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Hostile relationships in social work practice: anxiety, hate and conflict in long-term work with involuntary service users

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ABSTRACT

While recognition that some service users do not want social work involvement has grown in recent years, little research has explored what relationships between social workers and 'involuntary clients' look and feel like in practice and how they are conducted in real time. This paper draws from research that observed long-term social work practice in child protection and shows how relationships based on mutual suspicion and even hate were sustained over the course of a year, or broke down. Drawing on a range of psycho-social theories, the paper adds to the literature on relationship-based practice by developing the concept of a 'hostile relationship'. The findings show how hostile relationships were enacted through conflict and resistance – especially on home visits – and how anxiety and other intense feelings were often avoided by individuals and organisations. Much more needs to be done to help social workers recognise and tolerate hostility and hate, to not retaliate and to enact compassion and care towards service users.

At the heart of social work is a value base that urges practitioners to strive for relationships with service users that are empowering and based on mutual respect. However, some relationships in social work are not like that but are transacted through mistrust, fear, hostility and even hate. One reason social work places such an emphasis on achieving empowering reciprocal relationships is because it is assumed that service users are voluntary and want a service (Barber, 1991). While social work literature and policy stress the importance of 'user engagement' and working in 'partnership', 'the reality is that most social work relationships are involuntary' (Smith et al., 2012, p. 1462) because the person receiving the service does not freely enter into it.

We even lack an agreed language to refer to people who don't want a service (McLaughlin, 2009). With respect to people experiencing mental distress and detained through the use of compulsory powers, Beresford (2005) suggests the term 'service refusers' might be more appropriate. As people who have no desire to use a service are not 'service users' in any

meaningful sense, the term 'involuntary client' seems a more honest, accurate way of representing the relationship. Recognition of involuntary clients and the complexity of such work has grown in recent years (Calder, 2008; Rooney, 2009; Trotter, 2015; Tuck, 2013). High profile cases where children were harmed or died despite extensive professional involvement have heightened awareness of what Laming (2009) called 'resistant and deceitful parents'. Sudland (2020) shows how working with 'high-conflict' parents and families is enormously emotionally and practically challenging. Some research suggests that in such high-risk cases intimidation and physical violence towards social workers by family members are quite common (Littlechild, 2005; Stanley & Goddard, 2002). Verbal aggression and threats have been found to be commonplace and have detrimental consequences (Robson et al., 2014), while significant numbers of workers have felt that the impact of the violence and parental hostility on them was minimised and mismanaged by their managers and this adversely affected their practice and the quality of protection that children received (Hunt et al., 2016). Notions such as 'respectful uncertainty' (Laming, 2009) have been coined to try and capture the delicate balance of trust and doubt that social workers need to achieve. Strengths-based practice models such as Signs of Safety include techniques for advancing such work (Edwards & Turnell, 1999; Turnell & Essex, 2006). Within the literature on relationship-based practice (Ruch et al., 2018) there is recognition of the complexity of working with strong feelings and dealing with aggression and hostility (Cook, 2020; Smith, 2018). Turney (2012) argues that recognition, respect and a degree of reciprocity are key elements of an ethically grounded relationship-based practice with involuntary clients.

However, what is mostly absent from the literature is attention to what 'involuntary' relationships look and feel like *in practice* and how they are actually conducted in real time. Much more needs to be learned about how relationships based on mutual suspicion are sustained over time, or break down, and how the feelings generated by tense, often conflictual and sometimes frightening encounters are dealt with and the implications for keeping children safe. How professionals can have a relationship with someone who does not even want to be involved with them is one of the most difficult, important and yet under analysed dilemmas in social work.

This paper seeks to contribute to filling this gap in knowledge by drawing on an ethnographic study that used participant observation to explore how social workers establish, develop and sustain long term relationships with children and parents in child protection cases and how this is influenced by organisational life, staff support and supervision. Fifteen months of fieldwork were spent with social workers, the first three months of which were used to identify a sample of 30 cases that were then shadowed for as long as they were open for up to a year (Ferguson et al., 2019).

The research found that different kinds of relationships became established between social workers and families in long-term casework. Some were cooperative from the start, and therapeutic, or became that way having begun with the service users not wishing to have social work involvement (see, Ferguson, Warwick, Disney, et al., 2020). Some parents were opposed to child protection involvement and this type of relationship was often hostile and remained that way. It is the latter kind of work and 'hostile relationship' that is the focus of this paper, which has two aims: to draw on case-studies of long-term casework with 'involuntary' clients to show what it looks like, feels like and involves for both social workers and service users; and secondly, to add to the literature on relationship-based practice by developing the concept of a 'hostile relationship'.

The paper draws on a range of psycho-social theories to show the complex dynamics of hostile relationships, the emotional demands they place on social care staff and service users and the impact on individual workers, teams and organisations of working with or avoiding such hostility (Holway, 2015).

Researching long-term practice and relationships

The 15 months of fieldwork were conducted simultaneously in two Local Authorities in England and the research team spent a total of 402 days in the field. We had no way of knowing at the outset how long the 30 cases (15 at each site) we sampled would be open for and in the event 12 were shadowed for the full 12 months, one for eleven and 22 were shadowed for at least eight months. A total of 271 practice encounters between social care staff and service users were observed, 146 of which were home visits. Fifty-four staff supervisions were observed and 54 interviews took place with families, some of which involved up to three interviews with the same families over the course of the year. We also extracted data from social work case files about the total work that was done over the year (Leigh et al., 2020). Mobile research methods were used so we could travel with practitioners, interviewing them on the way to and from home visits and other places where children and families were seen (Disney et al., 2019). The practice encounters between practitioners and service users were observed and audio-recorded. Similar close attention was given to observing and recording encounters between staff in the social work offices, soaking up atmospheres and organisational cultures. A case study method was adopted by bringing together all the data on each case and this provided 30 very detailed case studies of long-term social work practice. Due to the large size of each case-study and the insights they give into the detail of practice the paper is focused around a small number of cases. The chosen cases are what Wengraff (2001) calls the 'focal' or 'gold-star cases' within qualitative research samples that deserve attention because they not only tell their own story but illustrate the general research findings particularly well. The research was funded the Economic and Social Research Council and ethically approved by the participating social work agencies and universities. Professionals and families were only shadowed and interviewed if they gave informed consent. While the case examples used here reflect actual events and findings, details have been changed to protect the anonymity of the families, professionals and research sites.

The approach to participant observation that was adopted enabled attention to be given to the senses, emotions and lived experience of face to face practice and organisational life over time (Ferguson, 2016; Pink, 2015). This involves the researcher staying close to participants' experience and writing in ways that intertwine events and emotions as they were experienced in real time, ensuring accounts of practice maintain their 'aliveness' (Holway, 2015, p. 123). In presenting the findings key scenes from the data are selected that typify what was said and done and the atmospheres of encounters and experiences over time, their smells, sounds, moods, emotional textures – in essence, how the work and relationships *felt*. This qualitative longitudinal approach (Neale, 2019) enables the drawing out of key patterns of relating between social workers and service users and how they were influenced over the course of a year by the ebbs and flows of what was going on in the family and the organisation – what we have elsewhere called the 'seasons of social work' (Ferguson et al., 2019).

In facing head on the difficult experiences and emotions that hostile relationships involve, the paper draws on social theories that are helpful in thinking about such emotional and relational complexity. The power social workers have to intervene into people's lives must be understood in terms of the lack of social power and status service users typically have. The persistent stigmatising of the poor and of black and minority ethnic communities make them into marginalised 'others' who provoke fear and contempt (Tyler, 2020). Service users in child protection cases have increasingly been framed through such discourses as disgusting 'others' (Warner, 2015). While social workers are trained to understand marginality and how fear of the 'other' is socially constructed and to counter it through anti-oppressive practice, at a psychological level direct contact with people from such social groups can still provoke anxiety and be experienced as a threat to the integrity of the self. This is exacerbated by how at a social level the social work profession is constructed as a 'bad object' into which the media, politicians and the general public project their rage and attack it for perceived failures in keeping children safe (Valentine, 1994).

Freud's work and psychoanalytic theory as developed by Klein (Salzberger-Wittenberg, 1970), Winnicott (1949) and Bion (1962), argues that professionals' capacities to think clearly about and relate to the service user (referred to as 'transference') is particularly influenced by the level of anxiety the professional experiences and what the service user projects into them (referred to as 'counter-transference'). To care about someone and be helpful requires a capacity to become emotionally attuned to their experience, to think about why they present in the ways that they do and to not retaliate when they are angry and upset. This is extremely difficult for professionals to do when they are constantly under attack by service users and rage and hate are projected into them. As Winnicott (1949) showed, feelings like hate are experienced and acted out unconsciously by professionals and not just service users. This analytical approach also sensitised the research to how not only individuals defend the self from unbearable feelings, but entire organisations erect defences that impede thinking and reflective practice (Cooper & Lousada, 2005; Whittaker, 2011). Developing Winnicott's work, Kahr (2020) uses the metaphor of hostile clients throwing 'bombs' into encounters with professionals, causing 'psychological shrapnel' that workers and clients have to find ways to survive. Professionals are liable to retaliate and throw some bombs of their own into relationships and are involved in a struggle not to be hateful and punitive towards the service user. That struggle is at the heart of this paper.

Involuntary relationships

Within the sub-sample of cases where service users did not want a service there were different degrees of resistance and discontent. Some families reconciled themselves to the inevitability of statutory involvement, were not overtly aggressive towards social workers and tried to make the best of circumstances to promptly get workers out of their lives. In other cases parents were extremely unhappy, often hostile and remained that way. As will be shown however, this hostility was not simply a result of parental attitudes or personalities, it was also relational and a product of social worker attitudes and how the interactions between families and professionals developed into hostile *relationships.*

Twenty-five encounters took place between social work and the 'Jones' family over the year and there would have many more if the parents had permitted it. The concerns surrounded neglect of the three children, aged 6, 8 and 10. Social workers always undertook joint visits and the 11 encounters we observed were characterised by anger, acrimony and frustration. The parents attempted to take charge by interrupting, shouting and making accusations – that social workers are untruthful, inconsistent, hypocritical and 'in cahoots" with other professionals. Social workers at times raised their voices, argued with and talked over the parents. After a period of involvement, things got so bad that having let the social workers into the home the parents walked out and hovered around the front door. The practitioners tried to relate to the children in the home and saw them at school, but the parents soon blocked that too. The awkwardness of these encounters was painfully obvious; contempt and hate filled the air. When interviewed during month seven of the research Mrs Jones was scathing:

> it was uncomfortable and it has got worse and worse the longer it has gone on. We felt like we were being judged obviously, which we are, nothing has properly been explained to us. We have been lied to actually from social services, blatant lies to our face so there is definitely no trust or anything there. They seem very aggressive, and very argumentative and sometimes patronizing … From our point of view it seems like they are trying to pull the whole family apart. All of the experiences so far have been very bad and they keep coming round and saying, "well, we are here to help". Well, no, you're not because you're just causing problems and making everything a lot worse and worrying people and stressing people out rather than actually doing anything to help anyone. It has caused a load of stress, headaches, made us sort of feel ill in ourselves.

The social workers meanwhile, regarded the parents as being responsible for the lack of cooperation and saw this as further evidence of their problematic parenting. In child protection work with involuntary clients what constitutes fair, proportionate and respectful practice is inevitably contested.

This can also be seen in the case of the 'Lewis' family. They were seen 24 times by social care over the course of the year – they too prevented/avoided more visits – and we observed 15 of these encounters. There had been significant concern for the two children aged 4 and 5 from early in their lives due to their father's drug abuse and violence towards their mother. The social worker, who had known them for over two years, was so used to the family pretending not to be in that she no longer waited for them to answer but would knock and immediately walk into the house. The parents – Ron and Angela – didn't like it, but it enabled the worker to see the children with whom she had a good relationship. In Month 3 of being shadowed, there was yet another incident of the father being found to be in the home, despite being told he was too big a risk to be there, and the social worker Rebecca made a home visit:

> Although there was a polite greeting there is an intense atmosphere. Rebecca in particular seems really angry with Angela and Ron, she doesn't hold back as she notes Ron's presence and the complete lack of engagement with the Child Protection Plan. Ron barely acknowledges the conversation initially, although it's largely aimed at him. Angela obviously does not see the problem with having Ron in the home. Both deny it and Rebecca threatens to do spot checks in the middle of the night. Ron leans back, puts his arm behind his head and splays his legs. Angela continues to have her feet up, snuggling into the sofa. There is a remarkable contrast between Rebecca, who sits rigidly and tensely upright on the sofa, and Ron and Angela who give off an air of not caring. Rebecca raises her voice to talk over them, she talks about the

concerns of nursery. Ron, who was so placid and uncommunicative earlier, begins to seethe. He demands to know what the nursery workers are saying about him, complaining that there are never any concerns when he pick ups [youngest child]. Ron begins to raise his voice, he waves his hand around in a gesture of frustration, raising his voice louder still. Rebecca tries to bring it back to Angela and Ron's relationship, but they don't understand what she means ... Ron paces around, in and out of the kitchen and living room. You can feel the anger coming off him, anger with Rebecca and her manager for how he feels he's being described, anger with Angela for seeking to go back to court and complaining no one helps him.

(Field notes, month 3)

In forcefully challenging the parents, the social worker did not disguise her annoyance with the lack of progress and ongoing risk to the children and she just about maintains her composure in the face of the father's behaviour. In working with on-going hostility, social workers face huge challenges in maintaining their professionalism by having empathy for service users' fears and not retaliating. While the above examples illustrate how social workers may consciously channel their anger into challenging parents, the danger is that they unconsciously return the hate service users have projected into them and become punitive but are not aware of it. This is what Winnicott (1949) called 'hate in the counter-transference'. All the parents we interviewed who were involuntary clients felt social workers crossed the professional line and were punitive and persecuting. The threat by Rebecca the social worker to do spot checks in the middle of the night expressed her commitment to checking on the children's safety, but because it was so unrealistic it can be construed as retaliatory. Nothing changed and by the end of the research the children had been removed. These skirmishes, the anger, threats and walk outs, all delivered in highly personalised ways, show how incredibly emotionally and intellectually demanding these hostile relationships are for everyone concerned. But because of the child protection concerns, neither families nor social workers can walk away, and somehow a relationship based on hostility has to be sustained.

Sustaining hostile relationships over time

Having shown some general features of social workers' and involuntary clients' experiences, the paper will now develop these insights by exploring in-depth how hostile relationships developed and were sustained over time. This will be done by focussing on one case-study, which makes possible the kind of in-depth analysis necessary to show how the casework was done, the dynamics of hostile relationships and the ebbs and flows of the social worker – service user encounters and organisational life over the course of the year.

'Roberta Dixon' had two children, who were not in her care but resident with their relatives for the past two years, and she saw them occasionally. They had been on child protection plans due to concerns about physical abuse. Roberta was now pregnant and described in the referral as having a history of violent and abusive relationships where she was at times suspected to be the perpetrator. In the 12 months there were 68 face to face encounters between social care and the family. Some 30 of these were done by social workers and their managers. The Family Support worker based in the team also made eight home visits, while the intensive family support service (external to the local authority) made 21 visits in a short period at the end of the year of casework we shadowed. Most of this work was done in the second half of the year. Despite her overt

hostility to social care, Roberta consented to being part of the research. Twenty-one of her encounters with social care were observed by the researchers (12 social worker home visits, two family support worker home visits, three child protection case conferences, two inter-agency 'Core Groups' and two court sessions). Practitioners were interviewed numerous times about the case, both in situ as events were unfolding and in formal research interviews. Roberta was interviewed for the research on three occasions: in Months 6, 8, and 12.

The initial social work response was to ring Roberta who responded by saying she does not want anything to do with social workers and would not meet with them. She told the worker they were being rude and that she would search their name on the internet and then hung up. Soon after, Roberta rang the office twice to tell the team manager (Olivia) she was angry with her, and the researcher could hear her shouting a barrage of abuse at Olivia and demanding a complaint form. Because Roberta's two children were not in her care, it was treated as an 'Unborn' referral and not urgent. So it was seven weeks after the initial referral that face to face contact was made with Roberta on a home visit. While this lack of contact could have been a relief to Roberta, it may also have triggered feelings of abandonment and meant that the opportunity to intervene early to try and build a relationship was squandered.

The first home visit was done by the team manager, Olivia, due to the social worker Susan's unavailability. From the start social workers always visited in pairs because Roberta was regarded as dangerous. Roberta showed her feelings as soon as the two social workers arrived and were parking up, by standing on the doorstep and then forcefully slamming the door to her house. The atmosphere of the visit was extremely tense, as typified in this scene:

> Olivia mentions the assessment document and goes through the different columns of the assessment and acknowledges it was filled in without having met Roberta. Olivia is good at asking Roberta to help her fill it in – it is an attempt to involve her in the process and address power imbalances. . . . Seven minutes into the visit Roberta taps the pen in her hand against her pad of paper irritably while she talks; it feels like she is very angry. The atmosphere feels incredibly tense. Olivia still seems nervous, she talks quietly. Roberta is much louder and really dominates the room. . . . Roberta asks for the document that Olivia is writing on, she takes it and nods as she reads through it, but she does so irritably and the atmosphere, which was better, starts to become tense again. She disputes that she has harmed her children. She sort of laughs dismissively when she looks at things. She tries to gain control of the meeting. She hums a bit while she reads through things, and writes things down on her own pad of paper. Olivia remains largely still, except for nodding to her occasionally. . . . Roberta questions the 'history of drug use' [even though she did agree earlier that she had a history of drug use]. Olivia scratches her face absent-mindedly and then moves her hair out of her face. Otherwise she remains largely still while they talk.

(Field notes, Month 2)

In a staff supervision session a few weeks after this visit, Olivia and the social worker, Susan, agreed that Roberta was preventing the pre-birth assessment by refusing to cooperate. They were alarmed by her aggression, mental health problems and history of alleged violence and concerned that Roberta may hit the (as yet unborn) baby:

Susan: *I'm really concerned about this baby, really concerned' . . . I'm really worried about this baby . . . [I] can imagine her hitting the baby that cries.*

Olivia: *100% just losing it. You only need to say one sentence –*

Susan: *And whack!*

Olivia: *And straight away ((makes hitting noise)).*

Susan: *And I really, I really feel worried.*

Olivia: *If she's not working with us and we can't get into the home it's not safe enough for her to take that baby home, end of story. So, we seek legal advice before if she's not working.*

Although Susan had some telephone contact with Roberta, she had not yet met her face to face and it would be another two months before she does. The social worker and manager both used this supervision to offload anxiety and fears about Roberta, which served to cement her identity as dangerous. Whilst Roberta's behaviour was frightening, if one function of supervision is for managers to support workers emotionally and in being critically reflective about parent-child relationships (Davys & Beddoe, 2010) it didn't happen. It is striking how these two colleagues wound themselves up into a kind of frenzy about Roberta's dangerousness, including imagining and enacting the 'whack!' of her assaulting the baby. But Olivia had been on the receiving end of Roberta's anger and was already deeply emotionally enmeshed in the casework, which prevented her from achieving the kind of detachment necessary to critically reflect and think clearly about the work.

It was nine weeks after the first home visit when the next face-to-face contact with Roberta occurred, at a multi-agency 'Core Group' meeting. Prior to the birth, two case conferences took place, at the first of which Roberta expressed huge anger towards all the professionals and her unborn child was placed on a child protection plan. The decision was that it was highly unlikely that she would be allowed to keep her baby and Roberta stormed out before the end of the meeting.

In Months 5 and 6, a pre-birth Parenting Assessment was completed by an independent social worker that involved four home visits and over the same period two home visits were undertaken by the family social worker. As time passed, Roberta became more cooperative with professionals and was seen in a very positive light by the independent social worker. The statutory social workers recognised that Roberta seemed different – as Susan put it, 'she's a changed woman' – but their narrative remained negative, that she was manipulative, hadn't really changed and that it was 'disguised compliance'. This use of the notion of disguised compliance was highly problematic because it placed the service user in a lose-lose position where they could never prove their sincerity or worthiness as a parent (Leigh et al., 2019). The social worker and manager were very annoyed by what they saw as the independent social worker's overly positive assessment, implying that tough questions about Roberta's anger and alleged violence had been avoided. The independent social worker's report had a significant impact on the second case conference and the decision was that Roberta would be allowed to keep the baby, who would remain on a child protection plan.

It is possible that Roberta was showing a capacity to respond to the empathetic approach of the independent social worker, whose report did indeed give limited attention to the risks represented by her. Statutory social workers on the other hand, by seeing Roberta through a lens of dangerousness, did not relate to the caring, loving side of her.

Following the work of Klein (1946) there is evidence of psychological 'splitting' occurring here, which is a defence mechanism for dealing with intense anxiety and other unbearable feelings. Cooper (2018, p. 32) describes how individual professionals and whole systems can 'lose their heads' with anxiety, become reactive and stop thinking and how 'case dynamics become split very quickly'. A 'bad' object is created into whom unbearable feelings are projected and a 'good object' becomes the recipient of positive evaluations, respectful loving feelings and is idealised. From the outset the child protection social workers internalised a view of this mother as a 'bad object', which was the lens though which they made sense of her. Meanwhile the independent social worker who completed the pre-birth parenting assessment related to the mother as a 'good object' and could see nothing of the danger others were preoccupied with. This splitting into love and hate was also evident in Roberta's narratives when interviewed for the research as she expressed her complete admiration for the independent social worker and her intense dislike of the statutory social workers, Olivia in particular. When such splitting occurs, relationships and the work suffers because sound assessments and decision-making require practitioners and the whole system to be in touch with as many dimensions of the emotional dynamics as possible and connected to the complexity of being human – the 'good' and the 'bad' in us all (Cooper, 2018, p. 32).

Roberta's baby, Amy, was born in Month 6 and very regular social care visits began. Four home visits were made by social workers in the first few days after Roberta and Amy went home from hospital, after which in Months 7 and 8 the pattern settled into weekly home visits, which were either announced, ie Roberta knew when they were happening, or unannounced, when she didn't.

The initial couple of home visits by Olivia after mother and baby went home were quite harmonious, as the following typical scene illustrates:

> Roberta talks about how she has changed as a person – she was only 16 when she had [first child]. She says it's important for her that Amy and her other children have a relationship. Roberta does sound quite different – she gives off the impression that she understands she did harm her other children. She wants to show us photos of them, she retrieves them from the sofa next to me. I help hold open the box so she can grab the photos as she is also holding Amy ... There is a much warmer and comfortable atmosphere suddenly. Olivia has responded so well to the photos, smiling and saying how lovely they are, how nice the children look.
>
> (Field notes, month 6)

A visit that Susan and Olivia made together later in Month 6 was more typical of the pattern of relating that became established:

> Susan took the lead, knocked on the door and Roberta led us into the kitchen. Amy is in a car seat under the sink in the gap where a dishwasher or washing machine usually goes. Roberta is cooking. Susan tells Roberta how gorgeous the baby is. Olivia and Susan ask Roberta lots of questions about the practicalities of baby care. Seven minutes into the visit Roberta moves forward and picks the baby up. Susan moves to her right to allow this and suggests they move to another room. This move is engineered by the social worker who leads the way despite Roberta saying there are no seats in the sitting-room. Eight minutes into the visit and everyone has moved into the sitting room where Roberta sat on a stool. There is in fact a settee and other chair but they are covered in stuff, so Olivia and Susan remain on their feet and stand for the entirety of the visit. The social worker offers financial help while benefits are being sorted to

take account of the baby's arrival. Susan has a powerful tone of helpfulness in her voice, really encouraging Roberta to accept help and conveying the genuineness of the offer.

Here Susan was meeting Amy for the first time and while she made genuine efforts to recognise the baby's presence, she did not get physically close to her, which we had observed her doing on visits to other infants. There were occasions when the relationship between Susan and Roberta seemed better, however this didn't last. During Month 7 another social worker co-worked with the family with Olivia because Susan was unavailable, and this is a scene from their first/introductory visit:

Roberta leads the social worker into the sitting-room. There is nowhere to sit and after 2 minutes the social worker gets down on her hunkers. She gives a minimal explanation as to why she is getting involved and where Susan is. Roberta tries to get more information from the social worker about Susan but is given a vague reply that this new social worker will be coming to visit for a while. Within five minutes the social worker tells Roberta to be careful to hold the baby's head so that it doesn't flop and Roberta responds angrily that she knows how to care for a baby. The social worker is very emotionally flat. She shows no excitement or pleasure at meeting the baby. In fact she does not actually properly meet the baby at all in the sense of going up to her and attuning to her by, for instance, looking into her eyes, making noises. Amy was awake when we arrived and the social worker kept a significant physical distance from her and her mother for the duration of the 21 minute visit. To the worker she seemed to be merely an appendage to her mother.

The new social worker's withholding of information about where Susan was, her lack of attention to the child and disrespectful approach to the mother felt punitive and made a difficult situation and hostile relationship even worse.

Social care then began to worry about an apparent downturn in Roberta's mental health and other agencies also expressed concerns about her well-being and capacity to care well enough for Amy. Due to this, nine social care visits occurred in the first half of Month 10 alone, mostly by Susan. The difficult, tense, conflict laden dynamics of these visits replicated those above. The pattern was for social care workers to ask Roberta questions about baby care and other practical things like housing, but there was little attention to her feelings about and relationship with the baby. On most of the visits Roberta sat on the stool holding the baby and there continued to be nowhere for practitioners to sit, which meant they mostly stood for the entire duration of the visit, or spent it crouched on their hunkers, which they repeatedly described (to researchers) as awkward and painful. When interviewed for the research around the time these encounters were happening Roberta admitted she deliberately covered the seating to prevent professionals from sitting down, orchestrating discomfort. There is nothing surprising about families who do not want social work involvement using such tactics to keep them at a distance or drive them out. What is striking is that social workers did so little to try and work through these barriers and defences. It seemed like their anxious state of mind was such that unconsciously they colluded in their own distancing, because they did not want to be there.

Then, in Month 11, at a meeting Roberta aggressively challenged everything Olivia said and – as Olivia put it – 'exploded' with rage and threatened her. Olivia was shadowed in the office for the rest of the day and said she was not happy with how she handled the meeting because she felt stressed due to pressure of work and enough attention wasn't given to Roberta's views and feelings. After this meeting the

professionals feared that Roberta would act out her anger on her daughter. Olivia was very upset by Roberta's threatening behaviour and cried at her desk. In talking about it, it is notable how she brought up other times when Roberta was really aggressive towards her and others. Many of the social workers in the team had worked closely together for several years and the researcher established that it was extremely rare for one of them to openly cry in the office. Olivia said she was more worried about the administrative staff seeing her upset than social work colleagues and it being seen as a weakness. She was also trying to contain her emotions to undertake the several phone calls and other tasks now required to ensure this child is safe. She practiced what Ferguson (2018) has called 'suspended self-preservation', where social workers consciously suppress reflection on and acknowledgement of the depths of their feelings to help them get through the work they have to do and protect themselves and colleagues from their suffering.

On a home visit a few days later Olivia was still feeling traumatised by Roberta's attack, couldn't stop crying, felt ill and stayed in the car while Susan and the researcher went into the house. Olivia was observed in supervision that week with her senior manager, who recognised that she was upset but did not pursue this with her, instead moving on to address other high risk cases and staff performance issues in the team Olivia managed. This was discussed with the senior manager in a research interview straight after the supervision:

> Researcher: *Olivia said she didn't want to talk any more about what happened in that situation with Roberta because she'd only get upset again. What were you thinking when she said that?*
>
> Senior manager – supervisor: *I was thinking we'd spoken about it earlier in the week and she had got upset then and I'd heard the story, you know. So, and she, I felt, chose, and it seemed OK to come to the supervision and she didn't want in that setting to be upset and ... so I sort of thought, well maybe that's OK, I don't want to press her on that. But yeah it's a hard balance between, and then you're just avoiding it and let's move on and that's not intelligent, that's just kind of colluding with shutting that sort of discussion down and that emotion down. So, yeah, it's hard and there's, you know, a limit to how much you can get involved in the in-depth of one case when you know you've got another 60 to, to make sure get covered and so on too, really. I mean, you know, there I am talking about that emotion at the beginning of the supervision, half way through I'm talking about, "right, how are you going to a get a grip with this member of staff?" It's quite tough to balance.*

The manager is aware of the importance of providing emotional support to staff in Olivia's situation and in order to protect her had ensured the case was now transferred to a new team. Ultimately however, the emotional support provided was compromised by the manager's regulatory role and their need to address issues such as staff performance, timescales and targets for completing work. The opportunity for reflective, emotionally supportive supervision was sacrificed to the organisational imperative to comply with government-imposed performance indicators that are inspected by the regulatory body, Ofsted. Audit requirements and the pressure for performance data over-rode the need for attention to what was occurring emotionally and viscerally for the workers, mother and baby, alongside analysis of what was going on in the relationship, especially below the surface. This echoes Smith et al.'s (2012, p. 1474) finding that while managerial regimes often advocate a sensitive focus on service user's needs, in reality they 'act against its meaningful realisation by eroding the social work relationship in favour of bureaucratic, procedural systems'.

When interviewed after the supervision, Olivia said she was hesitant about accessing her distressed feelings and reluctant to show vulnerability because she feared judgement. She felt that managerial responsibilities were what mattered most to the organisation and defended herself from unbearable feelings accordingly. Once again, 'suspended self-preservation' was regarded as the safest course, but it only really works as a healthy long-term strategy if the attention to the emotional impact of the work that is being postponed is provided as soon as possible. And it never was. This lack of attention to the emotional dynamics and effects of the casework contributed to social workers' relationship with the child remaining detached. As the social worker Susan explained at the end of the year of research, this was the first baby she had worked with in several years as a social worker who she had never got close to, touched or held as part of forming a relationship. This shows how even in long-term work where such children are regularly 'seen' by practitioners, they can be kept at a physical and emotional distance (Ferguson, 2017; Winter et al., 2017).

By month 11 of the fieldwork the cumulative concerns about Roberta and her parenting resulted in the local authority trying to remove Amy from her. This was averted in part by Roberta agreeing to the intensive family support service working with her. In her final research interview at the end of the research fieldwork (month 12) Rebecca still had custody of her daughter but expressed how she regarded the attempt to remove her as a persecutory, punitive response. While there is no doubt that Roberta could be a frightening person, and that she and her child were vulnerable, the possibility that she was right and that at an unconscious level this was a retaliatory act cannot be ruled out.

Discussion

This paper has presented what the research shows about the nature of hostile relationships in social work and how enormously difficult it is for all concerned to begin, develop and sustain them over time. It has sought to convey the lived experience of being involved in such casework, the struggles over space and the rights service users have, or don't have, to refuse professionals access to their lives, the tactics of resistance that get played out and the deep emotional effects of such work. Many of the parents in the study began by disliking, fearing and even hating social workers. Through empathetic, strengths oriented practice and skilful use of relationship-based practice, some of these parents were helped to transform ambivalence and hostility into a capacity for cooperation, care and love and they and their children thrived together (for extended examples, see Ferguson, Warwick, Disney, et al., 2020). But in the 12 months of casework we observed where hostile relationships persisted professionals and parents remained deeply mutually suspicious of one another. It is vital to understand the mutuality of this dislike. It is service users who typically are characterised as 'hard to reach', 'resistant', 'difficult', but the social care staff were also often emotionally detached and unwilling or unable to tolerate and 'reach' the parents and children.

As Brett Kahr (2020) shows, when Winnicott (1949) first published his work on 'hate in the counter-transference' there was considerable resistance to it within psychoanalysis and the idea that therapists sometimes hated their clients, but this is now a fully accepted part of psychotherapeutic knowledge. The same cannot be said of social work however,

which urgently needs to face the harsh realities of hostile relationships, the risks of abuses of power they contain, and the enormously difficult feelings they bring up for service users, social workers and their effects on the emotional life of whole organisational systems. The dynamics of how hostile relationships occurred and their implications will now be drawn together on two levels: practice experience and the organisational, and we will focus further on the Dixon case in particular for what it reveals about the impact of trying to sustain hostile relationships over time.

The embodied nature of practice and limitations of home visits

As has been shown, on most occasions interactions between social care and families went on in the home. Visits to families where there were hostile relationships were consistently fewer, more infrequent and shorter than in the other more cooperative long-term case-work observed in the research, which in some cases typically lasted up to an hour (Ferguson, Warwick, Cooner, et al., 2020). The longest home visit to Roberta Dixon lasted 45 minutes and was the very first, as Roberta angrily sought explanations for why social care needed to be involved. After the birth of the baby social work visits lasted between 18 and 33 minutes, which given the high level of concern was short. This can be explained, in part, by how uncomfortable workers felt in the home having to face such anger and aggression (see also, Henderson, 2018; Sudland, 2020). While, as we have seen, some parents, like the Jones's and the Lewis's, sometimes walked out of their own home for some of the time social workers were there, Roberta's resistance was more subtle in how she made sure there was nowhere for practitioners to sit, which left professionals having to awkwardly stand, crouch or sit on the floor.

Workers so often having to stand contributed to an atmosphere that felt like they had not properly settled into the visit. Professionals towering over Roberta merely emphasised their dominance and power – precisely that which she most feared. Social workers told us they were aware of this dynamic and the need to, as they put it, 'get down to the service user's level', which (it was assumed) would create a greater sense of equality in the relating and enable conversation to flow, which was why they crouched for as long as they could physically bear it. It is crucial to recognise however the role the service user played in placing the professionals either in an upright, standing position, gazing down at her, or crouching or sat on the floor with her gazing down at them. For Roberta, workers standing over her did not simply signal professional dominance, but because she engineered it, her taking back some power from those she regarded as persecuting her. She told us she took pleasure in their discomfort. However, ultimately for Roberta it was the professionals who had the power, and she felt strongly that they misused it:

they have disrupted my family life and they tried to remove the child from me. To remove a child from someone you have got to say that this child is at significant harm, the child is not at significant harm and she hasn't been throughout this whole process, and they thought it was appropriate to lie . . . [When SWs visited] they were like standing up in the middle of the room and you know sort of like this whole squaring off with me sort of thing. I wasn't given the opportunity for them to understand me properly, I have been to meetings with them and I was told that we can only read out what is important but we don't want to hear from you. This is

what I am basically being told by them and this is a meeting about my child and I can't even voice my opinion or even factual information or correct them on information that is wrong, all I can do is basically sit there and get upset …

(Roberta – final interview)

Being 'squared off' with was in a variety of ways at the heart of how parents saw their experience of hostile relationships. With Roberta Dixon, for instance, some critical thinking and use of good authority by practitioners could have resulted in 'clear the air' conversations and firm but respectful requests to clear seats to enable them to sit down and an overall much more open, negotiated approach (Ferguson, 2011, chapter 12). Its absence arose from how fear and anxiety cause the self to become defended, which stops reflection in action and how this is compounded by the absence of help with critical reflection afterwards in supervision (Ferguson, 2018). Nor did it seem thinkable that sometimes these involuntary clients could be seen somewhere other than in their home, whereas this did happen in some cases we observed that involved cooperative relationships as parents and children were seen in community centres, parks, cafes, or in cars (Jeyasingham, 2018). The emotional impact of hostile relationships paralysed workers and organisations, restricting their minds and actions, confining them in highly constricted spaces where they and parents effectively enacted pathological relationships, taunting and punishing one another. The consequences for parents and children could be huge.

Organisational life and the psycho-social dynamics of hostile relationships

Trying to sustain these torturous hostile relationships is incredibly emotionally demanding. The challenges involved were all the greater because typically social workers had several such cases at the same time and team managers had to provide support for their entire team's caseload of involuntary clients. This was on top of their many other duties. On one occasion when parked outside Rebecca Dixon's home the team manager Olivia spoke of how exhausted she felt having the day before responded to 180 emails and covered home visits for social workers who were on sick leave. She felt at breaking point. Such pressures made giving children and families the full attention they needed and maintaining a capacity to think clearly about them and the dynamics of the relationship enormously difficult.

The workers were conscious that they were, in their own language, 'monitoring' Roberta Dixon's mothering. However, they were not really aware of the primitively anxious nature of their surveillance, the splitting and framing of the mother as a dangerous 'bad object' and the effect of this on the mother and baby. There was genuine fear for the baby's safety, however, a contradiction was that no actual evidence of harmful parenting was discovered by social care. The perceived risk lay in the mother's dangerousness and explosive nature.

Roberta explained vividly in research interviews how she felt persecuted by the surveillance, how she would be watchful at the sitting room window wondering when they were going to call unannounced again and also fearing the announced visits. This mother internalised the anxious surveillance by social care, experiencing it as persecutory anxiety, which in turn made her even more defensive and anxious about their

involvement and her capabilities as a mother. It is very possible that the nature and style of the social work surveillance contributed to the worsening of Rebecca's well-being and it certainly contributed to her reactions to professionals.

In their encounters with families, social care staff brought with them a highly pressurised organisational space which made maintaining a capacity to think analytically about what was occurring in their relationships with service users very challenging, especially at unconscious levels. The reason workers lacked awareness of these dynamics was because there was so little help with getting it. The social work team manager was deeply immersed in the case and had been on the end of Roberta's rage from the start. Thus in supervisions, social worker-manager interactions were fuelled by deep anxiety which at times built up into a frenzy of fear for the baby, and also for their own safety. This left no space for thinking that could help them become aware of the transference and counter-transference, the pathological nature of the relationship and communication and how they could negotiate things like having a place to sit on home visits and having meaningful relationships with children, where they were held as well as seen. As Cook (2020) argues, it is crucial that the risks arising from the complex emotions experienced on home visits and elsewhere are brought to awareness and made into a resource for insight and thoughtful practice.

The nature and depth of organisational defences employed was particularly evident after Roberta 'exploded' and attacked Olivia. She did not want colleagues to see her crying and this avoidance of showing the impact of traumatic experience was compounded by her senior manager not enabling her to express her emotions, so that the managerial goals of improving staff performance in compliance with targets and audits could be achieved. This demonstrates how standardisation and neoliberal governance can impact on social work organisations and influence manager's and worker's experiences (La Rose, 2019). Social work practitioners and managers walk a very delicate line between acknowledging how emotionally demanding and sometimes deeply distressing the work is and not showing that distress and the effects it has on them. They protect one another from the painful realities of the work even whilst deeply immersed in enduring it – feeling it yet not showing it. The teams where the casework with involuntary clients occurred that we have featured in this paper were not uncaring. We regularly observed a culture of attentiveness and mutual support amongst staff and relationships were collegial. They were often helpful to children and parents and many families confirmed this in research interviews. But this must not be taken to mean the teams and their organisations were comfortable with acknowledging the very difficult feelings the work cultivated. Somewhat paradoxically these were not workplaces where sadness, fear, anger, guilt and other painful feelings were easily or openly expressed. There was a deep investment in not showing or fully feeling what was there deep down to be felt. The net result was an entire workforce fleeing from painful feelings. The basis for this was pragmatic in that feelings were suppressed and 'suspended self-preservation' practiced due to the need to keep going to ensure the work got done; and it was psychological, unconscious and defensive arising from the need for organisations as well as individuals to defend the self from unbearable feelings (Cooper & Lousada, 2005; Whittaker, 2011).

The research on the other hand did gain some access to the deeper emotional life of individuals and the organisation. The longer we were in the field the more participants revealed their interior worlds and distress to us. This is exemplified by a social worker we

shadowed on several occasions who, as he talked about the deep emotional effects the work had on him, cried, shook and sweated so profusely that his shirt became soaking wet. This finding is supported by O'Sullivan's (2019) research, where she used psycho-dynamically informed work discussion groups to reach the deep emotional experience of child protection workers. These are the 'suspended' feelings social workers were not getting help to deal with, which because they remain repressed can easily be uncon-sciously acted out against service users in retaliatory ways and that ultimately traumatise workers and burn them out.

Conclusion

Involuntary clients and hostile relationships have a very powerful presence in statutory social work. Acknowledging this and the presence of difficult emotions in the dynamics of hostile and avoidant relationships is a very important way to begin to overcome them. Anxious surveillance infused with persecutory anxiety is clearly not an effective way to deal with the primitive fears such work and relationships bring up. Practitioners and managers need to be provided with supervision that goes below the surface and enables them to recognise how they are really thinking and feeling about children and families and identify the effects of fear, anxiety, and defences such as splitting and the dangers of hate and retaliation (Trevithick, 2011). Professionals need much more training to help them learn strategies that defuse these potentially explosive relationships, recognise their role in co-constructing the hostility, and how to work through resistance and engage with children and parents in respectful, reciprocal ways (Smith et al., 2012; Turnell & Essex, 2006; Turney, 2012). Much greater awareness of spatial dynamics is required and the value of seeing service users in places beyond the home, at least some of the time (Jeyasingham, 2013). Providing parents with advocates who can support them and processes like family group conferences (Mason et al., 2017) can help to re-balance the power dynamics of vulnerable parents, often lone mothers, coping with constant visits by two social care workers. Parental allies can provide a person who has lived experience of the child protection system, who can offer emotional containment, genuine understand-ing and enable parents to feel valued, not just 'bad objects' (Tobias, 2013).

Creating supervisory practices and cultures where these deep feelings, unconscious processes and states of mind can be accessed is very difficult. In attempting to help social work managers provide a model of supervision that could include emotional thinking, Turney and Ruch found that for supervisors it was 'a significant challenge to hold thinking and feeling, process and task together' because they were so used to providing case management orientated supervision which precludes attention to detail and more open-ended conversations (Turney & Ruch, 2018, p. 134). Meeting emotional needs and enabling critical thinking is more likely to happen if the reflective, analytical aspects of supervisory practice ('clinical' supervision) is provided separately from 'administrative' supervision in which managers address performance and audit issues and targets. The more opportunities workers have to reflect on and analyse their feelings and relationships with involuntary clients, the less chance there is they will become hostile relationships and the surer they can be that their work and major decisions (including to remove children) will be done ethically and free from hate and retaliation.

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References

Barber, J. G. (1991). *Beyond casework*. Macmillan.

Beresford, P. (2005). "Service user": Regressive or liberatory terminology? *Disability & Society*, *20*(4), 469–477. https://doi.org/10.1080/09687590500086666

Bion, W. (1962). *Learning from Experience*. Heinemann.

Calder, M. C. (ed.). (2008). *The carrot or the stick? Towards effective practice with involuntary clients in safeguarding children work*. Russell House Publishing.

Cook, L. (2020). The home visit in child protection social work: Emotion as resource and risk for professional judgement and practice. *Child & Family Social Work*, *25*(1), 18–26. https://doi.org/10.1111/cfs.12647

Cooper, A. (2018). *Conjunctions: Social work, psychoanalysis and society*. Routledge.

Cooper, A., & Lousada, J. (2005). *Borderline welfare: Feeling and fear of feeling in modern welfare*. Karnac.

Davys, A., & Beddoe, L. (2010). *Best practice in professional supervision: A guide for the helping professions*. Jessica Kingsley.

Disney, T., Warwick, L., Ferguson, H., Leigh, J., Cooner, T. S., & Beddoe, L. (2019). "Isn't it funny the children that are further away we don't think about as much?": Using GPS to explore the mobilities and geographies of social work and child protection practice. *Children and Youth Services Review*, *100*, 39–49. https://doi.org/10.1016/j.childyouth.2019.02.029

Edwards, S., & Turnell, A. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. Norton.

Ferguson, H. (2011). *Child protection practice*. Palgrave Macmillan.

Ferguson, H. (2016). Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families. *The British Journal of Social Work*, *46*(1), 153–168. doi:10.1093/bjsw/bcu120

Ferguson, H. (2017). How children become invisible in child protection work: Evidence from day-to-day social work practice. *British Journal of Social Work*, *47*(4), 1007–1023. https://doi.org/10.1093/bjsw/bcw065

Ferguson, H. (2018). How social workers reflect in action and when and why they don't: The possibilities and limits to reflective practice in social work. *Social Work Education*, *37*(4), 415–427. https://doi.org/10.1080/02615479.2017.1413083

Ferguson, H., Leigh, L., Cooner, T. S., Beddoe, L., Disney, T., Warwick, L., & Plumridge, G. (2019). From snapshots of practice to a movie: Researching long-term social work and Child protection by getting as close as possible to practice and organisational life. *The British Journal of Social Work*, *bcz119*. https://doi.org/10.1093/bjsw/bcz119

Ferguson, H., Warwick, L., Cooner, T. S., Leigh, J., Beddoe, E., Disney, T., & Plumridge, G. (2020). The nature and culture of social work with children and families in long-term casework: Findings from a qualitative longitudinal study. *Child & Family Social Work*, 1–10. https://doi.org/10.1111/cfs.12746

Ferguson, H., Warwick, L., Disney, T., Leigh, J., Cooner, T. S., & Beddoe, E. (2020). Relationship-based practice and the creation of therapeutic change in long-term work: Social work as a holding relationship. *Social Work Education*. https://doi.org/10.1080/02615479.2020.1837105

Henderson, F. (2018). Difficult conversations on the frontline: Observations of home visits to talk about neglect. In M. Bower & R. Solomon (Eds.), *What social workers need to know* (pp. 31–47). Routledge.

Holway, W. (2015). *Knowing mothers: Researching maternal identity change*. Palgrave.

Hunt, S., Goddard, C., Cooper, J., Littlechild, B., & Wild, J. (2016). 'If I feel like this, how does the child feel? Child protection workers, supervision, management and organisational responses to parental violence. *Journal of Social Work Practice*, *30*(1), 5–24. https://doi.org/10.1080/02650533.2015.1073145

Jeyasingham, D. (2013). The production of space in children's social work: Insights from Henri Lefebvre's spatial dialectics. *British Journal of SocialWork*. https://doi.org/10.1093/bjsw/bct053

Jeyasingham, D. (2018). Place and the uncanny in child protection social work: Exploring findings from an ethnographic study. *Qualitative Social Work*, *17*(1), 81–95. https://doi.org/10.1177/1473325016657867

Kahr, B. (2020). *Bombs in the consulting room: Surviving Psychological shrapnel*. Routledge.

Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis*, *27*, 99–110.

La Rose, T. (2019). Limiting relationships through sousveillance video based digital advocacy: Multi-modal analysis of The Nervous CPS Worker. *Journal of Social Work Practice*, *33*(2), 233–243. https://doi.org/10.1080/02650533.2019.1597693

Laming, H. (2009). *The protection of children in England: A progress report*. Stationary Office.

Leigh, J., Beddoe, E., & Keddell, E. (2019). Disguised compliance or undisguised nonsense: A critical discourse analysis of compliance and resistance in social work practice. *Families, Relationships and Societies*, *9*(2), 269–285. https://doi.org/10.1332/204674319X15536730156921

Leigh, J., Disney, T., Warwick, L., Ferguson, H., Beddoe, L., & Cooner, T. S. (2020). Revealing the hidden performances of social work practice: The ethnographic process of gaining access, getting into place and impression management. *Qualitative Social Work*. https://doi.org/10.1177/1473325020929067

Littlechild, B. (2005). The nature and effects of violence against child protection social workers: Providing effective support. *British Journal of SocialWork*, *35*(3), 387–401.

Mason, P., Ferguson, H., Morris, K., Monton, T., & Sen, R. (2017). *Leeds family valued. Evaluation report*. Department for Education. http://dera.ioe.ac.uk/id/eprint/29566

McLaughlin, H. (2009). What's in a name: "Client", "Patient", "Customer", "Consumer", "Expert by Experience", "Service User"—What's Next? *British Journal of Social Work*, *39*(6), 1101–1117. https://doi.org/10.1093/bjsw/bcm155

Neale, B. (2019). *What is qualitative longitudinal research?*Bloomsbury.

O'Sullivan, N. (2019). Creating space to think and feel in child protection social work; a psychodynamic intervention. *Journal of Social Work Practice*, *33*(1), 15–25. https://doi.org/10.1080/02650533.2018.1460589

Pink, S. (2015). *Doing sensory ethnography*. Sage.

Robson, A., Cossar, J., & Quayle, E. (2014). The impact of work-related violence towards social workers in children and family services. *The British Journal of Social Work*, *44*(4), 924–936. https://doi.org/10.1093/bjsw/bcu015

Rooney, R. (ed.). (2009). *Strategies for working with involuntary clients* (2nd ed.). Columbia University Press.

Ruch, G., Turney, D., & Ward, A. (Eds.). (2018). *Relationship-based social work: Getting to the heart of practice*. Jessica Kingsley.

Salzberger-Wittenberg, I. (1970). *Psycho-analytic insights and relationships: A Kleinian approach*. Routledge.

Smith, M. (2018). Sustaining relationships: Working with strong feelings: Part l: Anger, aggression and hostility. In G. Ruch, D. Turney, & A. Ward (Eds.), *Relationship-based social work: Getting to the heart of practice* (pp. 95–112). Jessica Kingsley.

Smith, M., Gallagher, M., Wosu, H., Stewart., Cree, V., Hunter, S., Evans, S., Montgomery, C., Holiday, S., & Wilkinson, H. (2012). Engaging with involuntary service users in social work: Findings from a knowledge exchange project. *The British Journal of Social Work*, *42*(8), 1460–1477. https://doi.org/10.1093/bjsw/bcr162

Stanley, J., & Goddard, C. (2002). *In the firing line: Power and violence in child protection work*. Wiley.

Sudland, C. (2020). Challenges and dilemmas working with high-conflict families in child protection casework. *Child & Family Social Work*, *25*, 248–255. https://doi.org/10.1111/cfs.12680

Tobias, D. (2013). *From pariahs to partners: How parents and their allies changed New York City's child welfare system*. Oxford University Press.

Trevithick, P. (2011). Understanding defences and defensiveness in social work. *Journal of Social Work Practice*, *25*(4), 389–412. https://doi.org/10.1080/02650533.2011.626642

Trotter, C. (2015). *Working with involuntary clients: A guide to practice* (2nd ed.). Sage Publications, Allen Lane.

Tuck, V. (2013). Resistant parents and child protection: Knowledge base, pointers for practice and implications for policy. *Child Abuse Review*, *22*(1), 5–19. https://doi.org/10.1002/car.1207

Turnell, A., & Essex, S. (2006). *Working with denied child abuse: The resolutions approach*. Open University Press.

Turney, D. (2012). A relationship-based approach to engaging involuntary clients: The contribution of recognition theory. *Child and Family Social Work*, *17*(2), 149–159. https://doi.org/10.1111/j.1365-2206.2012.00830.x

Turney, D., & Ruch, G. (2018). What makes it so hard to look and to listen? Exploring the use of the cognitive and affective supervisory approach with children's social work managers. *Journal of Social Work Practice*, *32*(2), 125–138. https://doi.org/10.1080/02650533.2018.1439460

Tyler, I. (2020). *Stigma: The machinery of inequality*. Zed Books.

Valentine, M. (1994). The social worker as 'bad object'. *The British Journal of Social Work*, *24*(1), 71–86.

Warner, J. (2015). *The emotional politics of child protection*. Policy Press.

Wengraff, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage.

Whittaker, A. (2011). Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review? *Journal of Social Work Practice*, *25*(4), 481–495. https://doi.org/10.1080/02650533.2011.626654

Winnicott, D. (1949). Hate in the counter-transference. *International Journal of Psycho-Analysis*, *30*, 69–74.

Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F., & Holland, S. (2017). Exploring communication between social workers, children and young people. *The British Journal of Social Work*, *47*(5), 1427–1444. https://doi.org/10.1093/bjsw/bcw083