

The home visit in child protection social work: emotion as resource and risk for professional judgement and practice

Abstract

This article conceptualises the role of emotion in social work home visits. It draws on findings from a qualitative study of initial child protection home visits in the UK. The research used narrative interviews and focus groups to examine how emotions arising from visits were registered in social workers' narratives. These visits were often challenging; social workers needed to manage their own emotions and those of the family, while at the same time investigating concerns and assessing need. This article identifies seven key emotional experiences associated with the home visit from the perspective of the social worker: going into the unknown; being intrusive; being disliked; fear of harm to self; fear of causing or allowing harm; pain, disgust and distress, and 'absorbing' emotion. It is argued that emotion plays a central role in home visiting and that professionals' emotional responses have important implications for the way they make sense of, and manage, home visits. Emotion is therefore conceptualised as both a potential resource and risk for social workers' professional judgement and practice.

Introduction

Child and family social work is 'emotion work of a high order' (Howe, 2008: 1). The impact of austerity on child welfare systems in the UK, Europe and the US has increased the existing emotional demands placed upon social workers. As such, there has been renewed interest in the impact of emotion on social workers' judgements, both in the UK (Winter *et al*, 2018) and internationally (Lavee and Strier, 2018; Mänttari-van der Kuip, 2016). The home visit is a key site for assessment across child welfare systems and has been described as social work's 'totem technique' (Margolin, 1997:26). During home visits, social workers are tasked with making assessments of risk and need and investigating emotive issues, such as abuse and neglect. Home visiting has therefore been recognised as a particularly intense form of 'emotional labour' (Winter *et al*, 2018). Some research suggests workers' emotional responses can pose risks for their professional judgement during assessment (e.g. Kirkman and Melrose, 2014). Using a psychosocial lens, this article offers a new perspective, examining both the benefits and risks of emotion for professional judgement. Social workers' initial hypotheses based on their first encounters with families are highly influential in determining the trajectory of the family through the social care system (Munro, 1995). The present research therefore examines the role of emotion in relation to a specific, and crucial, part of assessment– the initial home visit. Using a psychosocial approach, this article provides a conceptualisation of the relationship between emotion, professional judgement and practice. It concludes with policy and practice recommendations to maximise the benefits and mitigate the risks of emotion for professional judgement.

1.1 Emotions and social work assessment

Experiencing an emotion is a complex phenomenon involving subjective, expressive and behavioural responses (Howe, 2008). In the grip of anger, for instance, our hearts race, our faces flush and our posture changes. Emotions are also accompanied by feelings – the thoughts, associations and mental states evoked by emotion (Damasio, 1994). Our emotional responses perform an important evolutionary function; they protect us from danger by providing an immediate sense of whether we should approach or avoid objects or people, often before we are able to articulate why (Ekman, 1992). Within neuroscience, emotion has been identified as a necessary component of reasoning, particularly in situations characterised by uncertainty and multiple variables (Damasio, 1994). Within assessment encounters, such as the home visit, the emotions of the worker may therefore represent ‘deep level signals about information that demands attention’ (Morrison, 2007: 225). It has been hypothesised that emotion plays a vital role in social work assessment (Ingram, 2015) and that Emotional Intelligence (EI) - the capacity to identify, manage and respond to emotion – is key to effective professional judgement and practice (Morrison, 2007). Psychosocial perspectives on emotion emphasise how social relations involve complex emotional transactions (Trevithick, 2011). From a psychosocial perspective, our emotional responses to social encounters with families (referred to as countertransference) can provide important information about unexpressed emotions and dynamics within the family (Trevithick, 2011). Despite this, there is relatively little empirical research examining how emotions might be facilitative in terms of professional judgement, and how social workers *use* emotion to help them navigate and make sense of encounters with children and families.

Recent research has emphasised the ‘emotional labour’ involved in home visits (Winter et al, 2018). Making sense of children’s experiences in the context of child protection necessarily involves sharing in the painful experiences of their lives (Howe, 2008) and confronting the ‘emotionally indigestible’ (Cooper, 2014: 271) facts of child abuse, neglect and deprivation. These emotional demands may be compounded in the context of financial austerity; social workers may experience ‘moral distress’ where lack of resources renders them unable to provide necessary support for families in need (Mänttari-van der Kuip, 2016: 86). From a psychosocial perspective, painful or potentially overwhelming emotions (such as helplessness, or fear) are managed or avoided through defences. Rigid procedural adherence, for instance, may help manage anxiety engendered by the work (Whittaker, 2011). However, defences against emotion can also distort reasoning (Trevithick, 2011) placing workers’ capacity for thinking ‘under fire’ (Bower, 2005: 138). Existing research on home visits in child welfare suggests that intense emotional experiences within the family home can immobilise social workers, leading to professional paralysis and a loss of child focus (Ferguson, 2016).

2. The study

This doctoral research project was undertaken between 2012-2016. It examined social workers’ accounts of undertaking initial home visits in child protection, aiming to answer the following questions: how do social workers use their observations and experiences within the family home to arrive at an initial judgement? How do social workers use and manage their emotional responses during an initial visit? This article focuses on the second of these questions.

The study was granted approval from the University Ethics Committee. Two UK local authorities were approached and agreed to participate in the study. Informed consent was sought from each participating worker.

2.1 Interviews

The interview sample (n=18) consisted of qualified social workers in five statutory assessment and intervention teams across two local authorities. The researcher visited the teams to recruit participants. Of the 37 social workers who provided consent at these initial meetings, 18 (15 female, 3 male) subsequently made themselves available for interview. Participants had a range of post-qualifying experience:

Years in practice	under 2 years	2-5 years	5-6 years	6-11 years	20+ years
Number of participants	5	2	5	3	3

Each interview focused on a worker's experience of a specific, initial home visit. Workers were asked to select a visit where they were a) meeting the family for the first time and b) able to contact the researcher immediately following the visit. Telephone interviews were undertaken with individual workers in their parked cars soon after they had left the home visit. This novel approach captured workers' immediate responses and their attempts to make sense of the visit. The 'contingencies of fieldwork' can make telephone interviewing a practical solution to accessing participants (Sturges and Hanrahan, 2004: 107). Conducting interviews by telephone had two main benefits. Firstly, it allowed the researcher to capture social worker's narratives at a crucial moment. Secondly, and perhaps due to a lack of visual cues from the researcher (Novick, 2008), telephone interviews prompted workers to engage in a kind of reflective reverie about the visit. A narrative-inducing question was used: 'Tell me the story of the home visit you have just been on today in as much detail as you can remember' which elicited rich, detailed narratives from workers. Following the principles of the Free Association Narrative Interview (FANI) (Hollway and Jefferson, 2011) the interviewer used a) minimal prompts b) avoided 'why' questions and c) phrased follow-up questions using participants' own terms. Following their initial encounter with the family, social workers needed to arrive at a professional judgement e.g. whether to close the case, to escalate concerns, to engage in a programme of intervention or seek further information. Towards the end of the interview, workers were asked what they were intending to do next in relation to the case. The length of these interviews varied from 35 minutes to 1 hour 23 minutes. The average was just under one hour. An audio recording was taken of interviews (and focus groups). Recordings were stored on a secure server and were destroyed post-transcription. Transcription and analysis of data was undertaken by the author.

2.2. Focus groups

While the interviews focused on a specific initial visit, two focus groups captured workers' broader experiences of assessment visits. The aim was to set the initial home visit narratives in the context of workers' general experiences of undertaking visits. To avoid duplication of data, focus group participants were recruited from different teams. One focus group involved five social workers (2 female, 3 male), the other four (3 female, 1 male). Participants were invited to share their experiences of assessment visits using the FANI approach described above. In their responses, workers provided vivid accounts of memorable visits, and reflected together on the emotional aspects of home visits.

2.3 Analysis

Psychosocial analysis, (Clarke and Hogget, 2009) which makes use of psychodynamic theory, provided a framework for analysing focus group and interview data. Interview data was analysed first. The analysis was two-stranded, combining 'process' and 'systematic' components.

Psychosocial researchers are concerned with the 'dynamics of the research encounter' (Clarke and Hoggett, 2009: 11), attending to what Mintz (2014: 73) refers to as the 'emotional register' of data. Consistent with the goals of psychosocial research, the first strand of the analysis examined 'process' within each of the interviews: the unfolding research encounter itself, the dynamics between researcher and respondent, the structure and emotional tone of the worker's narrative performance. This included the 'contradictions, elisions', 'avoidances' and absences (Hollway and Jefferson, 2008: 310) within workers' narratives of the visit (such as a lack of expected emotion, for instance). During this stage of the project, the data was presented and discussed at several reflective analysis groups at the Tavistock Centre to ensure that, from a psychosocial perspective, the researcher was not 'over-identified' with the data. This case-based approach allowed a fine-grained, in-depth analysis of the 18 home visit narratives. The second 'systematic' strand used a bottom-up, inductive approach, identifying key themes and commonalities between the research interviews, including the identified process elements. A case summary was created for each interview, collating data under a series of headings generated by the research questions, the process analysis with new headings generated iteratively as analysis progressed. Regular meetings were held with another experienced researcher to discuss the data and ensure that alternative interpretations were considered. Three overarching and interrelated aspects of the home visit were distilled from the case summaries: emotional-regulation, sense-making, and managing the encounter. NIVO10 was used to re-code the data using these three categories leading to greater refinement. The findings reported in this article focus on the intersection between emotional-regulation and sense-making. Focus group data was analysed using the same two-stranded approach, attending to the emotional transactions between participants alongside a systematic analysis of themes. Comparing social workers' everyday experiences of initial home visits (interviews) alongside broader experiences of assessment visits (focus groups) allowed a broad picture of home visiting to emerge. The following analysis combines data from focus group (FGSWs) and interview participants (SWs).

3. Findings: The emotional experience of home visiting

Social workers described a range of emotions when conducting home visits. Seven key emotional experiences were distilled from the data and are explored in turn.

3.1 *Going into the unknown*

Crossing the threshold into 'the unknown' (FGSW7) space of the family home was a key moment of the initial visit, involving emotions such as fear, apprehension and concern for the child. Experiencing a degree of apprehension was regarded as inevitable, since the initial home visit was perceived as inherently unpredictable. Workers reported that their arrival occasioned anxiety and sometimes anger on the part of the family; they worried about whether they would be able to engage with families and the reaction they would face:

Your heart is beating sometimes because you don't know who's behind that door, how aggressive they're going to be, how rude. (SW15)

The moment at the doorstep, before crossing the threshold, was a moment when workers mustered their courage and marshalled their emotional resources. Workers described employing various doorstep mantras to help them take that first step, such as reaffirming their values in relation to the child or adopting a stance of 'detachment' (FGSW4) to manage their anxiety. Where workers were unable to regulate their emotions, the pull towards withdrawal was strong. For instance, one worker acknowledged the temptation towards the 'silent knock' while another described standing outside a house thinking 'Oh, it would be *really* easy just to walk away now' (SW10). Regulating one's apprehension appeared necessary for maintaining a persistent and curious stance in relation to the task ahead. However, a *degree* of heightened emotional arousal appeared to be beneficial and was linked by social workers to a stance of alertness and concentration during the visit, allowing them to attend to the details or 'little clues' (FGSW4) during the encounter with the family. As one worker said of the initial home visit:

It's intense isn't it?... You are looking at this with *intense eyes*. (FGSW7)

This suggests that when they weren't experienced as overwhelming or managed defensively, workers' emotions could be helpful for making sense of the home visit; sharpening attention, focus and planning.

3.2 *The experience of being intrusive*

Almost all workers described feeling intrusive when undertaking home visits. This experience varied from mild discomfort, such as feeling 'a bit awkward' (SW3) to feeling 'very invasive' (SW5) and anxious in the family home. Visiting someone's home to ask them personal, sensitive questions is a scenario for which there is no readily available social repertoire. Looking in bedrooms and cupboards represented an incursion into the personal, which one worker compared to 'going

through someone's handbag' (SW8). Workers described a range of strategies for regulating their anxiety around intrusiveness. For instance, one worker stated, 'you've got to do it' (be intrusive) because 'it's the welfare and safety of the children that's important' (FGSW3). In addition to mentally re-affirming their child focus, workers also described attempts to minimise their intrusiveness. Considering their physical positioning as they moved around the home was regarded as important:

I went into the children's room first and ... what I'm quite considerate of, is that I always let the children or the parents go in first to show me ... round. (SW13)

Allowing the parent and child to go first, to 'invite' the worker into the rooms helped them to manage their own discomfort around intrusiveness, but potentially also provided an important signal to the family of the social worker's respect for their personal space.

Being an intrusive presence in the family home was anxiety-provoking, but manageable for most workers. However, a minority described struggling to manage their discomfort. This was reflected in the narrative performance of the research interview. For instance, one worker's narrative of the visit was continually interrupted with digressions into worries about how they were perceived, whether they were liked and their discomfort around being a conspicuous presence in the home. The worker described the following practice:

When we got there myself and the student social worker, we sat on the floor and parents sat on the sofa... When I go into someone's house I'll make a point of sitting... on the floor just because I don't want them to feel uncomfortable. (SW2)

While sitting on the floor may be a way to lessen the impact of one's presence, it may seem rather strange to parents and it may be difficult for workers to exercise appropriate authority, if needed, from this position. Another worker described how a visit was effectively ended by a service user walking into another room:

She went off into the kitchen. Yeah, left us to let ourselves out really. (SW1)

In this instance the social worker appeared to be hampered by her anxiety over whether it was legitimate to follow the service user into another room to end the visit more appropriately, so she and her colleague simply left the house. The tendency to physically withdraw or remove oneself as a defence against feeling uncomfortably intrusive could derail professional practice during the visit, potentially affecting workers' attempts to gather sufficient information for assessment.

3.3 The experience of being disliked

One of the key emotional challenges of home visiting was the experience of being disliked or rejected by families. Workers spoke of the societal perception that their job was about 'taking children away' (SW9) with the result that 'most of our service users don't really want us involved' (FGSW4). Workers described the need to 'humanise' (SW3) themselves in the eyes of the parents they visited and offering reassurance to families whom they described as understandably distressed by their visit. Despite these efforts, workers described the initial home visit as frequently involving a degree of

'upset and distress' on the family's part (SW11). While this could usually be resolved with sensitive practice, sometimes parents' distress could result in overt verbal or physical aggression. For some workers, repeated experiences of being disliked could make them feel like 'the bad guy' (SW10). As one worker summarised:

I don't think you're ever going to be liked because most families just tolerate... you. It's nicer if they can tolerate you better than others. (FGSW3)

While there was some solace to be found in being tolerated, repeated experiences of being an unwelcome and objectionable visitor could have a profound effect on workers. Valentine (1994) identified the tendency for social workers to become the 'bad object' as a result of repeated projections from clients, the public and other agencies. Through the process of introjection, social workers could unconsciously adopt this persona, becoming punitive or rejecting of relationships with clients - quite literally becoming the 'bad guy' (SW10). One social worker described a very difficult week, involving repeated experiences of verbal and physical aggression from service users. The worker went on to state that there was little possibility of relationships with families in a child protection context. Denying the possibility of relationship could perhaps be regarded as an understandable defence against further rejection. However, distancing oneself from the relational aspects of the social work may prevent social workers from getting close enough to children and families to be able to understand and make sense of their lives.

For other workers, however, being disliked by parents during the first visit was consciously reframed as merely an 'uncomfortable' part of 'trying to make the change' (FGSW2) - a transient part of an ultimately productive and rewarding process. Despite initial rejection, workers could leave an initial visit feeling satisfied and 'quite accomplished' (SW13). For some, the challenge of initial rejection could even be a stimulating aspect of the role. As one worker said, 'I like the challenge!' (FGSW1). Workers identified great emotional rewards in engaging initially hard-to-reach families. These emotional rewards were identified as encouraging them to persist in the face of rejection. This suggests that positive emotions may provide the motivation and fortitude vital for effective engagement and assessment.

3.4 Fear of harm to self

Anxiety about one's own safety was a pervasive part of the home visiting experience. As one worker summarised:

The very nature of our role is... going out to risky families on our own. (FGSW6)

While some workers described undertaking joint visits, the majority of visits described were undertaken alone. The solitary nature of home visiting could render workers physically, professionally and psychologically vulnerable.

What if I get cornered in the street? Am I going to get out safe? Who's going to know where I am at the time? (FGSW1)

The initial home visit, and visits where SWs needed to deliver unwelcome news (such as impending Court proceedings) were identified as emotional flashpoints where workers felt themselves to be at increased risk. Physical risks were posed by the possibility of assault, the local environment (such as isolated stairwells on estates) and fear of reprisals from people 'out shouting' (SW1) in the community when they were recognised as a social worker. Cumulatively, these worries could lead to a sense of being 'on your own' (FGSW6).

To maintain a clear focus on their assessment task, workers needed to be able to manage these fears. Workers described using a range of strategies to do this, including considering where to park their car and where to sit during a visit to allow a quick exit. As part of their precautionary measures to reduce risk, workers described repeatedly ensuring that they had their phone to hand, at the same time recognising that this provided little safety:

Some areas you just can't pick up a signal... You have to think for yourself, protect yourself... (FGSW1)

Carrying a phone seemed to act as a talisman against harm – providing psychological, rather than practical assistance. However, workers' fear or anxiety could also act as a vital source of information, helping them to make sense of, and manage, risk. For instance, workers described carefully attending to the emotional nuances of the encounter to monitor risk to self:

I look for body language, particularly if I'm going to ask a very sensitive question. I need to be mindful about whether or not I need to get up. (SW5)

Careful attention to emotion could help workers to navigate difficult conversations. Attending to tone of voice, body language and facial expression could provide important clues about when to take 'a step back' to more neutral topics of conversation to 'calm the situation' (SW11).

For some workers, the personal risk of the work was stimulating, or as one social worker described it, part of the 'adventure' (SW15) of everyday practice. One could become habituated to going out on 'adrenaline' (FGSW7) with 'your heart beating' (SW15) into extremely risky situations. A minority of workers appeared to manage this experience by constructing themselves as invulnerable professionals. For instance, when discussing the risk of harm to self, one worker stated:

I don't know about anyone else but ... I can fend for myself! (FGSW7)

Later in the focus group, after workers had begun speak openly about their fears, the same worker went on to state:

... not wanting to contradict myself, but bravado can sometimes stand in your way of seeking support. (FGSW7)

This perhaps suggests that when given permission and opportunity to talk openly about the emotional content of the work, workers are more able to move from a defensive stance towards an

acknowledgment of vulnerability. This in turn may enable them to seek much-needed emotional support from colleagues.

3.5. Fear of causing, or allowing, harm to children and families

Workers were mindful of the negative impact that their presence might have on families. They feared causing harm to service users through commission - that the family's situation could be 'worsened' (SW10) by a social work visit, or allowing harm by omission – by forgetting, or failing to attend to, an important piece of information. Workers were aware of the precariousness of their judgements following a single visit – that it might be chance as to whether they would observe anything that would provide the justification for keeping a case open. Missing a vital clue during a visit could spell the difference between child being supported or left at risk. For some workers, this anxiety appeared to lead to an intense focus on the details of the visit, and a stance of vigilance. As one worker stated:

... you're heightened aren't you? Your expressions, feelings, emotions, your senses are all aroused. (FGSW7)

The fear of inadvertently allowing harm to come to children acted as a reminder for social workers to remain alert to possible signs of harm, to avoid 'becoming complacent' (SW14). In this sense, fear and anxiety, although unpleasant, could act as a resource for sense-making, encouraging attention to detail and thoroughness. However, where workers were not able to regulate their fears, this could lead to a stance of hypervigilance. For instance, one worker described how they were entirely 'fuelled by fear of something terrible happening' (SW4). This resulted in a preoccupation with cases when at home and completing recording until the early hours of the morning. Combined with a very heavy workload, this defence appeared to have important implications for judgement. The worker described struggling to make sense of their cases and feeling 'muddled' in their thinking and judgement. This was reflected in their narration of the home visit, which was itself rather muddled and interspersed with digressions into other previous and current cases.

Where workers struggled to manage their fears about causing harm to families, this appeared to create difficulties in thinking about the child. For instance, one worker described a visit where they were intensely fearful about causing additional stress to a family in crisis. During the visit, the worker described feeling deeply saddened and despairing about the parents' situation. The child was conspicuously absent from the visit narrative, and towards the end of the interview, the worker acknowledged that she did not move beyond the living room or speak to the children. This suggests that intense anxiety about making things worse may prevent workers from asking challenging questions and, potentially, keeping the child in mind.

3.6. The experience of pain, distress and disgust

Home visiting involved workers empathising with service users in difficult situations, often sharing their pain and distress. One worker described intense feelings of sadness when witnessing a little girl being 'rebuffed' in her attempts to get a cuddle:

I thought aww you poor thing!... It is a bit heart-breaking this case really, because she's a lovely little girl. (SW4)

Another worker described her emotional reaction to a family in great need:

I felt sad... It's a highly emotive situation... I had a great deal of sympathy for them, wanting to help. (SW3)

In other interviews, workers' narratives were striking due to the *absence* of expected emotion and apparent effort to avoid naming emotions such as disgust, which might run the risk of being perceived as 'unprofessional'. For instance, one worker described a visit to an individual with an extensive history of sexual offences against children. When attempting to articulate why the visit was so difficult, the worker stated:

The fact that he (one second pause) (large intake of breath) was because (three second pause) he's, he's (three second pause) – You don't want to be judge - in this job, you don't want to be judgemental of people and you want give people a chance, and you don't want see *that* happen in the world. But also [pause] the flipside to that is protecting children and ultimately that's my job. So, with him it was a case of – you're not necessarily a bad person, I'm not saying you're a bad person, but this is a bad situation. (SW10)

Constructing the person as separate from their actions and drawing on one's professional function (to protect children) may help the worker to avoid naming, or perhaps even allowing themselves to experience, the disgust and distress arising from the disturbing nature of child abuse. On one hand, this might enable them to manage and navigate difficult conversations. On the other hand, it might prevent them from being able to seek support to manage the distress and pain occasioned by the nature of child protection practice. Where workers were unable to express or name their emotional responses they reported experiencing delayed, and sometimes unexpected, repercussions. One worker, for instance, noted that a victim of abuse was 'the same age as his older daughter' (SW14) and that he was kept awake at night by the visit. Temporarily emotionally distancing oneself was identified as a strategy by some workers to manage these painful experiences during the visit:

It's more about, okay, so this is the situation we need to deal with, rather than get too involved in, if that makes sense? Trying to keep my own emotions fairly separate. I think it's once I've left I've got time to think about it, then... the emotions come a bit stronger, but at the time... you kind of lock it away in a box. You don't really think about it. (SW8)

For some workers, repeated experiences of pain and distress with no opportunity to take these 'out of the box' could lead to defensive emotional withdrawal. One worker acknowledged:

I avoid things and shut down and withdraw... that might be part of why I practice in the way that I do. It's a safe thing. (FGSW4)

While distancing oneself in this way may help the worker to cope with the emotional demands of the role, withdrawal of emotional investment may have implications for professional judgement and relationship-based practice.

Despite these challenges, most workers held on to the idea that difficulties could be overcome, and that there were emotional rewards to be found in persisting and enduring in the face of distress. Calling to mind instances of previous successful work allowed workers to remain optimistic that initially difficult encounters could ultimately result in a positive outcome for child and family. Even negative emotions (e.g. anger, sadness and pain) could galvanise workers into action – spurring them to seek the best possible outcome for families. While seeing children in difficult situations could be hard, empathising with their distress could motivate the desire to effect change and provide insight into the child’s experiences:

...What is that child feeling? And as soon as you start putting yourself in that child’s shoes you think I don’t care, I’ll knock on that door no matter what (FGSW4).

3.7 The experience of ‘absorbing’ emotion

Workers described absorbing and holding emotions for the duration of the initial visit. Sometimes this involved holding in their own distress, as described in the previous section. On other occasions, workers described containing emotions, such as anger and sadness, *for* service users, as part of the process of supporting families to open up and share ‘their story’ (SW9). To avoid a build-up of emotional pressure, workers described talking to colleagues for relief. Without opportunities to do so, there was a risk of becoming ‘saturated’ (FGSW3) and overwhelmed with emotion. For some workers, lack of emotional support from others meant that emotional suppression continued for prolonged periods. These absorbed emotions were described as impacting on workers’ wellbeing (for instance, waking up ‘at 2am’ feeling anxious (SW14)). One worker described being bombarded with a high volume of emotive cases. The worker then described a profound difficulty in recalling recent, important case details:

Sometimes people ring me up and say ‘Oh, I’m talking to you about R’ and I’m like ‘Sorry, *who?*’ ... They give me a surname and I *still* can’t get it, and an address and I *still* can’t get it... then suddenly I look at something I’ve written and then it all comes back to me!... I know who you’re talking about – it was only two weeks ago! (SW4)

Forgetting in this instance could be regarded as an understandable reaction to emotional overload, but clearly has potentially negative implications for sense-making and more broadly, for the worker’s professional judgement. However, while absorbing emotion during the visit could impact negatively on sense-making, it could also act as a resource. Absorbing family members’ emotions was key to empathy. For instance, the worker’s emotional response to witnessing the rebuffed cuddle (see 3.6.) helped him to think about what might be going on in the child’s emotional world, and to consider the effects of the caregiving environment on her development.

Attending to their own emotions and absorbing the emotional 'atmosphere' during the visit could sensitise workers to important information. Workers described home visits consisting of multiple social cues and competing demands on their attention (e.g. people coming and going during the visit, interaction between children and parents, etc.). Workers needed to identify what was important among this wealth of information and their emotional responses could provide them with clues. Workers frequently focused on, and returned to, instances where they had a 'niggle', experienced an 'odd vibe' (SW8) or had a 'gut feeling' (SW5). These feelings led them to identify issues to explore or to follow-up after the visit. Crucially, social workers' emotions, their feelings of confusion, suspicion, puzzlement appeared to draw their attention to potentially salient information before it was rationally accessible. Workers provided examples of occasions when a 'bad vibe' during a visit was substantiated when more information came to light. Social workers' emotions appeared to act as a starting point for sense-making, drawing their attention to potentially important information in the form of an emotional nudge. However, it should also be noted that unless subjected to further scrutiny, such emotional responses could represent a risk to effective professional judgement. For instance, there was a tendency for workers to come away from the visit feeling more reassured (and more likely to close the case) where the home visit was characterised by positive emotions. There is a risk that, if accepted uncritically, gut feeling could lead to error (for further discussion of the role of intuition in judgement, see Author's Own, 2017).

4. Discussion: Emotion and the home visit

Visiting families in their homes is a complex, emotion-laden activity. Home visiting places social workers in unpredictable environments, requiring courage and resilience alongside empathy and sensitivity towards families. The initial home visit carries with it unique anxieties, such as going into the unknown and experiencing initially unfavourable reactions from families. Given that social workers' initial hypotheses and impressions carry undue weight in assessment (Munro, 1995) it is important to understand the impact of emotions on judgement during early assessment. The findings from this study suggest that workers' emotional responses during the initial home visit can act as both a potential resource and risk for their judgement and practice.

4.1. Emotions as resource for making sense of, and managing, the home visit

While much has been written about the role of emotions as a resource for reasoning and assessment (1.1), this study identifies the specific ways in which social workers 'use' emotion in home visiting practice. As identified, emotions could have a galvanising effect (3.6), facilitating persistence and courage, prompting careful pre-visit planning (3.1), as well as sharpening focus and attention during the visit (3.1). This parallels Selye's (1965) concept of eustress (beneficial stress), where the physiological signs of stress, such as increased heart rate and dilation of the pupils could *increase* focus, and attention to detail. Attending to the emotional nuances of the visit could also help workers to read social interactions, gauge the right moment to ask a difficult question (3.4) and consider the child's experience (3.6). 'Absorbing' the family's emotions could help workers to

empathise with their experiences (3.6) and offer a genuine, empathic response (3.7). Consistent with the idea that emotions can enhance reasoning (Damasio, 1994) workers' emotional responses during the home visit could draw their attention potentially salient information among hundreds of competing social cues. The worker's own emotional responses during the home visit could also provide important approach/avoidance information (Ekman, 1992), allowing workers to anticipate and monitor risks their own safety (3.4). However, it appeared that for emotions to act as a resource, rather than as a risk, workers needed to be able to regulate and manage their emotional responses during the visit. For instance, while feeling anxiety could be motivating (promoting vigilance), feeling *too* anxious might disrupt workers' capacity to make sense of, and manage the home visit (3.2).

4.2. Emotion as risk for making sense of, and managing, the home visit

In identifying the emotional challenges of the initial home visit, the present research sheds light on the impact of emotion on judgement. Defences against sadness, anxiety or fear could lead workers to defensively 'shut down' (3.6), or retreat from a stance of openness and curiosity in their work with families. As Trevithick (2011) and Whittaker (2011) argue, defences against anxiety can impede the capacity to think. The findings from this study suggest that defences against fear, pain, anxiety or sadness could potentially prevent workers from seeing the child, gathering sufficient information (3.5), and getting close enough to families to make sense of their experiences (3.3). This lends further empirical support to Ferguson's (2016: 2) hypothesis that the complex emotional dynamics of the home visit can lead to children becoming 'invisible'.

While workers' emotions could provide information to aid sense-making, there was also a potential danger that they would provide the *wrong* information. Most workers recognised their emotional responses as a starting point, however, a small minority seemed to accept them less critically in forming a judgement about what to do following the visit. This suggests that workers would benefit from the opportunity to explore their 'counter-transference' in relation to practice encounters with families, particularly during initial assessment. Some workers identified a lack of organisational support in this regard, which could lead to mounting emotional pressure. In such conditions, there is a risk that workers can lose the capacity to think clearly (3.7) and may even close the case prematurely to avoid overwhelming emotions associated with the visit. To increase the likelihood that emotions will act as a *resource* rather than as a *risk* for judgement and practice, workers need opportunities to process the emotional experiences evoked by initial visits.

The findings of this study cannot establish a causal link between emotional experience and the quality of social work judgements. Workers' judgements, as reported in the interviews, were limited to the decision about what they would do after the home visit. Their judgement at this moment in time may not represent their final judgement, or their complete assessment following further consideration. Despite this limitation, the attention in this study to a specific moment of social work practice provides a finely-detailed picture of the emotional dimension of social work visits.

7. Implications

At a policy-level, the findings from this study support the provision of ‘emotionally-intelligent support’ (DfE, 2016) to social workers. Home visits are complex psychosocial transactions, involving emotional exchange between social worker and family (3.7). The nature of these emotional exchanges can colour thinking, alter perceptions and impact on practice. For these reasons, it is crucial that social work supervision addresses *encounters* as well as cases. Workers need the opportunity to explore what they saw, heard and *felt* during the home visit as part of interrogating their professional judgement. The opportunity to reflect on practice in this way may provide an opportunity to identify potential ‘mis-steps’ in thinking and practice.

Outside the confines of formal supervision, organisations must provide additional opportunities for timely debriefing after challenging visits. This is particularly important for ‘high stakes’ home visits; such as those with the potential to affect a decision about the case (e.g. the initial home visit), those which represent an emotional ‘flashpoint’ (3.4) or those requiring social workers to hold onto difficult emotions for a prolonged period (e.g. visits conducted on a Friday afternoon or before a period of annual leave). If workers are to maintain the open, curious and empathetic stance needed for work with children and families it is vital that they feel safe in their work, and confident to discuss sensitive subjects during the visit. Robust lone-working policies and a culture of joint visiting may promote greater psychological, as well as physical, safety for workers enabling them to think clearly and build meaningful relationships with vulnerable children and their families.

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References

Author’s Own. (2017)

Bower, M. (eds.) *Psychoanalytic Theory for Social Work Practice: Thinking Under Fire*. London: Routledge.

Clarke, S. and Hoggett, P. (eds.) (2009) *Researching Beneath the Surface: Psycho-social Research Methods in Practice*. London: Karnac.

Cooper, A. (2005) Surface and depth in the Victoria Climbié inquiry report. *Child and Family Social Work*, 10, 1, 1-9.

Damasio, A. (1994) *Descartes’s Error: Emotion, Reason and Human Brain*. New York: Putnam.

Department for Education (2016) Knowledge and skills statements from practice leaders and practice supervisors. London: The Stationery Office.

Ekman, P. (1992) ‘An argument for basic emotions’. *Cognition and Emotion*, 6, 169 – 208.

Ferguson, H. (2016) How children become invisible in child protection work: findings from research into day to day child social work practice. *British Journal of Social Work*, 47, 4, 1007-1023.

Hollway, W. and Jefferson, T. (2011) *Doing Qualitative Research Differently: A Psychosocial Approach*. London: Sage.

Howe, D. (2008) *The Emotionally Intelligent Social Worker*. Basingstoke, Palgrave.

Lavee, E. and Strier R. (2018) Social workers' emotional labour with families in poverty: neoliberal fatigue? *Child and Family Social Work*, 23, 504-512.

Margolin, L. (1997) *Under Cover of Kindness: The Invention of Social Work*. Charlottesville: University of Virginia.

Mänttääri-van der Kuip, M. (2016) 'Moral distress among social workers: the role of insufficient resources'. *International Journal of Social Welfare*, 25, 86-97.

Morrison, T. (2007) Emotional intelligence, emotion and social work: Contexts, characteristics, complications and contribution. *British Journal of Social Work*, 37, 245-263.

Mintz, J. (2014) *Professional Uncertainty, Knowledge and Relationship in the Classroom*. Oxford: Routledge.

Munro, E. (1995) The power of first impressions. *Practice*, 7, 3, 59-65.

Selye, H (1976) *The Stress of Life*. McGraw Hill: New York.

Novick, G. (2008) Is there a bias against telephone interviews in qualitative research? *Research in Nursing and Health*, 31, 4, 391-398.

Sturges, J, and Hanrahan, K. (2004) Comparing telephone interviews and face-to-face interviews: a research note. *Qualitative Research*, 4, 1, 107-118.

Trevithick, P. (2011) 'Understanding defences and defensiveness in social work'. *Journal of Social Work Practice*, 25 (4) 389-412.

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

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.

Winter, K. Morrison, F., Cree, V., Ruch, G., Hadfield, M., Hallett, S. (2018) Emotional labour in social workers' encounters with children and their families. *The British Journal of Social Work*, 0-1-17.