia’).
• Self-awareness of own attachment style, use of touch

• Charismatic use of self to bring inspiration & comfort to the (suffering) child

• Ability to bear the child’s suffering.
An ethic of care

• Every contact with children can have a positive therapeutic impact in promoting safety and helping to heal trauma, build resilience.
Enablers of intimate practice

- Organisational – You *do* need enough time to develop relationships
- Knowledge – enough theory, skill
- Personal – worker’s own style
- Personal – bearing of suffering
- Organisational – enough support, CPD.
• Supervision that provides space to think, process feelings, to know experiences

• ‘Emotionally informed thinking spaces’ (Ruch, 2007)

• Recognising complexity & celebrating & learning from good practice.


