Ticking the box, but missing the point:

An enquiry into the influences that social defences have on Social Workers’ practice when working with the Mental Capacity Act 2005 and Safeguarding Adults procedures of a Local Authority.

MSc Coaching and Mentoring.

UMOCUC-60 - M

08973045

April 2013
Acknowledgments:

This work is the result of my research carried out during the period April 2012 to April 2013. Where reference has been made to the work of others, this is given full acknowledgement in the text. The dissertation is submitted in part fulfilment of the degree of Masters of Science in Coaching and Mentoring at the University of the West of England, Bristol in 2013.

Writing a dissertation can feel like a lonely journey but when I think of how many people have given their time and support I realise that it has been far from lonely.

Thanks go to Roger Indge and Kathy Pope who as my line managers have not only encouraged and supported, but have secured the means by which I could complete the three years of study. To Janice Macinnes who said the right thing at the right time, enabling me to realise what was possible. To my colleagues from the LTDU who have put up with my stress and anxiety, in particular Corinne Leverton who has shared every inch of this rocky path and has continued to be a source of inspiration, and the colleagues who gave up their time to be part of the research. To my supervisors, Doris Schedlitzki and Eda Ulus, who have supported and challenged to get me to this point, but above all my family, Brett, Josh and Jake whose love, encouragement and understanding has been tested at times but kept me believing it was worthwhile.

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Abbreviations:

AOP  Anti Oppressive Practice
DH   Department of Health
MCA  Mental Capacity Act
PCP  Person Centred Practice
SA   Safeguarding Adults
SAU  Safeguarding Adults Unit

LTDU  Learning training and development unit.
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Abstract:

This dissertation is a work based enquiry into how social defences influence social work practice within the Mental Capacity Act 2005 and Safeguarding Adults’ policies of a Local Authority, in order to inform learning and development opportunities that are available within the same Local Authority.

The researcher works in the learning and development department of the Local Authority where the enquiry is based as an Advanced Practitioner - Continuing Professional Development. The Local Authority is a Shire Council which in recent years has become a Unitary Council.

Hermeneutic and Phenomenology philosophies underpin the methodology used as it seeks to explore how Social Workers and their managers interpret their behaviours in relation to their practice. It therefore takes a qualitative approach.

As societies’ expectations of Social Work changes and the Government drives for Health and Social Care to be Person Centred in everything that they do, this enquiry identifies the barriers and challenges social defences present to Social Workers. The literature reviewed is seated within psychodynamic and social work theories and academic findings. These are used as the framework to discuss the findings from the data collected - interviews, a focus group and an observation.

The findings identified that anxieties were prevalent in Social Workers practice and in order to manage these social defences were deployed. However, there was evidence that some defences were in fact creating anxiety and having a negative influence.

Recommendations are made as to how the Local Authority where the enquiry is based can overcome the obstacles through effective learning and development. It also identifies the need for further research on a national scale as to what will separate Health and Social care value bases as the drive for Person Centred practice continues:
the implication this will have on professionals working within those fields as their professional identity becomes obscured.

1: Introduction.

1.1 No Secrets:

In 2000 the Government published “No Secrets” (Department of Health (DH) 2000) guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse. The definition of a vulnerable adult within No Secrets (DH 2000) is a person 18 years and over “who is or maybe in need of community care services by reason of mental or other disability, age or illness, and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.” (ibid: 8).

The guidance outlines the requirement for local multiagency organisations (Social Services, Health, Police as well as private and voluntary sector) to work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. It is also explicit in that it builds upon the Human Rights Act 1998 (HM Government 1998) and “results from its (the Government’s) firm intention to close a significant gap in the delivery of those rights....” (DH2000:5).

Agencies are expected to work together primarily to prevent abuse from happening “and ensure that robust procedures are in place for dealing with incidents of abuse” (ibid). There are clearly identified roles, responsibility, authority and accountability for each agency and professional group within each agency.

With regards to training, the guidance is clear that it should take place at all levels within an organisation “to ensure that procedures are carried out consistently.....” (ibid: 22). In addition, the training program should include awareness that abuse can take place, a duty to report it, recognition of abuse and individuals’ responsibility to their own agencies procedures, as well as specialist training for investigators and managers.
Whilst “No Secrets” is not legislation, it was issued under Section 7 of the Local Authority Social Services Act 1970, therefore requiring Local Authorities to carry out their Social Services functions under the general guidance of the Secretary of State. In short, Local Authorities must comply with the Section 7 guidance unless they can demonstrate exceptional reasons which justify their omission. The implementation of No Secrets must also be considered alongside current legislation, such as the Human Rights Act 1998 and the Mental Capacity Act (MCA) 2005 which, with Safeguarding, are foundations of practice within Health and Social Care.

1.2 Mental Capacity Act 2005:

The MCA came into force in 2007 as a direct result of a legal challenge centred on Article 5 (Right to Liberty) of the Human Rights Act 1998 (ECHR 2004). The MCA provides a legal framework to empower and protect people who may lack capacity to make some decisions for themselves. The underlying philosophy of the MCA is that adults of any age and regardless of when or how they lost capacity are empowered to make as many decisions as possible for themselves, whether they be life changing or everyday matters (HM Government 2005). There are five key principles in the Act as illustrated in figure 1 below:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.

2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.

3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.

5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
Implementation of The MCA 2005 is the responsibility of everyone involved in the care, treatment and support of people aged 16 and over, living in England and Wales and who are unable to make all or some decisions for themselves (SCIE 2009).

Despite Government responses to abuse none of it appears to be working (Galpin 2012). Williams et al (2012) have found that at times, practice within MCA was “insufficient” (ibid: 147). This is clearly unacceptable but before throwing another ‘solution’ at the problem we need to understand what is going on within services that make protecting vulnerable people so difficult.

The Local Authority for which I work has been congratulated on the progress it has made with regard to structures that it put in place for Safeguarding (Flynn 2009). It has implemented significant changes to the way that it delivers its Safeguarding training (Pike et al 2010) and yet it is still not consistently meeting the needs of some of the most vulnerable members of the community (Ogilvie and Spreadbury 2011). Therefore this dissertation is concerned with what is occurring to prevent the effective implementation of Safeguarding within this Local Authority, with reference to Safeguarding policies and procedures and Mental Capacity issues. Its focus relates to the role that social defences may play with regard to the practice of Social Workers.

1.3 **Historical context within this Local Authority:**

In 2001 the Local Authority set up a multiagency steering group to look at the implementation of the No Secrets guidance; this resulted in the inauguration of a multiagency funded Adult Protection Unit (APU) in 2005. The unit developed a strategic plan, including a multiagency policy, on how agencies in the Local Authority would protect vulnerable adults. Specific plans with regard to training and information for staff, volunteers, service users and carers were also developed.

In the following two years the Local Authority had the implementation of Adult Protection policies severely tested. Firstly, there were serious concerns with regard to service provision in a long stay hospital for people with a label of a Learning Disability; secondly, the murder of a vulnerable adult. Subsequent investigations into both cases found instances of abuse including physical, financial, emotional and institutional. In
both cases Health providers and Adult Social Care were criticized for failing to protect vulnerable adults (Commission for Healthcare Audit and Inspection 2006; Flynn 2007) or to be able to evidence effective auditing of agreed processes. Furthermore, in both cases it was recommended that training was reviewed to focus on multiagency case conferences.

In both reports however, there was little recognition of any challenges faced by Social Workers with regards to the emotional labour of implementing Safeguarding work and the effects upon them.

Around this time the term Adult Protection was replaced (nationally) with Safeguarding Adults (SA) with a greater emphasis placed upon preventative work. Therefore the Adult Protection Unit became the Safeguarding Adults Unit and the Adult Protection Committee became the Safeguarding Adults Board.

There was a renewed focus on the multiagency policy and procedures, clarifying expectations of roles and responsibilities. Training continued to be multiagency but brought together Human Rights, MCA and Equality and Diversity as foundations to Safeguarding Adults. This seemed to have a positive effect and the Local Authority was congratulated for the progress it had made (Flynn 2009).

“There’s no doubt that there are better systems and structures in place than there were at the time of the murder and there’s much greater scrutiny of the quality of the work, … [t]he progress in (Local Authority) is considerable and goes far beyond minimalist adjustment.” (ibid: 16).

In 2011 the Multiagency Safeguarding Adults Board commissioned an independent review of Adult Safeguarding in the County (Ogilvie & Spreadbury 2011). The report highlighted good practice but also raised concerns that, whilst there was an expected pathway within the Safeguarding process (appendix 1), “[t]he reality of what is happening within the process was found to be somewhat different.” (ibid: 10). However, the report also detected that there was “too great an emphasis and focus on the process itself rather than the reason for the safeguarding referral” (ibid).
Areas of concern were also raised as to the level of honesty and engagement with older people who were subject to a Safeguarding investigation. For example, some practitioners explained their visit to the vulnerable adult by saying “we’ve just come for a chat” (ibid: 11) and were not explicit about its purpose, believing that an older person would be intimidated by being at a Safeguarding meeting and that talking about concerns in front of them could “spoil their therapeutic relationship” (ibid).

Other concerns highlighted the use and understanding of the Mental Capacity Act; the report stated that there was a lack of evidence to show records of capacity assessments. Furthermore, a paternalistic culture was prevalent with some professionals delegating their responsibilities to others and feeling “‘relieved’ when the older person lacked mental capacity as this meant they could involve an [Independent Mental Capacity Advisor]” (ibid: 8).

1.4 Scope of dissertation:

As identified by Ogilvie and Spreadbury (2011), whilst there is a willingness to get things right for vulnerable people there are still difficulties with practice around Safeguarding and Capacity. This dissertation is interested in what is causing those difficulties and identifying possible ways of overcoming them so that practice within the Local Authority will ensure that the vulnerable are “… placed at the heart of all investigatory work and decision making” (SAB, 2011:5).

My role within the Local Authority is as an Advance Practitioner- Continuing Professional Development (CPD Worker). Part of my role is to design, deliver and evaluate learning programmes to support Social Worker practice within the Local Authority; this includes training on SA and MCA. Senior managers have taken the view that if Social Workers are told what to do (i.e. process driven) then SA and MCA would be implemented correctly and repeatedly ask us to deliver technical instruction. There is a tension between what senior managers’ request and what we as CPD workers think would be appropriate learning interventions. As previously mentioned, we have made significant changes to the way we deliver SA training, combining SA, MCA and equality and diversity within a Human Rights framework including the required
processes. Yet practice does not seem to be changing. Without understanding why practice is not changing and senior managers requesting more technical instruction we run the risk of investing yet more resources into training with little chance of it being effective.

Although there may be many factors that influence practice, this dissertation focuses on how social defences influence Social Workers with regards to the MCA 2005 and Safeguarding Adults policy of the Local Authority. If they are indeed getting in the way of transferring learning into practice (Pike et al 2010). The question that is the focus of the enquiry is:

“How do social defences influence Social Workers’ practice when working within the Mental Capacity Act 2005 (MCA) and Safeguarding Adults (SA) policy of a Local Authority?”

In order to be able to answer the question and have an understanding of the intricacies of a Social Workers role within a Local Authority the following areas also needed to be considered:

- The value base of the profession
- The relationship between implementing policies and the value base
- The divergences between value base and Person Centred Practice.
- The reliance on process and technical instruction and how these get interpreted by Social Workers and managers.

The literature review has drawn on research from scholars across the fields of Psychodynamics and Social Work and provides the theoretical framework for this dissertation.

This is a qualitative study within the tradition of emotionalism (Bryman & Bell 2007) and it takes an inductive approach underpinned by Hermeneutic and Phenomenological philosophies. What is of interest here is how Social Workers’ practice and the meaning they give to their practice. The research sample was taken from Social Workers and managers employed by the Local Authority and who had a
mix of post qualified experience and line management structures. Mixed methods of data collection were employed which utilised individual interviews, a conversation that occurred naturally during the course of work and an observation of a Safeguarding workshop for Social Workers.

The results chapter identifies that much of a Social Worker’s practice with regards to SA and MCA was driven by fear and the social defences that were deployed to manage the anxieties the fear aroused. This appears to influence the social work value base and the discussion chapter explores in more detail the impact this fear has on practice in particular the drive to protect.

The findings of this enquiry will be used to influence the design, delivery and evaluation of learning opportunities, delivered by the in-house Learning, Training and Development Unit (LTDU) that have a focus on MCA and SA. Furthermore, it is hoped that it will inform senior managers with regard to supporting Social Workers with their practice and reduce the reliance on technical instruction, enabling CPD workers to provide more effective learning opportunities. Therefore, the dissertation concludes with a set of recommendations which will support the use of the MCA 2005 and SA policies so that the people the organisation serves will be able to “...access their human right to live a life that is free from abuse and neglect” (ADASS 2005).

2: Literature Review.

2.1 Overview:

As discussed previously, the aim of this dissertation is to identify how social defences influence Social Workers’ Person Centred Practice (PCP) with regards to the Mental Capacity Act 2005 (MCA) and Safeguarding Adults (SA) policies of a Local Authority.

A literature review has been undertaken, not just for the academic rigour required for the purposes of this dissertation, but also to gain an understanding of what is already known about social defences and their impact on Social Workers. Thus, any gaps in
knowledge identified through this dissertation will add to the knowledge that is already available.

The focus of this literature review is the findings and thoughts of scholars and practitioners in the fields of Social Work and Psychodynamics. As Social Work is a person centred value-based profession (Parrott 2010) the literature also focuses on what is meant by this and the person centred and anti-oppressive practices Social Workers purport to follow.

In order to have a broad understanding of social defences the literature review goes on to examine these defences from a general perspective, however it then narrows its focus to the academic work on social defences and Social Work.

Whilst the literature with regards to social defences and social work has an emphasis on child protection, the links to the area of study have a clear commonality. The role of Social Workers in both Children’s’ and Adult services is concerned with balancing the need of the individual, working within the legislation and the pressures of meeting organisational expectations. Children’s services have been recognised as being a pressurized service for some time (Munroe 2011); does the same recognition now need to be given to Adult services?

2.2 The literature:

2.2.1 Value bases:

Hall (2012) describes person centred practice as “a value base perspective about what each of us would wish to experience with regard to choice, independence and dignified treatment” (ibid: 12). She goes on to say that “it is specially designed to empower people to support their social inclusion and directly challenge their devaluation.” (ibid).

When describing anti-oppressive practice (AOP), Harris (2003) uses the words empowerment, partnership, minimal intervention and equality; he also talks about respect and fairer treatment within society. Thompson (2001) determines that for AOP to be effective Social Workers’ practice must be anti-discriminatory, that they need to
attempt to eradicate discrimination from their own practice and challenge it in the practice of others.

Using these definitions, PCP and AOP appear to be comfortable bed fellows as the principles upon which they are both built appear to be congruent with one another. From the research undertaken for this dissertation it was important to identify the relationship between PCP, AOP and social defences and the impact it has on practice. It raised the question as to whether or not social defences actually inhibit person centred and anti-oppressive practices.

In psychoanalysis the concept of social defences is linked to a range of behaviours that are subconsciously designed to protect the individual from an awareness of thoughts, feelings, memories or actions that produce anxiety (Trevithick 2011). Therefore this review needed to consider the academic writings on anxiety in order to able to identify if social defences are influencing PCP. Furthermore, it would need to be established if the value base was causing Social Workers anxiety and if so in what context.

2.2.2 Anxiety:

"This word anxiety is a praiseworthy attempt to give a name to a feeling. Most of us think we know what people mean when they say anxiety, although a child would not" (Bion, 1961:7). Freud used the term angst to mean "a signal of danger to the ego" (French, 1997:483). However, French argues that the word angst has lost its "emotion and vigour" (ibid: 484) through its English translation to anxiety.

Freud identified three types of anxiety (Trevithick 2011). He suggested that reality anxiety describes the anxious states leading to rational responses to real threats, moral anxiety describes feelings of guilt and shame when personal, moral or societal codes are threatened or broken and neurotic anxiety describes the feelings of sudden desires and impulses, such as being overwhelmed by intense feelings of aggression. Klein (1959) identified two types of anxiety: persecutory, paranoid fear of being attacked and annihilated and depressive anxiety, a fear of the loss or death of a loved object.
Colman (2009) drew the distinction between fear and anxiety by explaining fear as a response to a threat that is real, whereas anxiety is the perception of danger to self.

The relevance of recognising the type of anxiety or fear that Social Workers may be experiencing is important in order to be able to identify the most appropriate way to manage it. If the threat is a perceived one, then supporting the Social Worker to recognise that may be helpful; if it is a real threat then it will need to be managed. It is also important to recognise when the anxiety belongs to the individual Social Worker and when it is projected on to them from society (see section on projection).

The desired outcome of this dissertation is to be able to influence the design and delivery of learning and development programs to support Social Workers with their practice; understanding the nature of their anxiety is therefore crucial. It will also be important to recognize how Social Workers are subconsciously managing their anxiety through social defences.

Let us now turn our attention to what is meant by social defences and the literature around this concept.

2.2.3 Social defences:

Gould (2001) states that social defences are one of the earliest major organisational constructs defining the Tavistock Institute’s unique approach to organisational life. He regards these defences as a way to impede as well as facilitate “performance, response to and readiness for change” (ibid: 3).

The concept of social defences was first discussed by Jaques (1955) who suggested that they were unconscious, agreed behaviours within an organisation to distort or deny those aspects of experience that give rise to unwanted emotion. He then moved away from the psychoanalytic to structured accounts, arguing that social defences were the result of poor organisational structure (Long 2006).

However, Isabel Menzies Lyth further developed the concept of social defences in nursing practice in 1960. Through her research in a London teaching hospital she
identified that regimes/systems/processes, such as drugs rounds, were put in place at a certain time because they were considered necessary for the effective running of the hospital. However, Menzies argued that such procedures are not designed to help patients but are to enable the nurse to contain the anxiety of working with sick and sometimes dying patients. She propositioned that nursing staff defend against the painful feelings that these anxieties can conjure up in a number of ways, including:

- depersonalizing the patient for example "the stoma in bed 3",
- delegation of tasks upward in the hierarchy thus reducing the burden of responsibility on the individual and
- resistance to change and projection of feelings onto other groups of staff.

The use of social defences is reinforced by Colman (2009) who describes social defences as ".....a pattern of feeling, thought, or behaviour arising in response to a perception of psychic danger, enabling the person to avoid conscious awareness or conflicts or anxiety arousing ideas or wishes." (2009:194).

Emotional labour similar to that identified in Menzies Lyth’s work is prevalent in Social Work and we will see later that Whittaker (2011) identified that many of these social defences were apparent in his research with Social Workers working within child protection.

Many theorists have found an abundance of evidence to support the idea that unconscious anxieties are often reflected in organisational structure and design, which function to defend against them (Gould, 2001). When exploring health policymaking and its consequences Fotaki (2006) supports Gould’s argument by suggesting that Health policy in the UK is designed to contain the anxieties of society. An example of this is the current patient choice agenda, whereby focusing on the consumerist ethos Fotaki argues that on a “symbolic level it alludes to dispense with the notion of vulnerability, infirmity and death” (2010:1726).

Whilst outside the focus of this dissertation, we are seeing, as pressure groups are becoming more visible, that society has to face its fear about growing older, becoming
disabled etc and perhaps this is why we are seeing the drive for person centred practice; not because it is morally right but because society does not want to feel bad and does not want to be faced with the inequalities that exist. Therefore, PCP becomes an aspiration as it enables society to feel better about the inequalities.

This argument is also given some weight by Pescosolido (1992) and Lupton (1997) with their rational choice theory. They argue that users of services may struggle with choice, as decision making patterns are socially constructed which has historically been denied to many of them.

It is interesting to think about this in the context of Trevithick's (2011) argument that service users have to adapt to meet the organisation’s needs; the view being that some policies are designed subconsciously or otherwise to enact a social defence for society or the organisation. If we think of PCP in this context it could be argued that it has always been aspirational as the choices available to people will be based on their life experiences, which may have been restricted due to the social defences enacted by organisations.

This is a point that Hoggett (2006) has also argued. He claims that Government acts as a receptacle for the alienated subjectivity of citizens and has to contain society’s social anxieties, including the unresolved, partially suppressed values, conflicts and moral ambivalence of society; death, ageing, physical degeneration and incapacity being facts of life that society doesn't want to face. This argument is certainly given credence when we think about how the large institutions that were used to house people with a label of learning disability were always on the outskirts of towns; out of sight, out of mind. Consideration needs to be given to SA and MCA within this context and the possibility that they have been constructed to safeguard society from the anxiety aroused in these circumstances. Therefore, can a Social Worker ever implement them within a person centred value base?

Hirschhorn (1997) joins this theory of organisational defences by making the proposition that a workgroup within an organisation manages its anxiety by developing and deploying a set of social defences. Obholzer (1997) further adds to this discussion
by identifying that there are two categories at play with defences. He calls them defence mechanisms, individual and institutional. Each is interrelated and he warns that where there is a "good fit" between the individual's social defences and the organisation’s, neither will be challenged and reality testing will not take place.

This is important when considering the relationship with the organisation and the outside world. Hirschhorn (1997) argues that social defences frequently create a distorted relationship between the group and its wider environment, which can result in the group scapegoating the "outside" to protect / preserve the "inside". This is an idea that is shared by Baum (2002) who identified that school systems resist change due to social defences. He argued that alternative perspectives arising from outside the school system caused anxiety within it and lead school system members to defend themselves by resisting new ideas. For example, conflicting interests prevents consensus about direction of change. This is a challenge within the Local Authority, with conflicting perspectives on what the primary task is, which results in dissonance between senior management and operational staff.

Using a psychodynamic frame provided by Hirschhorn (1997) and Baum (2002), it could be argued that until now there has been a good fit between society's expectations of adult services to manage society's anxieties and how adult services view their role. This has resulted in the social defences working well. Through the identification of how social defences are now influencing practice, this dissertation aims to add to the understanding of social defences and what happens when those expectations change within a relationship. For example, the media coverage of the abuse of vulnerable adults has become more explicit, increasing society’s anxieties and with that a change in expectations of adult services.

Hirschhorn (1997) also identifies that whilst a group may rely on social defences to contain their anxiety; they also desire their experience of psychological wholeness and wish to repair the real or perceived damage they have done by devaluing others. Klein called this reparation and Froggett (2002) suggests that the Welfare State was established as a reparative drive to redress the destruction of World War II.
This distortion of reality can cause a divergence from the primary task of an organisation. Obholzer and Zagier Roberts (1997) supposed that if there was such a divergence, an anti task attitude could prevail within the work group that could "limit drastically their effectiveness in implementing policies." (1997:35).

Could the evolution of MCA and SA policies be influenced by reparation, as society can no longer ignore the injustices encountered by vulnerable adults and needs to manage the anxieties this causes? Yet again, this questions whether the values of PCP can be realised or simply remains aspirational? Therefore an additional aspect of this dissertation will be to identify how the primary task is interpreted by Social Workers and managers and the influence defences may have, or not, on those interpretations.

Any deviation from the primary task is not a single act but often an unconscious behaviour on behalf of the work group (Bion 1961) in this case Social Workers. To help understand this further and to be able to identify what is influencing the behaviour the review will now consider the literature around work group assumptions.

2.2.4. Work group assumptions:

Bion argued that in every group, two groups are actually present; the work group, and the basic assumption group. The work group is that aspect of group functioning which has to do with the primary task of the group - understanding why the group has formed and what it is to accomplish; it will “keep the group anchored to a sophisticated and rational level of behaviour” (Bion, 1961: 66).

The basic assumption group describes the tacit underlying assumptions on which the behaviour of the group is based. Bion specifically identified three basic assumptions: dependency, fight-flight, and pairing (ibid). When a group adopts any one of these basic assumptions, it interferes with the task the group is attempting to accomplish. Bion argues that the basic assumption group worked at an unconscious level and hence group members do not realise that they are behaving in such ways (ibid). Simpson and French (2010) have built upon Bion’s work and identified that when a group disperses depends on how the group reacts to either the activity, the
explanation of what's happening or the emotions attached to it and will decide what basic assumption will be followed.

Bion describes the group that doesn't lose touch with their task or purpose and stays on track as having patience and revellery. This is described by Simpson, French and Harvey (2002) as negative capability. They explain that "negative capability creates an intermediate space that enables one to continue to think in different situations" (ibid: 1209). They go on to define negative capability as reflective inaction, a resistance to dispersing into defensive routines and that negative capability results in behaviours such as "waiting, observing and listening" (ibid:1211).

Looking at these behaviours in a little more detail, we can see the relevance of them in discussing social defences.

Dependency occurs when the basic assumption of the group is that they need a leader to protect them and relieve them of their anxiety. The group behaves passively and the leader is invested with omnipotence. However, if the leader does not perform they will be attacked and a replacement sought. Thus a cycle of leader seeking, idealisation and denigration occurs. The primary task of the group is lost and the focus is on the relationship with the leader.

In the basic assumption of fight-flight, the group behaves as though it has met to preserve itself at all costs, and that this can only be done by running away from someone or fighting someone or something. In fight, the group may be characterized by aggressiveness and hostility; in flight, the group may chit-chat, tell stories, arrive late or any other activities that serve to avoid addressing the primary task.

Pairing occurs when the group is hoping that two of the members will pair off and rescue them and somehow create an unborn leader. With each of basic assumption mentalities the group has shifted in its mind and forgotten its purpose.

When enacting negative capability the group is containing its anxieties; Eisold (2000) defines negative capability as "precisely the ability to tolerate anxiety and fear, to stay
in the place of uncertainty in order for the emergence of new thoughts and perceptions." (ibid: 65).

The idea of containing anxieties could be taken to include emotions that may induce anxiety. Winnicott (1947) recognised the importance of having the capacity to be able to tolerate one’s hate without doing anything about it. He also recognised that in order to be able to do this depended on one being thoroughly aware of one’s hate; otherwise he warned one is at risk of falling back on masochism. Zagier Roberts explains that “to acknowledge and own the uncaring elements in ourselves and our "caring" institutions is crucial, both for individual well being and for the provision of effective service." (Obholzer and Zagier Roberts, 1997:83). When thinking about this in the context of the work group, it becomes apparent that if members of the group neither recognise, nor are able to contain their anxieties and fears, then basic group assumptions will dominate.

Whilst recognizing that at times some social defences are necessary to enable workers to stay in their roles, Obholzer acknowledges that there are times when the social defences "interfere substantially with the primary task of the institution" (ibid: 87). He goes on to say that they may also become "ineffective in their intended purpose of protecting staff from the pain of the job."(ibid).

We know that one of the issues facing the Local Authority is poor recording of MCA and SA processes (Ogilvie and Spreadbury 2011), as identified in the introduction chapter of this dissertation. If social defences are indeed being enacted to defend against anxieties we would need to establish whether it is indeed “just” a lack of recording, or a divergence from the primary task. If Social Workers do not recognise or cannot contain their anxieties, are basic group assumptions dominating and the primary task getting lost? And does the increased anxiety result in social defences that influence person centred practice, with regards to MCA and SA, in a negative manner?

In order to have a better understanding of the behaviours social defences may be disguised as, we need to understand the psychodynamic theoretical models used to describe them. What follows is a brief exploration of some of the most popular terms
used within psychodynamics. We start with Klein’s object relations theory (1959) which gives us a frame in order to understand the concepts of psychodynamics.

2.2.5 Social defences terminology:

2.2.5.1 Object relations:

Object relations theory was developed by Melanie Klein (1959). The theory describes the process of developing a psyche as one grows in relation to others in the environment. The basis of the theory is that the way we relate to people and situations in our adult world was programmed into us by the way we experienced the world as infants.

Klein noted that human beings prime motivation for development is the need to establish relationships. She wrote "the analysis of young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal: in other words, object relations are at the centre of emotional life" (Segal 1979: 169)

Winnicott in his work on transitional objects (1965) also recognised this and concluded that at times of distress an infant would substitute their favourite toy for their maternal figure if not available.

Klein argued that the first external "object" we come into contact with in any meaningful way as infants is our mother's breast. Because of the satisfaction the breast gives, it is perceived as being "good". However, when the breast is denied it is as seen as being "bad". Klein proposed that infants are not able to cope with the extreme anxiety caused by the same object being good and bad. Therefore, as a defence against the anxiety caused, they split the feelings of love and hate into "good breast" "bad breast". This relationship is internalized (introjected) and the influence stays through adulthood. Klein used the term "depressive position" where individuals recognise that good and bad co exist and the "schizoid paranoia position" when the individual is unable to recognize the co existence and attributes all good or all bad to objects, people, situations etc (see section on splitting).
In the context of child protection, Valentine (1994) makes the argument that object relations theory "provides a convincing explanatory framework for examining the psychic interaction between the public and the Social Worker" (ibid: 75). Although this dissertation is concerned with adult services, as already identified, similar analyses can be made with the relationship between the public and Social Workers in adult services. If, as Hoggett (2006) and others suggest, public services are designed to hold the anxieties of society, consideration needs to be given to the role of object relations in the deploying of social defences.

For Klein, object relations are developed by the interaction between Introjection (the taking in of the emotions of the object) and projection, (the externalizing of wishes, feelings and desires etc away from oneself). So what does each of these and other terms mean and how do they relate to social defences?

2.2.5.2 Introjection:

Colman (2009) asserts that Introjection is a defence that occurs when attributes or characteristics of another person are unconsciously incorporated into one’s own behaviour. Winnicott describes Introjection as "a manoeuvre characterized by the examined incorporation of traits of another" (2009:50). Jacobs (2010) suggests that it occurs when a person becomes “aggressive to oneself” when they have internalised the projected attitudes of a judgmental parent figure. The implications of this within the context of social work are quite great. Failure to recognise when this occurs may put a barrier between Social Worker and the individual, with the Social Worker possibly being perceived as judgemental rather than person centred.

2.2.5.3 Projection:

Trevithick contests that projection is one of the most common, yet potentially damaging, of the defences (2011:396). Rycroft (1972) explains projection as “attributing an intolerable, unacceptable or unwanted thought, feeling, action attribute onto someone or something else" (ibid: 126).
In the context of Social Work, Trevithick (2011) warns of the danger of the person using services projecting the criticism and condemnation they may feel onto the Social Worker. Consequently the Social Worker becomes a reliable hate object, someone who is recognised as safe to survive and understand negative projections without retaliating. Valentine (1994) also recognised this phenomenon occurring in society’s relationship with Social Workers; “unwilling or unable to re-experience and then contain their own terror of infancy the public projects feelings of persecution and anger denied from this, into the Social Worker” (ibid:75).

2.2.5.4 Projective identification:

Klein identified that once projection has taken place there is a risk of "projective identification" occurring. This is when the recipient of the projective feelings takes them and recognises them as their own. Trevithick (2011) describes this as when "a person's feelings, say anger, disappointment are located within a practitioner... [t]he practitioner feels the emotions for no discernible reason" (ibid: 404). Edwards and Jacobs (2003) describe it as when the practitioner "experiences an intense emotional state that is unfamiliar and on reflection seems to be a disavowed aspect of the client's experience. The client is unaware of the disavowed material, its transmission is not an intentional act" (ibid: 108). However, both Trevithick and Hinshelwood warn of the importance of recognising when projective identification has occurred. Trevithick (2011) identifies that it can mean that the Social Worker, once in this state, may "fail to notice and respond appropriately to dangerous or threatening situations" (ibid: 404). Hinshelwood (1991) believes it is designed to exercise "intimidating control" (ibid: 184).

Within this context consideration needs to be given to the value Social Workers in the research sample place on their role and the influence this defence may have.

2.2.5.5 Transference:

Transference is characterized by unconscious redirection of feelings for one person to another. For instance one could mistrust somebody who reminds them of an ex spouse
in manners, voice or external appearance; or be overly compliant to someone who reminds them of a childhood friend.

Greenson (1971) explained transference as identifying feelings towards an object that do not befit that object, but belong elsewhere; "a new addition to an old object relationship" (ibid: 152).

Within a social defence and managing anxieties context, Freud (1948) recognised that anxieties could be displaced and unconsciously suppressed provoking feelings towards the analyst which he called transference. Ferenczi (1916) made the link that this transference happens in everyday life and also identified counter transference, corresponding feelings evoked in the recipient. However, Howe (2008) suggests that "positive and negative transference reactions can help the Social Worker to feel or react more appropriately" (ibid: 167). An example of this would be in the use of empathy, enabling the Social Worker to have a real understanding of the person’s perspective.

2.2.5.6 Splitting:

As already discussed in object relations, Klein (1959) developed the view that splitting is one of the earliest defences against an unbearable and unmanageable experience of anxiety which we are unable to understand or contain.

Splitting involves disassociation from reality by separating out the self or objects into good and bad. This is often in response to times of anxiety that feel dangerous to the individual's well being; in other words dividing feelings into different elements (Halton1997).

Within the realms of this dissertation it is important to consider a Social Worker’s interpretation of the things the organisation does or does not do and whether it is viewed, to use Klein’s terms, from the depressive position or the schizoid paranoia position.

2.2.5.7 Scapegoating:
In early tribal cultures a goat was used symbolically to rid the tribe of all their sins. Once the sins had been placed upon the goat it was then killed or driven off into the wilderness, thereby generating a sense of purification and renewal by tribal members (Taylor and Rey, 1953). In today's societies the need to rid ourselves of our sins is still prevalent, yet rather than sacrifice a goat we subconsciously place those sins onto another person or group.

Gemmill (1998) propositions that the role of the scapegoat is a covert role, directed at meeting unconscious needs, fears, wishes and anxieties of a social system. Gould (1997) explains its occurrence as when "unwanted feelings and experiences are split off and projected onto particular individuals or groups that carry them - that is, their process roles as distinct from their formally sanctioned roles - on behalf of the organization" (ibid: 8). Gemmill (1998) goes on to argue that group members "who are covertly assigned to scapegoat roles are often willing victims who have been socialised to experience guilt at not fitting into the social system.....they tend to believe that their failing is the result of their own personal attributes rather than the results of attributes of the social system itself." (ibid: 3).

Jaques (1955) suggests that as the scapegoat role is a social defence, getting rid of it would stir up the unconscious emotions it contained. To this end, if the scapegoat disappeared group members would assign the role to someone else.

Whilst the above has given a broad reach of the literature around social defences, let us now turn our attention to the research focused on social defences and Social Workers in child protection.

**2.2.6 Child protection, Social Work and Social Defences:**

Since 2004 over 100 papers have been written about Social defences (Whittaker 2011) and how they influence the way professionals in the field of Health and Social Care function. In recent years there have been various articles that cite Menzies Lyth's work and the relevance it has today within the context of Social Work in children’s services (such as Deacon, 2004: Cooper &Lousada, 2005: Balfour, 2006:Taylor et al, 2007:Ruch, 2007: Hingley-June &Mendlin, 2007: Jones &Wright, 2008: Waterhouse & McGee,
There is one fundamental difference between children’s and adult’s services. In child protection the law is clear; the Social Worker’s role is to protect the child. In adult services there is conflict between protection, empowerment and the rights of individuals to self determination, resulting in there being no clear legislative framework within which a Social Worker can function. This dissertation aims to identify how this conflict is managed by Social Workers, as the intrinsic need for a Social Worker to protect themselves from anxiety may be at odds with their value base of AOP and PCP, which is a requirement of MCA and SA policies.

Halton (1997) makes the point that not all social defences are negative; he argues that in fact some social defences are healthy as they enable us to cope with anxiety and stress. They only become unhealthy when they obstruct contact with reality in ways that are harmful to us and hinder the primary task of the organisation.

There are links here with Valentine’s paper (1994) where she questioned whether public fear and anxieties over child abuse become projected onto the Social Worker and whether Social Workers introject these feelings becoming "the bad object". In response, Social Services departments develop a number of strategies which aim to defend against feelings of blame and responsibility; we see this in the policies and procedures of an organisation.

Conversely, Thomas (1994) argues that it is the Social Services strategies that attempt to reduce adversarial elements, together with the multi faceted aspects of child protection “that makes it so difficult” (ibid: 745). Rather than acknowledging that it is a difficult and complicated role, Thomas (ibid) suggests the emphasis goes into the policies and procedures and it is these in turn that increase anxiety, rather than their aim of decreasing it.
This Local Authority is no different from others and this dissertation considers how the use of policies and procedures is interpreted by Social Workers and the impact this then has on managing anxiety.

Trevithick (2011) demonstrates the multi faceted aspects of social work by making the point that service users are expected to adapt to professional needs or organisational requirements. Whilst she recognises the importance of this to enable defences to be lowered, she argues that PCP is an approach that is not supported in areas of social work, "where managerialist agendas tend to operate" (ibid 408). This is a fascinating point as there is an organisational requirement of PCP but also to implement MCA and SA policies; this paper considers the contradiction this presents to Social Workers and the anxiety it arouses.

This point is further explored by Parton (2000) who states "Social Work theory base is narrowing down to the introduction of managerialism in Social Work and the Importance placed on audit, procedures and legalism "(ibid, 457), thereby not allowing anxieties to be recognized. It is interesting that Thomas(1994), Trevithick (2011) and Parton (2000) all raise the idea that anxieties are naturally occurring in social work and that by trying to manage them out with policies and procedures, the anxieties are actually increased with nowhere for them to be recognized and managed consciously. A desired outcome from this dissertation is to develop learning interventions that enable Social Workers to not only recognize anxieties but be able to manage them in a way that is conducive to PCP.

Whittaker (2011) found that Menzies Lyth’s theoretical model has stood the test of time and whilst some social defences are no longer enacted, thanks to the learning from inquiries and subsequent organisational reform, many still are. This certainly appears also to be the case in adult services.

Whittaker also recognizes the issue of acknowledging anxiety. His research identified that practitioners will avoid decision making for fear of getting it wrong or being blamed and would upwardly delegate that responsibility to senior managers. In the context of being risk sensible as opposed to risk averse Whittaker suggests "\[a\]n...
essential part of this transition will require a greater emphasis on the emotional aspect of organisational culture in order to enable anxiety to be acknowledged and worked through." (ibid: 493). This paper is interested in identifying if this is the case in adult services, being principally concerned with the potential conflict between a Social Work value base and organisational requirements and the impact of unmanaged or ineffectively managed emotions.

2.3 Summary:

The literature reviewed above gives a broad context to areas that have been identified through the research undertaken as part of this dissertation. In order to make sense of the findings from the research, the theoretical framework that Menzies Lyth developed over 50 years ago will be used. In order to have contemporary and professional relevance the framework will include the work previously undertaken by Valentine (1994) and Whittaker (2011) as they have both identified the social defences that are being enacted by social workers.

Whilst Valentine (1994) and Whittaker’s (2011) settings are both within Children’s services there are several similarities between Children’s and Adult services: both are community based settings with the same qualified practitioners. Both are concerned with the welfare of people who are often at crisis points in their lives and both have legislation and or guidance that they are duty bound to follow. Whilst the primary task of both services is the protection of the vulnerable from abuse and neglect, in Adults the emphasis must be on the empowerment of individuals to make their own decisions and therefore brings with it a different set of competing priorities.

This dissertation supports many of the findings from previous bodies of work such as the use of projection and upward delegation as ways of managing anxiety. It also raises the issue of behaviours / processes which once managed anxiety but are now no longer effective; in particular the role as containers of anxiety and the bearing this has on the way the organisation’s primary task is perceived.
The main thrust of this dissertation has however been to raise the question, how can PCP and AOP be truly realised and not be an aspiration when managing the anxieties that are inherent when implementing SA and MCA.

3: Methodology.

3.1 Overview:

Daly (1996) describes a methodology as a recipe that guides a research project and Stevens and Doerr recognise the importance of "an audit trail of methodological and analytic decision" (1997:525) in allowing readers to assess the significance of the research; or put much more simply, it should provide an "explicit account of how the research was conducted by the researcher" (Liamputtong and Ezzy 2005:39).

The "recipe" for this dissertation starts with my ontology, my world view. This has been shaped over the years by a working life that has always had a focus of working with people, whether it was providing direct care and support to a person or managing a service providing care and support to people.

Having started my working life within a large hospital for people with a label of profound learning disability almost 30 years ago, I soon realised that the best way to support an individual was to get to know them. My practice has been heavily influenced by the work of Carl Rogers (1961), Wolf Wolfenberger (1998) and John O'Brien (1998). I strive to be person centred in my approach and my value base, believing that we each interpret our experiences in the world and that this impacts on who we are; we each have a unique story to share which deserves to be respected and valued.

3.2 Research design:

For this reason the research for this dissertation is qualitative in nature as it is the meaning and interpretations that individual Social Workers give to their practice that the research focuses on; identifying any patterns in the use of social defences that may
have acted as barriers to the effective use of Safeguarding policy and the Mental Capacity Act 2005.

Gubrium and Holstein (1997), as quoted in Bryman & Bell (2007; 403), suggest four traditions of qualitative research:

- **Naturalism-** seeks to understand social reality in its own terms, “as it really is”; provides rich descriptions of people and interactions in natural settings.
- **Ethnomethodology** – seeks to understand how social order is created through talk and interaction: has a naturalistic orientation.
- **Emotionalism** – exhibits a concern with subjectivity and gaining access to “inside” experience: concern with the inner reality of humans.
- **Postmodernism** – has an emphasis on “method talk”; sensitive to the different ways social reality can be constructed.

Bryman & Bell (2007) argue that these four contrasting traditions point to the difficulty of creating a definitive account of what is and is not qualitative research. However, I would argue that they all have a focus on understanding the meaning either society or the individual places on reality.

In terms of research design, a practice near approach as described by Froggett and Briggs (2009) has been taken, focusing upon the lived experiences of front line practitioners which enabled their truth to be heard. As Judith Bell (2008) states, the association between the research question and research design is fundamental to the whole research process. If the research design is wrong for the research question the quality of the research will be undermined.

As this research was interested in analysing the behaviour that Social Workers demonstrate and the meaning they put to it, there is an emphasis on subjectivity. Therefore, this paper falls within the tradition of emotionalism as it is the inner reality that it wishes to uncover.

**3.3 Research philosophies:**
In terms of social theory analysis paradigms (fig2 below), adapted from Burrell and Morgan (1979) as cited in Bryman and Bell (2007), the research was undertaken from an interpretative perspective within a subjective framework.

Saunders et al (2009) describe objectivism as “how social entities exist independent of social actors” and subjectivism as “understanding the meanings that individuals attach to social phenomena”. A Social Worker’s role can be viewed from an objective stance and there is a role profile which sets out the functional and competence behaviours expected. However, this study concentrated on the meaning that Social Worker gave to those behaviours, how it was socially constructed, which required me to adopt a more subjective view.

Therefore the philosophical theoretical orientations (epistemology) of this dissertation lay within the theories of interpretivism, in particular Phenomenology and Hermeneutics.
Theories central to phenomenology come from phenomenological philosophers such as Edmund Husserl (1859-1938) Alfred Shutz (1899-1959) and Martin Heidegger (1889-1976). They shared a belief that to understand why people do things we have to understand the meaning that they give to their actions (Liamputtong and Ezzy 2005). Empirical phenomenological research traditions are well developed (ibid) and they aim to capture the intrinsic nature of everyday experiences, or individuals' life worlds, including the taken for granted assumptions about everyday life. By focusing on the meaning people give to their actions and the subsequent beliefs and further actions that emerge as a consequence, we can begin to understand their behaviour rather than explaining it.

As with phenomenology, hermeneutics focuses on the meaning and interpretations people give their actions, a cycle of interpretations as lived experiences and storied interpretations continuously influencing one another.

Rundel (1995) and Alvesson and Skoldberg (2000) describe hermeneutics as the critical thinking of interpretation. Whilst traditional hermeneutics focused on the interpretation of written text such as the Bible, modern day philosophy argues that human behaviour can also be interpreted as if it was a text.

Within the context of this dissertation, the aim was to determine what the experiences of working within MCA and SA mean to the individual Social Worker, the meaning that they give to their actions and any concomitant actions, enabling us to gain an understanding of how the experiences themselves may reinforce the Social Worker's behaviour in those practices.

Whilst positivists may argue that interpretations are uncertain and unreliable, hermeneutics assert that truth is uncertain and variable, by exploring the interpretation of the "truth" within the person's context, it makes the truth meaningful.

Hermeneutical theory implies "that there is never any truth independent of interpretation" (Liamputtong and Ezzy 2005:28) and this concept has resonance with my own view of research. We need to acknowledge that our understanding of reality is
influenced by interpretations, and that our interpretations are influenced by what happens in the world.

Therefore, an inductive approach has been adopted for this research as it is exploratory in nature. It has aimed to identify patterns and themes from the data collected, and given me a greater understanding of the social construct of the Social Workers role and what the overriding drivers are.

A deductive approach was dismissed as the research focused on how social defences influence Social Workers; therefore, a theoretical hypothesis was not considered as the focus was not about proving the phenomena but questioning its impact.

3.4 Sampling:

3.4.1 Sampling frame:

In quantitative research the aim of sampling is to ensure that the sample is statistically representative of the population from which the sample is taken, in order that the findings can be generalised to that population (Bryman and Bell, 2007). However, in qualitative research the emphasis is not concerned with the statistical representation, but purposive. Rather than the distribution of a phenomenon it is concerned with understanding the phenomenon; thus “[t]he aim is to provide generalisations about social processes and typical patterns of meanings” (Liamputtong and Ezzy 2005:45).

This study was not concerned with the number of social defences a Social Worker may deploy but to gain an understanding of how the social defences influence their practice.

As the research for this dissertation focused on how social defences influence the practice of Social Workers in a shire county, the sampling frame was initially all Social Workers employed by the Local Authority and who worked within the MCA and SA policies. In order to set the Social Workers views within the context of the expectations of the organisation, it was recognised that the leads of MCA and SA within the Local Authority and line managers of the Social Workers also needed to be included in the sampling frame.
By including leads and managers as well as other naturally occurring data (triangulation) it was hoped that the intrinsic bias that comes from single data source would be overcome (Denzin 1989).

3.4.2 Sampling methods:

As previously discussed the epistemological approach to this research is based in hermeneutics with the need to gain an understanding of the meaning Social Workers give to their behaviour. Patton (2002) suggested homogeneous group sampling as a method when there is a need to minimise variation and to maximise homogeneity, in order to describe the experience or process in as much detail as possible.

Homogeneous group sampling was essential to be able to draw out themes that were consistent within the particular profession and their role within MCA and SA. However, this needed to be set within the context of the organisation which is why managers and leads were also included in the sampling to be able to identify any discourse between Social Workers and the organisation.

An assumption was also made that the full dimensions of the research would not be known until the study was complete; other areas of sampling may develop once the field work had begun. Indeed, opportunistic sampling arose following interviews with Social Workers, leads and managers as emerging patterns and theories guided me towards what to look for and where to find it, resulting in a naturally occurring conversation with learning and development colleagues (appendix 10). Also I was invited by a group of Social Workers to observe a workshop they were attending titled “The tensions in Social work and Safeguarding”. (appendix 9)

An invitation via email (appendix 3) was sent to all Social Workers involved in MCA & SA, inviting them to be involved in the research. Attached with it was an information sheet giving further details of the research outline (appendix 4) and a brief questionnaire (appendix 5) asking which area of the research they were interested in (MCA / SA). An additional invite was sent to managers and leads within the defined areas (MCA & SA) with the same attachments.
Consideration to the sampling selection was as follows;

For the Social Workers a maximum of eight participants would enable me to gain sufficient data from which to draw some analysis and a judgment sample was to be selected, ensuring that there was a spread of, length of professional experience, geographical location, gender, age and experience within other Local Authorities. Again, the rationale behind this was to gain a broad reach of understanding across Social Workers not just from one particular sub group.

The same process was to be followed with inviting leads and managers, but having a maximum number of 6 interviews, due to the limited number of people working at this level.

However, the response from both emails was poor; two Social Workers responded saying they were interested, whilst only one manager replied.

Reflecting upon this I took the decision to send another email, but this time to individual Social Workers, managers and leads that I had come into contact through training events on MCA and SA and whom I knew had either a key interest in MCA or SA or it was a key part of their role. This would enable me to find out if it was the subject matter people were not interested in or if there was another reason.

This time all the respondents were positive resulting in a sample group of six Social Workers, three for MCA and three for SA, (5 women and 1 man, two further male Social Workers, 1 MCA and 1 SA were initially involved but then withdrew, one due to ill health and the other due to time commitments). There was a spread of date since qualified from newly qualified Social Workers to 30 plus years experience; there was also an equal spread from across the county. Although there was no measure against these criteria, for the research to be robust I did not want all the participants coming from one area as the issues highlighted may have had more to do with the way that particular team was managed rather than the use of social defences. In addition, the leads and managers were also positive with a total of 6 leads / managers, again with a spread of experience and geographical location. Not all the managers / leads were
Social Workers as this is not a requirement by the organisation for their posts. The issue relating to why / why not individuals responded was a simple one, the original email had been ignored as it was a global email and not specific to them.

3.5 Data gathering:

Bryman and Bell (2005) categorise five research methods that are frequently employed within qualitative research.

- Ethnographical / participant observation; Researcher is immersed in the social setting of a group, to gain an insight “appreciation” into the culture of the group.
- Qualitative interviewing; Rubin and Rubin (1995) and Mason (1996) describe this as unstructured or semi structured interviews.
- Focus groups; discuss specific issues within a group, using open questioning techniques.
- Language based approaches to the collection of qualitative data; such as discourse and conversation analysis.
- The collection of qualitative analysis of text and documentation.

Prasad (1993), as well as other academics encourage the use of mixed methods in data gathering to capture complexity and contradictions within the data.

Triangulation (using mixed methods) was initially thought by some qualitative researchers to be a way of discovering what is actually going on by comparing one method against the other and deciding which one represents the truth (Liamputtong and Ezzy 2005). However, it is now regarded as a way to develop a complex picture of the phenomenon being studied which otherwise might be unavailable if only one method were used. Triangulation can be adopted in the following ways; data source, methods used, researchers (including participants as co researchers) or theories. Within this paper the triangulation that has been adopted falls within data source, as it involves multiple information sources; Social Workers, leads / managers, learning and development colleagues, Government policy as well as a literature review. Methods
used also support the idea of triangulation, using semi structured interviews, a focus group (naturally occurring conversation) as well as participant observation.

This is similar to methods used in other studies such as Menzies Lyth’s (1960) and Whittaker’s (2011) more recent study of anxiety in Social Workers working in child protection.

Researcher triangulation was dismissed due to the fact that this is a small scale study due to time restraints and therefore participants as researchers, as in action research, was not viable. The review of literature has focused mainly on psychodynamic studies involving social defences in health and social care settings and is supported by some of the literature of work group assumptions and the influence of social defences within policy. Literature around person centred and anti oppressive practices has also been reviewed as these are key to the role of a Social Worker.

3.6 Data analysis:

Analytic induction, which Bryman and Bell (2007) define as “an approach to the analysis of data which the researcher seeks universal explanation of the phenomena by pursuing the collection of data until no cases are inconsistent with the hypothetical explanation of the phenomenon is found.” (2007:583) would have confirmed that social defences do influence the way Social Workers practice.

However, to manage the subjectivity and to understand the meaning Social Workers give to their behaviour this dissertation does not start with a hypothesis, but builds on the data collected, producing concepts and only then hypothesising about the relationship between concepts. Therefore thematic analysis based in grounded theory was the approach taken.

Because of the iterative nature of thematic analysis and grounded theory, the analysis of the data informed the other sources of data I needed to collect. See figure 3 below (adapted grounded theory process from Bryman & Bell 2007). Whilst the interviews indicated a relationship between feelings and the processes adopted, the tensions between practice and process needed to be further established. This led to a review of
local policies, procedures and reports which in turn led to a focus group with learning and development practitioners and observation of Social Workers in a learning environment.

As discourse analysis aims to reveal the means in which social realities are produced (Liamputtong & Ezzy 2005; 262) it could be argued that it too would have been a suitable method to analysis the data from this dissertation; however, due to the time constraints imposed by the academic framework, it was ruled out.

**Figure 3**

3.7 **Reliability and validity:**

Hermeneutic realism rejects the modernist idea that “knowledge must be defined as beliefs whose validity is known with certainty” (Hammersley 1992, quoted in Liamputtong & Ezzy 2005: 37). This paper does not pretend to be something it is not. This research does not produce a theory which can be generalised, i.e. externally validated, because its purpose is to explore what may be happening in one organisation, with one group of staff. Its hope is that it will enable the organisation to give the time to consider other options and possibilities as to why Social Workers struggle with the complexities of their role with MCA and SA.
The data collection methods were selected to allow the study to be carried out within the time frame available, which in itself limited the scope of the research. If time had not been an issue, then action research would have been given greater consideration as participants as researchers would have enabled greater analysis of the individual's interpretation of their own behaviour. However, all transcripts (appendix 8) have been typed up verbatim and have not been cleaned up in any way; direct quotes from participants have been used to reduce the subjectivity. The transcript from SW 6 is limited due to a malfunction of the dictaphone. (appendix 7 is a schedule of the themes discussed.)

I recognise that any results could have been skewed by “double think” Bryman and Bell (2007: 146) in that the analysis will be the researcher’s interpretation of the participants interpretation of the questions asked and have limited this by using direct quotes from the participants.

3.8 Ethical considerations:

Ethical approval has been sought and agreed from the organisations that have jurisdiction over this research (Liamputtong and Ezzy, 2005); the Local Authority research governance framework (appendix 1) and the university ethics committee (appendix 2).

There are potential hazards related to issues of bias. Participants will have their own perception of why things are the way they are. As Punch suggests (1986) politics, moral issues and ethics infuse the research process. Therefore there is the potential that the findings of the research may bring into question strongly held beliefs of colleagues in the Local Authority. This in itself may challenge individuals including myself, who as an insider researcher involved in Learning and Development may feel my practice is being questioned, especially if training is identified as failing the needs of the individual's participating in the research. Within this context, as Liamputtong and Ezzy (2005) point out, the research must be conducted in a way to ensure that all aspects of the study are handled in a way that is respectful of the Human Rights and needs of all involved.
Being clear of the aims of the research helped keep the focus: keeping a sense of perspective and the need to identify the gaps in knowledge and skills at the fore of the inquiry. The focus of the research project needed to be about finding solutions to improve practice not apportioning blame; therefore the recommendations needed to be attainable and meet the needs of all those involved, not just one particular group.

There was a potential risk that during the interviews poor or illegal practice would be identified. As a researcher who works in social care I am bound, not just by research-based ethics, but by the General Social Care Council (GSCC) code of practice (recently transferred to the Health and Care Professions Council) and would therefore be duty bound to refer any malpractice to an appropriate manager (in this case it would be the individuals line manager). However unlikely it was to occur, it was clear within the information sheet that the researcher would be adhering to the codes of practice of GSCC, MCA, and SA Policy. It is also important to note that qualitative research often promotes reflexivity, self awareness and empowerment amongst the parties involved (Grafanaki 1996). Therefore all those involved were offered an opportunity for work based coaching outside of the research framework.

4: Results.

4.1 Overview:

As described in the preceding chapter, 12 interviews, an observation of a workshop and a naturally occurring conversation and an emailed “joke” contributed to the data collected for this research.

The epistemology of this dissertation has its roots within the theoretical beliefs of Hermeneutics and Phenomenology. Therefore, direct quotes from the participants are used as it is the meaning that they ascribe to their behaviour that is crucial in identifying how social defences influence the way that Social Workers practice within the MCA and SA.
By applying the concept of thematic analysis as described in the previous chapter to the data, various themes became evident (see figure 4).

![Thematic Analysis Table]

**Figure 4**

The following results have been categorised by data set i.e., Interview, Observation or conversation rather than the commonalities between each set. This is because each data set was undertaken as a cycle, with the findings from one influencing the interpretation of the next.

### 4.2 Semi Structured interviews:

As previously stated 12 interviews were undertaken; 6 with Social Workers and 6 with Managers. Themes that were covered in the interviews included experience within SA and MCA, role definition primary task and risk (appendix 7). Whilst Social Workers had been asked to identify if they wanted to focus on MCA or SA there was no clear delineation between the two, with MCA participants talking about SA and SA participants talking about MCA.

Attitudes, behaviours and values of the Social Workers when discussing Safeguarding and Mental Capacity, were consistent with one another, with the same themes present. This was also reinforced from the managers’ interviews. (Transcripts appendix 8.)

As illustrated in figure 4 the themes that initially became evident were an emphasis on protection as opposed to empowerment, a reliance on others as experts and contradictions with regard to how processes were viewed. When this was examined in
more detail the themes that were identified could be subdivided into task and emotion; however, they all related to the anxiety felt by Social Workers as a result of their practice as illustrated in fig 5 below. These themes were not mutually exclusive with each having an impact on the other.

**Figure 5**

**4.2.1 Primary task:**

There was a clear distinction between how Social Workers and managers saw the primary task of a Social Worker.

Most Social Workers were adamant that part of their role was about protecting people, both in Safeguarding and Mental Capacity. There was a clear identification that safety was paramount with terms such as “Duty of Care”, “keeping people safe” and “protector” being consistently used by all Social Workers. This primary task appeared to be driven by a fear of people being hurt and / or in danger. The primary driver for the fear was a mixture of not wanting the person to be hurt, believing that they needed to protect the individual from themselves, “we can’t protect until it goes wrong” (SW4) and being fearful that they would be blamed if something happened to the individual, even if they were supporting the person’s choices; “there is an
expectation that if we haven’t protected someone and something goes wrong that it is the Social Worker or the Department’s fault.” (M5)

Conversely, managers expressed the need for Social Workers to empower individuals to be able to protect themselves and make their own decisions. They were clear that the Social Workers’ role was about promoting independence and having a positive approach to risk. They talked about “autonomy” as opposed to protection, and “promoting wellbeing” rather than ensuring safety. However, all managers recognised that Social Workers were concerned with being blamed and this became the focus of their primary task. There was no evidence that this conflict of primary task was challenged by managers. This raises the question as to whether or not this need to protect is an enactment of a social defence, in order to protect themselves from blame or feelings of guilt (if someone gets hurt); they protect the individual, therefore protecting themselves.

Whilst there was a heavy focus on protection, this was counteracted in part with recognition that they are an advocate for the person, whilst working within the organisation’s processes and the law. This caused conflict for many of the Social Workers between their value base and a sense of duty to protect people. There was evidence that when Social Workers reflected with colleagues they were able to recognise the conflict between wanting to protect, and empowering the individual, “after having a conversation with my colleague I realised that I had to stand back, that I couldn’t fix things” (SW2). This demonstrated that whilst the initial reaction was to protect and “fix things” sharing the decisions with colleagues enabled some Social Workers to feel more confident in an empowering role. However, the primary task still had an emphasis on protection even when appearing to support the decision of the individual and if it was seen as an unwise decision it was preventing the Social Worker from doing their job “the lady had capacity so we couldn’t use the capacity assessment and we knew she was making an unwise choice.” “……….and you can’t do anything to protect her…..” (SW4)

Whilst there appeared to be a tension between how Social Workers and managers viewed the primary task, they shared the view that the organisation had a different
value base from the Social Workers. They did not believe that “Social Work practice is supported or encouraged in any formal way” (M1) within the organisation. This in turn impacted upon Social Workers interpretation of how the organisation saw its primary task. They believed there was a lack of congruence between what the organisation was espousing it wanted and what it was prepared to deliver, “we are about people not figures, not money” (SW3). There seemed little acceptance of the dilemmas that the organisation faced with meeting the needs of the people of the county whilst managing its budget “we talk about empowerment of people and being person centred and that is incredibly time consuming........but we are not resourced to be person centred” (M5). By not accepting the dilemmas faced by the organisation, once again social defences may be deployed to enable Social Workers to split off the realisation that they are not working in a person centred way and use the organisation as the scapegoat to carry that anxiety.

The data suggested that for the Social Workers, this lack of congruence was also evident in how they view their relationships with their managers. They felt that they often didn’t know what managers expected from them and this caused them confusion in what they were supposed to do. Advice was viewed as contradictory, “definitely mixed messages, on the one hand you are being told that you can’t spend money to Safeguard someone but then on the other hand you are being told that you have got to go out and Safeguard this person but in the cheapest way.” (SW3)

Equally, managers were unsure how Social Workers saw the role of the manager, questioning whether they saw the role as a leader or a messenger “oh it’s not you I’m angry with, but then it is me otherwise I am just the messenger.” (M4) The relationship between managers and Social Workers is co-dependent by its very nature, each requiring the other to fulfil certain roles and there needs to be a level of trust between them. A Social Worker may feel too vulnerable in the relationship to be honest and say I am angry with you and therefore splits off the anxiety this is causing and lays the blame elsewhere, (with the organisation ) in order to manage the relationship with the manager. In turn the manager becomes complicit in blaming the organisation as they
too split their anxieties and become the messengers of the organisation in order to manage the relationship with the Social Worker.

Managers did not talk about the minutia of what they expected a Social Worker to do, but talked about broader expectations, which included fact gathering as opposed to investigation, being a link with the family, and ensuring that the vulnerable adult and their significant others understood the SA or MCA process. Managers also recognised that the role of the Social Worker is dependent upon the relationship and rapport they develop with the person their significant others and other agencies who are involved with the person. Some managers were concerned that some Social Workers were not fully aware of their own remit and took on more than they should. “It’s almost as if there is a breed of Social Worker who kind of sees their role as ………they are the white steed of justice, “I will resolve this” (M4). Once again this demonstrates a lack of clear direction over what is the primary task and Social Workers feeling that they need to protect in order to feel safe in their practice.

Whilst there were these perceived differences of the primary task, managers and Social Workers alike identified that part of the primary task was “Following the necessary procedures” (SW5). The data suggests that the processes and procedures gave Social Workers the clarity that they needed and was therefore recognised as an important part of their role. “The primary task in Mental Capacity is assessment, because without the assessment you can’t move anywhere.” (SW3)

The importance of processes appears to have been reinforced by senior managers as the number of tasks (processes completed on the computer) is used as a performance indicator. This caused a lot of anxiety for all the Social Workers and many of the managers, who viewed the number crunching more important than the quality of the intervention with the person. “Statistics are published every month with how many assessments each team have completed and we are actually measured statistically…..we are servant ….of the procedures of the council” (SW5). Again this caused a tension for Social Workers recognising that processes were helpful and were an important part of the role, but un-accepting of the organisations need to measure.
things. This was interpreted as the organisation being more interested in how many of something rather than the quality.

Concerns were raised by managers that because of this, Mental Capacity assessments and the Safeguarding process get compartmentalized rather than being seen as a holistic approach to an individual. Consequentially this has a negative impact on Social Workers practice and a person centred value base. “people feel task orientated now, quite detached from the individual........indicative of the value base of how people do perceive vulnerable adults, there is a lack of respect ......do not respect peoples dignity” (M5). With the results potentially being that the splitting of the anxiety is once again placed with the organisation becoming the bad object.

4.2.2 Process:

As already identified every participant discussed feelings around process. Social Workers and managers felt that a process was important: "I like very formal process that everybody has to adhere to as it reduces the subjectivity, it gives us tools and support which ......in court will be very useful" (SW1). A structure gives practitioners tools and support to use in their work and reinforces the boundaries they have to work within, it can empower them “Being sure of the process, why that decision was made would make me feel more confident.” (SW4) .There was acknowledgement that following processes gave protection to the practitioner in court and prevented poor practice “if you were challenged in court how could you demonstrate that you followed a process.” (SW1).

However, all participants commented on difficulties with different processes; this could have as much to do with the computer system and recording tools as it does about the actual process of the Mental Capacity Act and Safeguarding policy; “some processes I do not understand they seem to make things more complicated” (SW3). The process was also used as the reason why Social Workers cannot act in a holistic, person centred way: “(process) has lost the art of Social Work; the holistic approach to problem solving has been lost.....” (SW3). Some managers felt that there were insufficient processes in place to support practice and wanted clearer guidance on
what the process should be and who needs to do what: “how many arguments, time, energy, ill feeling with service users and carers because they want to know what they can have around transport (as an example) and we have no policy.” (M4)

However, some participants felt there were too many processes that needed to be implemented. It was difficult to differentiate between the number of processes they felt were in place and the speed at which they appear to change, which for the individual Social Worker or manager, resulted in the same feeling of constant change: “the amount of different procedures and bureaucratic policies that are needed to be read and understood is just incredible.” (SW5).

This is interesting as it would appear that the two differing accounts of processes caused yet more anxiety. By distancing themselves from the process, seeing it as a barrier, they are able to split off the anxiety created by acknowledging that the process can protect them and in doing so, not feeling as though they are working in a person centred way; therefore, this time the process becomes the bad object.

4.2.3 Value of Role:

Throughout the interviews a recurring theme was how Social Workers valued themselves and how they perceived others valued them. At the beginning of each of the interviews there were clear statements that things were OK in their team “…here in this team it works brilliantly……” (SW1) “I have to be honest it is not about the team in my area as they have all got it and know exactly what to do with Mental Capacity.” (SW3)

As the interviews developed, an underlying theme of lack of value towards the Social Work role was identified by the language that was used and the need to defer to others on many occasions, as issues with practice became more apparent. “Silly Social Worker.” (SW1)” Not for me to make those decisions ……need to refer to the expert” (SW5).

This begs the question as to whether the need to affirm that everything was OK in their own team was an important social defence, that questioning colleagues’ practices
might lead them to question their own. That would then lead us to question if the
“assumption that everyone knows better than us” (SW1) is in fact a projection of fear
that other professions are better supported and therefore more able to make
decisions.

Despite this lack of confidence in their decision making, there was strong evidence that
Social Workers attempt to put the emotional needs of the person they are supporting
before their own, by either ignoring their own or delaying facing them; “experiences
like that tell me you can’t think about your own feelings too much...I don’t think I know
my feelings enough to understand them.” (SW2). There seemed a real sense that Social
Workers would bury their own emotions to be able to support the individual. To face
their own emotions may be painful, by denying their feelings they believe they are
better able to cope with their work. The consequence of this is possibly poor morale;
as if they don’t value themselves enough to take account of their own feelings, how
will anyone else value them? This leaves Social Workers doubting their own ability; “It
used to be a vocation.......the pleasure has gone out of the job.......people feel less
valued, less appreciated so more pressured.” (M5) “It feels like we don’t know what we
are doing.” (SW4)

In addition there was also strong evidence that Social Workers and managers (those
that line managed Social Workers) did not feel valued by the organisation or higher
authorities such as the Courts. “if a case becomes contentious and goes to court the
courts will not accept the Social Workers assessment anyway.....[i]n my experience if
something has gone to Court of Protection the court has always asked for a Consultant
Psychiatrist to undertake a capacity assessment......it comes down to a higher
authority.” (M2).This potentially reinforces any negative feelings a Social Worker might
have about their profession.

The data indicated there was a conflict for those managers who had leads for Mental
Capacity and Safeguarding, recognising that people are under stress, but also that the
service was not being delivered as it should be: “people feeling demoralised. But then
how do you expect demoralised people to deliver a good service...[g]enerally in SA
meetings I am asking so what is your conclusion, you know you are the Safeguarder
you are promoting this person’s welfare, you’ve been presented with the information, do you think this happened or not? And quite often you get a response such as “well you’re putting me on the spot”. Well actually no, you’ve got to have a view, you are the Safeguarder, do you think this is a thorough investigation? Yes, no, indifferent, are the sanctions taken appropriate? We’ve even had one recently when the coordinator denied that it was their responsibility within the SA process; it wasn’t their responsibility to promote the welfare of the individual…….” (M1)

Through the perceived lack of value there was considerable evidence that Social Workers and managers would defer to others to make the decision as outlined above and it appears that this strategy as well as others were employed to manage fear.

4.2.4 Fear:

There was much evidence that Social Workers’ practice is driven by fear. Fear of getting things wrong, ending up in Court, not protecting the vulnerable person and possibly being complicit in further abuse.

The data indicated that labels used created additional anxiety: within Mental Capacity it was labelling a person as incapacitious and within Safeguarding it was the term safeguarding itself. The following extract of a conversation between the researcher and a manager illustrates some of the fear that surrounds Social Work practice.

Manager (M2) “we are labelling someone as not having capacity……as though you are putting a serious thing on someone” “….it’s like sectioning someone, using an incorrect term but it’s like labelling them mentally incompetent.”

Researcher “but isn’t that what you are saying”

Manager “yeah but it’s like you are hanging it around someone’s neck and the decisions are going to be judged because of that label.”

The comments above are interesting at it shows a level of anxiety that is so acute that it could almost paralyse someone from acting. This same fear of labels is shared within SA practice, “because it has a massive fat label saying SAFEGUARDING on it I do get
anxious straight away, I do think oh no no...” (SW2). The fear of the label has similar connotations to that with processes and by recognising the need at times to use labels reinforces to Social Workers that their practice feels as though it is in conflict with their value base. So rather than seeing MCA or SA as person centred, they see it as doing to a person and once again to be able to contain the anxieties they need to be split off, with MCA and SA processes potentially becoming the bad object.

There was an overwhelming fear of going to Court, and this seemed to drive much of the practice. Even Social Workers who felt less threatened about the Court process were still clear that it was this that drove their practice. “Court is the ultimate for a Social Worker let’s face it” (SW1) “A big fear culture was generated; oh I might end up in court.” (M2)

This fear appears to be linked with a sense of blame. There was evidence which suggests Social Workers felt they were blamed by others, but also blamed themselves if they felt they hadn’t protected the individual, whether through SA or MCA, “at what point could I have done something to make the situation better.” (SW4) “within Safeguarding, learning from experience feels draconian, everybody’s in trouble here, it feels threatening and unsafe.” (M3). This links back to the points raised with regards to how Social Workers see their primary task and the projection of protection.

There was also evidence that fear impacted on the way decision making was managed due to the perceived blame culture, with Social Workers not only deferring to other professionals, as previously identified in value of the role, but also how individuals were empowered or not to take decisions about their lives. “we have become risk averse, I think due to litigation and people going to the newspapers, people are much more unable to allow people to take risks and that definitely comes down to Mental Capacity, people being allowed to make unwise decisions.” (SW3) “Practitioners are so worried about making decisions in Mental Capacity that they can’t allow people to make decisions and take risks.” (M6). By controlling the decisions a person who uses services takes, the Social Worker is subconsciously protecting themselves from the blame that they perceive is all around them. Being driven by fear the anxiety becomes so strong that the Social Worker may become powerless to practice in a person
centred manner: This was described as “people’s (practitioners) threshold to risk becomes a lot lower and we start to find reasons for them not to go home.......when it comes to us making the decision we think oh no it’s too high....they could end up getting the blame if things don’t work out....pressure sores, pneumonia” (M6).

Conversely the data suggests that deferring to “experts” increased the fear as it added a further layer of importance to the process: “I think Senior Practitioners can make it even bigger and that is about their time and confidence but by deferring to someone else (referring to a specialist team.) outside their team again making the Mental Capacity Act seems separate” (M6).

This point was further echoed by the use of the term Duty of Care, as previously identified, in relation to primary task and the focus of protection as opposed to empowerment. It was recognised by some mangers that Social Workers do understand their roles; “perhaps they do get it but they need to be supported with the fear.” (M6).

The data also suggested that another fear factor was due to Social Workers and managers being fearful they would look inept, or fearful of conflict. “Had a case this week where there was a strategy initial and actually we don’t want to include the family any more so we will go back to a strategy so can you chair it xxxx, well no I can’t chair it as actually it is a review and it’s up to you to say to the family why they can’t be there, but actually there was a hold load of angst that actually we don’t think we’ve got it right and need to start again” (M1).

Some of this was attributed to having not received any training or the training not delivering the desired outcomes, as well not transferring the learning into practice “this training will give you these skills but we know it isn’t being delivered as we expected.” (M4) “The response from senior managers is staff need more training or from staff I haven’t had the training or I need training, for some reason they don’t feel as though they could pick up a book or codes of practice and read it. Whether we have produced that as an organisation that you can’t do anything until you have had training I don’t know?” (M6). There is an issue that the training provided has been insufficient or at the very least not correctly identified the learning needs. But there is
also evidence that another social defence is being deployed in the form of denial, that “it’s not our fault” by considering that someone else is responsible for their learning. Social Workers are absolving themselves of responsibility for their own development. This is reinforced by senior managers who believe that Social Workers need technical instruction, not recognising the emotional support that is required for Social Workers to be able to work effectively. This is replicated with Social Workers recognising that “peer supervision is really valuable, to share knowledge, services, local knowledge.” (SW3), but not feeling that they can take the time to share “my time constraints this year are that I haven’t been to one.” (SW3)

After interrogating the data from the semi structured interviews I was interested in the link between PCP and process. What was becoming apparent was that process is driving practice due to a number of contributing factors; the desire to protect, confusion over what a Social Worker should do and how to manage conflict. Predominately, however, it stems from the fear of getting it wrong, not just getting into trouble – although that was very evident – but also feeling that someone had not been protected. Practice concentrated more on physical harm to a person rather than the psychological impact, with the result seemingly being that PCP is an aspiration rather than a reality.

Discussing this with colleagues I was invited to attend a workshop for Social Workers on the tensions in Safeguarding as an observer (with the groups agreement) to see if this was the case or how I had conducted the interviews.

4.3 Tensions in Safeguarding workshop:

The data identified similar themes to those identified through the semi structured interviews. For notes of the observation and graphic material please refer to appendix 9.

When asked to define a Social Workers role within Safeguarding the four groups all commented on being a protector, keeping people safe at the same time as guiding the person through the process. There was also a strong focus on the process: “The
Paperwork must be completed and we must follow the process. The emphasis is on the Social Worker as to what happens next.” (group participants).

As with the interviews, SA and MCA appeared to be talked about interchangeably, with MCA being identified as one of the greatest tensions within SA.” If the person lacks capacity it changes everything we do. It goes into a process and not what the process is trying to do.” “When there is a lack of engagement from the service user and they think they have capacity and we don’t, so you end up doing something to them.” (group participants).

There was congruency between the data from the semi structured interviews and the data from the observation. Similar social defences were being deployed; the projection of protection was evident throughout the session. This was illustrated by the identification that the primary task was to protect as well as an emphasis on the need to follow the process.

This was also evidenced at the end of the session when the facilitator asked if there was anything from the session that needed clarifying, all the questions related to the forms and the process.

It was also identified that the participants felt a strong sense of conflict within their role, from being supportive to being seen as the enemy rather than as an advocate, between the values they may hold as an individual and the values they need to hold as a professional. The data also suggests that Social Workers are aware of the anxieties these conflicts cause but less aware of how to manage them. “So stress / anxiety/ uncertainty lands with the Social Worker” “Holders of anxiety”. (group participant)

The data also suggested that anxiety was driven by having to have difficult conversations and rather than seeing Safeguarding / Mental Capacity as being supportive to people it created fear in relationships and concerns as to whether practitioners would be viewed as competent in their role.
The data evidenced that whilst Social Workers talk about being person centred when asked how they hear the person’s voice they talked about the people around the person rather than identifying the person.

4.4 Naturally occurring conversation:

Following this workshop a naturally occurring conversation with two colleagues presented itself. The conversation had started when I asked if I could record it for the purposes of this dissertation, both colleagues were in full agreement (for transcript please see appendix 10).

It was recognised that there was a prevalence of Social Workers wanting to protect individuals rather than empowering them. The question was raised by a colleague as to whether or not this was in actual fact projection from the Social Workers. “You have a group of Social Workers who feel disempowered, de-professionalised, not listened too and are actually feeling very concerned about the future. So as a group and as individuals may feel that they need protecting. It almost seems that what they need to do is almost projecting that sense of needing protecting on to the people with whom they are working. So that the last thing they are able to do, if they don’t feel confident in themselves or their profession as individuals, is to give the energy and power to those people as it has been removed. Whilst their managers are getting that sense of empowerment that’s fine as there might be some energy coming down from there, but somewhere between the manager and the Social Worker it stops. It’s like you have a sluggish system where all people can do is enclose themselves.” (LD1). This echoed the findings from both of the previous data sets.

The data also identified that Learning and Development colleagues believed that Social Workers were motivated by fear and that this was not acknowledged by senior managers.

“people are frightened; people are scared, anxious that they are going to get things wrong” (LD1)
Referring to an exchange between a senior manager when she was told at a team meeting that Social Workers were frightened “My understanding is that she said “I'm fed up of hearing this” so that message of I'm fed up of hearing this has come from a number of different places, not just from our meeting...so refusing to acknowledge it.” (LD2).

This feeling of fear was also prevalent through the semi structured interviews. There was a belief that senior managers did not recognise, or chose not to, the impact that fear was having on practice and consequently the influence of social defences.

4.5 Email:

My final piece of data came in the form of an email attachment that was recently sent to me by someone who is training to be a Social Worker under the guise of a joke; it had been circulated across the department. It was a popular quote taken from the works of Konstantin Josef Jirecek, minister of Education in Bulgaria in the late 1800s.

“We, the unwilling, led by the unknowing, are doing the impossible for the ungrateful.”

Of course the reasons behind the use of this joke could be varied. However, reflecting on the themes that have been identified through the other data sources it could be argued that similarities exist. An example of this is the joke being used to deflect blame, projecting it on to "others" who are seen as ungrateful, or the sense that there is no direction from the organisation as it is “unknowing”. But even more telling is the declaration that Social Workers are no longer willing to do the impossible; arguably this could be interpreted as the subconscious of the Social Worker recognising they are no longer able to contain anxieties as it is this they consider to be impossible.

The data suggests that the perceived value base of a Social Worker is being undermined at the early stages of a Social Workers career: if the value base is not embedded before they are qualified what chance is there of it being realised once they are?

4.6 Results Summary:
The data from the semi structured interviews, the observation of the Safeguarding workshop and from the conversation with Learning and Development colleagues appears consistent with the view that fear, whether perceived or real is driving practice due to practitioners having a high level of anxiety around their role.

This has been reinforced by working in a culture where conflict, blame and contradiction are embedded into everyday practice. Resulting in people unsure of what their role is supposed to be achieving.

The data demonstrates high level of personal commitment to support individuals and a wish to be person centred and processes are seen in part as a way to achieve this. However, the reality is that the process takes over and becomes the focus of people’s attention, becoming the primary task.

Processes are also used as the measurement of how successful a team or individual is at meeting the organisation’s objectives; this again reinforces the focus being on the process of form filling rather than of being person centred.

Whilst on the one hand working within processes is recognised as a safe way to practice it is also seen as an obstacle to “getting the job done”. Getting which job done is open to interpretation: the job of protecting vulnerable people from making unwise decisions or the job of empowering vulnerable people to take control of their lives? This is complicated further when you consider form filling as the job, it is seen as the process and drives practice rather than seen as a tool to support the decisions that are being taken. With the focus being upon the process and not the individual there is a dissonance with the primary task and potentially the individual is seen as being “ungrateful”.

The data demonstrates that Social Workers are deploying social defences as a way of managing their anxiety. This is evidenced by the use of projection, splitting and denial: fear of decision making, hence the form not being recognised as a tool to support this. Social Workers and managers constantly deferred to others to make decisions as they were seen as the experts. This was also perceived to be reinforced by other authorities
such as the Courts who understandably are invested with power by the Social Workers and managers.

The following chapter will discuss in greater detail how social defences are influencing the way Social Workers and the organisation in general are managing anxiety, using relevant theories and previous academic research to support the reasoning behind the findings.

By recognising and having an understanding of the social defences’ at play we will be able to better manage the anxiety brought about by the themes illustrated in figures 4 & 5: the primary task, the conflict with the processes, the lack of value of the role and the perceived blame culture. Therefore being able to support person centred practice to improve the lived lives of the most vulnerable.

5: Discussion.

5.1 Overview:

The findings in the results chapter have identified the social defences that are being displayed by Social Workers and their managers. These now need to be set within a theoretical context in order to give some meaning to the phenomenon which has been identified: that in order to be able to protect themselves from the anxiety inherent when working with people in such an emotional context, (MCA and SA) Social Workers face significant challenges in their attempts to be person centred thus they potentially run the risk of turning from their professional value base.

Social Workers talked openly about the fear of getting things wrong and being blamed when things went wrong. The fear of people who use services leaving themselves very vulnerable through unwise choices / decisions resulted in practitioners feeling they needed to protect the people they are working with. In this chapter I want to explore further how psychodynamic theories and concepts help us to understand how these fears result in Social Work practice possibly being at odds with the person centred practice it aspires to be.
Due to the limited word count available for an MSc dissertation I am going to focus on discussing two examples of behaviour which may be due to the deployment of social defences, the need to protect and the practice of deferring to other “experts”. Before we can start to explore the influence of social defences we need to set the role of a Social Worker in the context of the value base they ascribe to practice in. Therefore, to begin with I will revisit what is meant by a Social Work value base.

5.2 Value base:

Traditionally Social Work is committed to a particular set of values including acceptance, respect for the client, the clients right to self – determination, being non judgemental and non -condemning (Biestik 74, Bultrum 76, Timms 83). Over the past 20 years this has shifted to that of anti – oppressive practice (AOP) with the focus being on empowerment, partnership, minimal intervention and equality so that people in need have respect and fairer treatment from Society (Harris 2003).

The current and previous Governments have set out a clear agenda for Health & Social Care to be person centred in everything that they do, from policy making to delivering of front line services (Putting People First 2007). Person Centred Practice (PCP) is described by Hall (2012) as “a value based perspective about what each of us would wish to experience with regard choice independence and dignified treatment” (ibid: 12).

There is an explicit requirement for Social Workers to be Person Centred which appears congruent with the Social Work value base of AOP however; the data would suggest this is not consistently translated into practice with MCA or SA.

In order to make sense of the findings and why there appears to be a misalignment between the perceived value base of Social Work and practice (empowerment versus protection) this discussion chapter will explore, from a psychodynamic perspective, this relationship. The discussion will also focus on the expectations of society with regards to the protection of vulnerable people and questions the effectiveness of the social defences that are deployed and argues that some defences are in fact creating rather than relieving anxiety.
5.3 Who needs protecting?

AOP talks about empowerment, supporting people to take control of their own lives (Parrott 2010). Yet Social Worker’s were clear that they felt their primary task was to protect, to keep people safe. Whilst of course there is an element of protecting people in what a Social Worker does, if the focus is on protection rather than empowerment there a risk that people will not become empowered as the need to protect becomes the overall aim (Trevithick 2011).

The question as to why Social Workers’ have a need to protect was raised in the conversation with LTDU colleagues and whether Social Workers were in actual fact projecting their need to be protected onto people who use services (appendix 10). Valentine (1994) describes projection as "the externalising of wishes, feelings and desires etc, away from oneself" (ibid: 74).

Social Workers consistently talked about feeling blamed, and being fearful in their practice. If indeed their wish is to be shielded from the anxiety aroused then projecting these wishes onto to people who use services would make some sense. If this is the case we need to consider what they feel they need protecting from and what is preventing them from empowering themselves and consequently the people they are supporting.

Drawing on the work of Whittaker (2011) can help to understand the difficulties faced by Social Workers working in adult services. He identified that Social Workers in Child Protection were deploying social defences to manage the anxiety brought about from their roles, in particular the emotional labour that is required to fulfil them. He found that upward delegation and decision making was clearly evident in how Social Workers were managing the anxiety.

As we can see from the data the behaviour demonstrated by the Social Workers in this study is no different, with referring to other “experts” to make decisions. However, rather than alleviate the anxiety there was evidence that it was in fact increasing it. It could be argued it is this additional anxiety that was being interpreted as a lack of value towards the role. Defences that have been successfully deployed for sometime
have become the antipathy of what they were originally intended to do, reduce the anxiety of the emotional labour (Whittaker 2011) needed to do the job, only to become a cause of anxiety by creating dissonance with the value base of a Social Worker.

From the data there is a clear indication that the focus has been on processes not people:

“I realised I have been implementing processes rather than what people wanted” M6

“[T]he art has gone out of social work” SW3

The archetype of a Social Worker, who drove a 3CV and drank tea all day listening to people’s woes and never passing judgement on them, has long since vanished. Instead they are degree qualified professionals who are accountable for their thought processes and decisions and as life becomes increasingly more complicated so do their case loads. Therefore what is described above as “the art” of social work needs further deliberation.

The assumption at the beginning of this chapter that PCP and AOP are congruent with one another may be misleading. Yes there are similarities but it could be argued that AOP comes from the professional gift model (Duffy 2011) that the power to determine how someone’s needs are to be met lies with the professional. PCP undermines this premise and demands that the power to decide belongs with the person deemed vulnerable. Therefore “the art” of Social Work referred to above may actually be expressed as the value base that a Social Worker believes they hold, i.e. AOP.

If this is the case then consideration needs to be given to the possibility that working in a person centred way challenges Social Workers to reconsider the value base of Social Work itself and who holds the power to decide. It may be that it is the anxiety that this challenge creates that the Social Worker subconsciously desires to be protected from.

Taking this as a hypothesis can help us to make further sense of how social defences are influencing Social Work practice. However, it is not the whole picture and it will be
helpful at this point to reflect on the relationship between Social Work and societal expectations of protecting vulnerable people.

Valentine (1994) discussed the relationship between society and Social Work around the issue of child abuse: how the anxieties of society get projected onto the Social Worker which in turn gets introjected and the Social Worker becomes the bad object (Klein 1959). Whilst there is no evidence from the data to suggest that similar feelings are projected from society onto Social Workers in adult services, the behaviour displayed by the Social Workers, leads us to conclude that this might be a possibility. There is certainly evidence that Social Workers are feeling devalued and this could be as a result of Social Workers introjecting the feelings being projected onto them by society.

In order to manage these negative feelings that a Social Worker was constantly having projected onto them Valentine (1994) recognised that regulation and control of Social Work practice was one of the strategies used to defend against these emotions.

This is evidenced within the data by the number of processes Social Workers were saying they have to implement in following MCA or SA policies. Again we see social defences that were once used to protect Social Workers from the anxieties inherent in their roles become a greater barrier.

5.4 Blamed and blaming!

Halton (1997) suggests if left unchecked social defences can become a danger; they can obstruct contact with reality and therefore not only become harmful to us but hinder the primary task of the organisation. There is certainly confusion from Social Workers and their managers around the primary task of the organisation, with a perception that the organisation is focusing on the processes rather than on the people. The reality appears that processes have become more important than the people.
Reflecting on Bion’s (1961) work group assumptions theory - in particular basic group assumptions- can help us understand how defences left unchecked can become a barrier to the primary task.

As previously discussed if Social Workers are feeling in need of protection the basic assumption of the group may be that they need a leader who will relieve them of their anxiety (ibid). The focus of the group becomes the relationship with the leader with dependency being created.

However, with in a culture of being blamed and blaming the anxiety is not relieved and rather than investing the leader with omnipotence blame is attached. The group, in this case the Social Workers and managers, behave passively with regards to the primary task as the focus becomes the denigration of the leader, in this case the senior managers.

The Social Workers talked about the amount of bureaucracy that they have to work within which would indicate that in order to manage the anxieties, this organisation puts in additional processes, which include Mental Capacity Act and Safeguarding policies. Reflecting on this in the context of Thomas (1994) who argued that it is the Social Services strategies attempting to reduce adversarial elements and the multi faceted aspects of child protection "that makes it so difficult "( ibid : 754), enables us to make some assumptions about the difficulties in adult services.

By taking the focus off the adversarial elements the reality can become distorted and the emphasis goes on the processes rather than the vulnerable person.

One Social worker commented that her own feelings have to come second. “...experiences like that tell me you can’t think about your own feelings too much.” (SW2). By denying our feelings we deny empathy and in doing so not recognising the situation from the vulnerable person’s perspective. Therefore the fear of getting it wrong becomes a projection of the feelings created by empathy that go unrecognised and as a consequence become a barrier to PCP as the reliance on process gets
reinforced. As Halton (1996) warned the defences become unmanaged and the primary task is hindered.

Whilst much of the research into social defences and Social Work has been based in child protection and the anxieties child abuse creates in society, there are many similarities with the relationship between society and adult services: anxieties of getting older and / or becoming disabled, becoming dependant, fear of being seen as useless and the anguish that goes with this.

Hoggett (2006) suggests that the role of organisations such as Local Authorities is to hold the anxieties of society, in this case of getting older / becoming disabled. Using Klein's model of splitting and bad object we can see how these feeling get projected onto the Social Worker in adult services and in turn Social Work not only becomes the bad object but the container for the emotions.

Social Workers frequently talked about anxiety, blame and fear, the “joke” email may indicate that whilst Social Workers are containers there is some leakage. On first reading it could appear (and might possibly still be the case) that the ungrateful are indeed people who use services, however, in the context of Hoggett’s discussion the ungrateful might well be referring to society, indicating that subconsciously the profession (Social Work) is no longer willing or even able to contain all the anxieties.

Hinshelwood (1987) identified there are three types of relationships between the container and the contents:

- The container crushes the contents.
- The contents explode the container
- Creative interplay and acceptance between the content and the container.

If we think of this in terms of the relationship between Social Work and society we might consider that until recently there has been creative interplay and acceptance, each being unaware of the impact the other was having on them. The professional gift model (Duffy 2011) enabled that creative interplay to exist: by denying people the opportunity to make their own decisions and being risk averse the Social Worker had
been inadvertently crushing the anxieties of others (people who use services) in order to manage those felt by society and their own.

With PCP becoming ever more critical the anxieties held by others are highlighted, they are drawn from the sub-conscious into the conscious and Social Worker’s social defence in managing them through control, denial of making decisions and therefore protecting, is no longer acceptable practice. Without having another way of managing the anxieties and now unsure of their role Social Workers can no longer remain the container of anxieties and therefore in Hinshelwood’s words “explode”.

This may explain why Social Workers feel unclear of their role and the fear exhibited, thus once again we see the desire to protect is the projection of the need to be protected from these unmanaged anxieties.

5.5 So what has changed?

Further exploration outside the body of this research would indicate that the relationship between society and Social Work is changing and may be having an impact on how social defences are influencing practice.

As society has not wanted to face the anxieties of getting older (Hoggett 2006) adult services have been left to get on with things; the professional gift model (Duffy 2011) has until now been seen as being effective. Thus, Social Workers have been able to contain the anxieties as they knew what was expected; they looked after the most vulnerable so that society didn’t have to think about them (Hoggett 2006). This was a stark contrast to what was happening in children’s services (Munro, 2011) with the media spotlight highlighting inadequacies of the service.

This can be illustrated via the reporting of individual abuse cases involving children and vulnerable adults by the national media 10 years ago. Whilst there has been public outcry over the murder and abuse of children, there has not been the same level of intensity when similar acts have occurred to vulnerable adults. An example of this was the reporting (appendix 11) of the death of Margaret Panting (aged 78) who was physically abused and tortured by family members which led to her death. Compare
this to the reporting of the torture and death of Victoria Climbie (aged 8) (appendix 11) in the same year. Both were horrific acts of cruelty and there had been previous involvement from Social Workers in each case. Whilst Margaret’s death brought about changes in the law with regards to domestic violence, little comment was made about the involvement of the social services department involved with Margaret. The same cannot be said on the reporting of Victoria’s death, with headlines such as “Climbie Social Worker guilty” “Climbie council left children at risk.”

With regards to adult services and society the social defences were working well or as Obholzer (1997) describes it, there was a good fit between the organisation’s and the individual’s social defences so that one didn’t challenge the other. There was creative interplay and acceptance between the content and the container.

Fast forward a couple of years and whilst we have not seen a complete explosion of the container, cracks are appearing, evidenced not only from the “joke” email but also the plentiful verbalising of the anxieties.

The scandals of abuse in many care settings has finally hit the news, the unspoken is now in the public domain and Social Workers in adult services are understandably expected to do something about it. Social Work is currently unable to contain all of society’s anxieties as the tensions between protection and empowerment become explicit and society has to face its fears of becoming old.

5.6 Conclusions:

Through this discussion chapter I have identified that a Social Work value base should be congruent with that of PCP but due to the anxieties inherent in the emotional labour within the role social defences are deployed which have a negative influence on this.

The need to protect may be a projection of Social Workers’ own desire to be protected from the anxieties they are feeling, in particular the feelings around their own value base. This can prevent Social Workers from empowering the most vulnerable of people to make their own decisions. This is particular pertinent within SA and MCA, where the
conflict between keeping someone safe and empowering them to make unwise decisions is ever present. The fear of recriminations by society may drive the decision made due to the Social worker’s / organisation’s anxiety rather than what would be in the vulnerable adult’s best interest.

This is further complicated as Social Workers actively put their feelings to one side believing that they are putting the person first, however, this may stop them from recognising empathy and using that effectively to empower the individual.

A fundamental issue here is not so much about Social Workers being held accountable for their actions / decisions and appearing fearful of that, but that for a Social Worker there is a possibility that the value base that sets them apart from other professions is not what society wants. This could potentially lead Social Workers to question their future and increase their fear: with the ever reliance on process by organisations what would set a Social Worker part from a nurse?

However, this is not the whole picture with basic group assumptions complicating the situation. With society’s expectations changing Social Workers become unclear of their role and the primary task of the organisation is lost.

Finally it appears that social defences that have been effective in the past are now becoming obstacles, creating additional anxieties, with splitting and projection of bad objects influencing practice that is making PCP difficult.

6: Conclusions.

6.1 Have I answered the question?

The objective of this dissertation was to answer the question “How do social defences influence Social Workers practice when working with Safeguarding Adults (SA) policy and the Mental Capacity Act 2005 (MCA) within a Local Authority” to be able to improve learning and development opportunities provided by the in- house Learning, Training and Development Unit to support more effective practice.
By identifying the negative impact defences are potentially having on practice and the recommendations made in the following chapter the objective has been met. However, there have been unintended consequences along the way.

This dissertation never set out to critique Social Workers’ practice, its driver had always been a desire to improve the learning and development opportunities available to Social Workers to build effective practice. It came from an intuitive place based on experience and learning transfer theory (Pike et al 2010) that “technical instruction” was not meeting the learning needs of Social Workers.

The identification of a divergence from the perceived Social Work value base is not a criticism but indicative as to what is happening within the organisation. I am reminded of an exchange between myself and a senior manager in a forum meeting of about 200 hundred people. I asked “how do we know what is the shared value base within the organisation?” His reply was straight forward “Through discussions with each other…..I know my value base”. There was no clear sense of what it might be and when pressed for an answer the topic was changed. I can only speculate as to the reasoning for this but it was as if he too was struggling with it. If there is no clear ethos of a value base people will interpret what they see and hear.

The messages that are all about us within this economic climate are cuts, cuts and more cuts, the reality of having fewer resources clearly having an impact on the anxieties aroused in Social Workers. With the value base being left open to interpretation and social defences left unmanaged it is little wonder that there is a sense of confusion and divergence from the primary task.

6.2 Reflections on the enquiry:

The literature review identified the social defences that have enabled Health and Social Care practitioners and organisations to manage the anxieties inherent in their roles. It helped with understanding the tensions that became apparent through the data between the value base of Social Workers and the tasks that believed they were being asked to do. If time had allowed further literature around value bases and
congruency with practice would have given this enquiry an additional dimension in understanding the barriers facing Social Workers.

The methodological framework was appropriate as there was never one truth being searched for, but rather seeing practitioners’ behaviour through several lenses to draw conclusions. The data has not been scrutinized to challenge Social Workers and their managers’ interpretation of their behaviours but their views, rather their stories, have been listened to so I can add my own to them.

Whilst the methods chosen, interviews, focus group (naturally occurring conversation) and observations have enabled those stories to be told, a narrative approach using narratives as methods may have given greater clarity to those stories. A limitation of the methodology used is that it focused on propositional knowing (Heron 1999), whilst some participates were able to move past this into presentational knowing not all were. Therefore the opportunity to reframe their behaviour and the possibility of exposing hidden social defences was denied. By using narrative methodology “hidden patterns and hitherto unexplored meanings” (Kearney, 2002:12) might have been identified.

6.3 Some personal reflections:

As an insider researcher I have always been aware of the challenges this position affords me. At times I have struggled to separate out the data I have collected through the enquiry and the tacit knowledge I have from working in the organisation. Of which the above is an example. However, as I reflect on the document in front of me, rather than my “insider information” skewing the data, I am confident that the data has confirmed and provided greater clarity of my insider information.

The truth is the process of writing this dissertation has enabled me to draw the distinction from my tacit knowledge and my enquiry; it has been the pathway to reach my primary task. However, by never losing focus of my primary task the process has not been able to be corrupted, nor has it taken over from the actual primary task. This is not a solitary journey but one in which I have had to open myself up to challenges from others, to enable me to reflect and become more self aware and recognise the
implications of my thoughts, behaviours and attitudes. Without putting myself in a vulnerable position of being challenged the possibility of diverging from my primary task would have increased greatly.

Using my reflection as an analogue with regards PCP, by creating an environment within the organisation where people accept challenges the value base could be reclaimed. I was able to accept the challenges not because it wasn’t anxiety provoking, it was, but because I trusted my dissertation supervisor and my “critical friends” to want me to achieve, I believed they had my best interests at heart.

6.4 Further research:

This enquiry never set out to give a picture of the national situation with regards to social defences; it always had the Local Authority where the research was undertaken as its focus. However, the phenomena “that in order to be able to protect themselves from the anxiety inherent when working with people in such an emotional context, (MCA and SA) Social Workers face significant challenges in their attempts to be person centred thus they potentially run the risk of turning from their professional value base” needs to be researched further to understand the greater implications to the future role Health and Social Care and in particular the role of Social Workers nationally.

7: Recommendations.

In order for Social Workers to be able to deliver Person Centred Practice (PCP) clarity over the purpose of the organisation and in particular the role of a Social Worker needs to be redefined, so that the primary task is once again understood by all. This needs to be led by the senior management team so that the value of the role is embedded throughout the organisation.

With regards the learning and development of Social Workers, they need the support in not only recognising and accepting the anxieties that are inherent in their role, but support with the skills required to manage them. Greater self awareness and a deeper understanding of the values of anti-oppressive practice (AOP) and how these underpin
the values of PCP need to be explicit as well as recognised and accepted by the organisation. This will enable Social Workers to be equipped to effectively practice and prevent the social defences that are now visible continue to be a barrier.

The following actions aim to make this a reality:

- Dissemination of the findings of this dissertation by way of an executive summary across all hierarchal levels within the organisation. This will support not only the rationale behind a different focus of learning and development but also the need to be explicit about the primary task of the organisation and therefore the workforce that carries out the duties of the organisation, including Social Workers.

- Whilst “technical Instruction” has its place, people need to know the mechanics of what they are doing they also need to understand why that particular process has been agreed, what outcomes it is hoping to achieve. Therefore a greater emphasis needs to be placed on the underpinning knowledge supporting processes and policies and needs to be explicit in all training activities of this nature.

- This alone will not help with recognising and managing anxiety. Exploration of learning interventions that focus not only on the relationships between Social Workers and the people they support but also on the relationship with the organisation is needed to be able to build foundations from which practice can be built upon. The emotional labour that is ever present in these relationships needs to be identified explicitly: models such as Transactional Analysis (Berne 2010), Influencing styles profile (Stone: 2011) Emotional intelligence (Goleman 1996) and Isaac’s model of Dialogue (Isaac: 1999) could support with this when related to individual’s practice.

- These need to be facilitated within a culture of coaching / mentoring/ peer support to enable individuals to become more self aware of their own emotions and reactions to situations. Rather than relying on a talk and chalk classroom setting.
Effective supervision is also crucial; managers need to be supported with recognising and managing not only their own anxieties but that of their team. They need to have the skills and confidence to discuss anxiety with colleagues especially in supervision setting: and be able to support them with their self awareness and an understanding of a given situation for the learning interventions to have a chance of being effective.

Therefore an organisational change in recognising and managing anxiety is needed, from senior managers through to front line practitioners. The organisation needs to become a learning organisation where a culture is created that people are accepting of challenges.

Word count 21,774
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