

Defensive Practice as ‘Fear-Based’ Practice: Social Work’s Open Secret?

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Abstract

Defensive practice has received attention through the Munro review of child protection, which has identified that current organisational cultures increase the likelihood of defensive practice. Whilst the wider socio-political climate that gives rise to defensive practice has been explored within the literature, little attention has been paid to the everyday realities of defensive practice. This paper reports the findings of a study into final year social work students’ attitudes towards defensive practice within social work. Three focus groups were completed with a total of ninety final-year students that collected qualitative and quantitative data using interactive software. This paper examines how participants perceived defensive practice, both in general and when faced with real-life vignettes. Participants distinguished between pro-active behaviour (sins of commission) and passive behaviour (sins of omission), generally regarding the latter as less serious because it was less tangible and easier to attribute to more positive motives. Whilst the literature identifies defensive practice as deliberate behaviour, the focus group discussions suggest that it is a subtler and less conscious process. Whilst there was a general consensus about the nature of defensive practice, there was considerable disagreement about specific vignettes and several competing explanations are explored.

Keywords: Defensive practice, accountability, anxiety, new public management, focus groups

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Introduction and rationale for the study

In the UK, four decades of public inquiries into child-death tragedies have significantly shaped public perceptions of the social work profession

(Munro, 2004, 2010; Parton, 2006; Kuijvenhoven and Kortleven, 2010). Adverse media reporting of social work became increasingly apparent since the 1980s, following a number of high-profile child-death inquiries (Ayre, 2001; Cooper *et al.*, 2003). The social work profession has attracted considerable media criticism, often directed at vilifying individual workers and managers (Ayre, 2001; Garrett, 2009; Jones, 2014). For example, following the death of Peter Connelly, a tabloid newspaper launched a petition to sack all of the social workers involved, which was signed by 1.4 million people in 2009 (Jones, 2014).

These developments provide powerful incentives for social workers to engage in defensive practice as a means of protecting themselves (Cooper *et al.*, 2003; Ferguson, 2005). Although this process of practising defensively can begin during students' practice placements as part of their professional training, there has been little focus on this within social work education. This can leave students feeling that there is a gap between their practical experiences on placement and their learning in the classroom (Preston-Shoot, 2012).

There is a considerable literature on the wider social policy and organisational context that provides the backdrop to defensive practice. The 1990s saw the introduction of more sophisticated systems of accountability, including reviews, inspections, audits and managerial scrutiny, that served to make social work practice more defensive (Parton and O'Byrne, 2000; Munro, 2004). Ayre (2001) captures the emotional aspect of the drive towards these new forms of accountability when he states that 'The fear of missing something vital encouraged practice so defensive that it seemed, at times, primarily calculated to protect the system rather than the child' (Ayre, 2001, p. 897).

Although all areas of social work are affected, the high-profile nature of child protection means that it is particularly pronounced in this field. This is reflected in the academic literature, which has focused on the effects of high-profile public inquiries predominantly in the field of child protection (Cooper *et al.*, 2003; Warner, 2014; Jones, 2014) and, to a lesser extent, mental health (Warner, 2006; Laurence, 2003).

The issues are also relevant to adult social care; for example, the move towards more person-centred support could provide tensions between user choice and professional accountability.

These wider developments within social work have been contextualised as a key element of the risk society, where safety is regarded as the primary value (Beck, 1992; Stalker, 2003; Webb, 2006). Webb (2006) argues that the role of social work has moved from a post-war welfare state conception of responding to 'need' to a neo-liberal role of responding to 'risk'. Since the normative basis of the risk society is safety, its utopia is essentially defensive and negative (Beck, 1992). The impact of this move towards the risk society has been a proclivity towards defensive and morally timid social work practice (Stanford, 2010).

Within British social work, defensive practice can be seen as an ‘open secret’ because it has traditionally been discussed and acknowledged informally amongst practitioners and managers, but has rarely been discussed explicitly in the social work literature. The existing literature has focused upon psychological and organisational factors that increase the likelihood of defensive practice, rather than the nature of defensive practice itself. Psychological defences that underpin defensive practice have been written about, particularly from a psychoanalytic perspective (Trevithick, 2011, 2014; Lees *et al.*, 2011; Whittaker, 2011). The organisational drivers that encourage defensive practice have received some attention in the Munro review of child protection, linked with the challenges of managing uncertainty:

... many of the problems in current practice seem to arise from the defensive ways in which professionals are expected to manage that uncertainty. For some, following rules and being compliant can appear less risky than carrying the personal responsibility for exercising judgment (Munro, 2010, p. 6).

However, there is surprisingly little written explicitly about the practical realities of defensive practice in social work. It is interesting to note that the only journal article that focuses exclusively on defensive practice was written by an academic philosopher in the late 1980s at the height of a spate of public inquiries. Harris (1987) argued that the concept has been widely debated within the medical profession in the USA, provoked by increasing levels of medical malpractice lawsuits. Whilst there is no direct equivalent legal threat for British social work, the attacks on the social work profession in the UK have occurred not through courts of law, but rather through the ‘court of public opinion’ (Harris, 1987, p. 61).

In his article, Harris defines defensive practice as ‘practices which are deliberately chosen in order to protect the professional worker, at the possible expense of the well-being of the client’ (Harris, 1987, p. 62). However, he concedes, since ‘best interests’ is always a personal judgement, so is defensive practice. Harris (1987) argues that defensive practice refers to a range of behaviour, ranging from an overemphasis on documenting practice to either intervening more than is needed (e.g. removing a child unnecessarily) or refraining from intervening (e.g. not returning a child home when it is appropriate) in order to protect oneself against later being held responsible.

Methods

The study used three large focus groups involving a total of ninety final-year students out of 119 students from two cohorts. All were invited to participate, so the sample constitutes approximately three-quarters of the total cohorts. The first two groups comprised the final-year cohort in one academic year and the third was the total final-year student group in the following year. All students, irrespective of cohort, had already completed an initial

100-day placement and were finishing their final-year placement. The rationale for choosing final-year students was that they were likely to have had experience on placement that was relevant to defensive practice. Ethical approval for the study was obtained through the university ethics committee.

The three focus groups ($n = 23, 25$ and 42) had a similar composition in terms of gender and age. The gender profile was 80 per cent female and 20 per cent male. The age profile was 47 per cent were under thirty-five years old, 50 per cent were between thirty-five and fifty years old, and 3 per cent were over fifty years old. This profile was similar to the whole student group, which was unsurprising given that the sample was such a large proportion of the total student cohort.

During the focus groups, participants were given an individual handset that enabled them to 'vote' anonymously to questions presented within a Power-Point presentation without being aware of the views of other participants. These responses were analysed immediately and presented to the participants in an aggregated format. Once participants had seen the results, this led to focus group discussions that provided qualitative data in which participants explained the reasons for their choices and had the opportunity to comment upon the overall results and the choices of others.

The study considered two main research questions. First, how did participants understand defensive practice and what were its main features? Second, how did they rate specific vignettes? Consequently, the discussion guide was in two sections. First, a more traditional qualitative approach was used to explore students' understanding of defensive practice, any messages that they may have received from colleagues or manager about defensive practice, possible motivations for engaging in defensive practice and the potential role of social work education.

In the second section, there was a more structured exercise where students were presented with four vignettes providing real-life scenarios of potential defensive practice and asked to rate them. The rating scale had five options: 'not defensive practice', 'mild', 'moderate' or 'severe defensive practice' or 'don't know'. The four vignettes are presented in the 'Findings' section below. After students had voted anonymously, they were invited to discuss the reasons for their choices in the focus group.

Quantitative data were inputted into SPSS and analysed using descriptive and inferential statistics (t -tests, chi-square and Cramer's V statistic). No statistically significant differences were found between the three focus groups and consequently quantitative data have been aggregated. Thematic analysis was used to analyse the qualitative data and transcripts were coded using NVivo 10 qualitative data analysis software.

The research design was chosen to enable each research method to address the traditional limitations of the other. For example, surveys provide a structured means of collecting quantifiable data about participants' opinions, but one of their main limitations is that there is no opportunity to explore responses with participants. Surveys can incorporate real-life vignettes that

can contextualise broad concepts and make them more specific (Wilks, 2004). Combining survey data with focus groups enables participants to provide responses that can be quantifiable but which can be explored further through open-ended discussion.

Focus groups provide an opportunity for participants to express a range of opinions and challenge and interact with one another in an open environment. Participants can explore and develop their opinions through interactions with others and this can provide insights into complex behaviours. Group dynamics in focus groups can have positive and negative effects, inhibiting or encouraging the discussion of taboo topics (Kitzinger, 1994; Whittaker, 2012). The size of the focus groups was significantly larger than the conventional size used for focus groups. The first groups contained twenty-three and twenty-five participants, whilst the third contained forty-two participants because of practical limitations. This was based upon previous experience of using interactive software successfully with large groups. However, a key limitation of focus groups, particularly larger groups, is that they can inhibit the free and open discussion of difficult and sensitive topics. Having such large groups meant that the nature of the discussions was different to smaller groups; for example, it was more difficult for participants to make personal disclosures.

A similar limitation of focus groups is that dominant members can express a view early and it can be difficult for other participants to publicly disagree. In this respect, the use of a survey administered through interactive software has two advantages. First, participants are not aware of the opinions of others when they make their choices so do so unencumbered by the views of others. Second, the anonymous nature of 'voting' can make it easier for participants to communicate views that they might otherwise have been reluctant to express and which might have been lost in traditional focus group discussions. Participants make their choice safe in the knowledge that they can choose whether they explain it or not.

Findings

The findings are divided into two parts. The first part presents the focus group discussions about the nature of defensive practice and why practitioners might engage in such behaviour. The second part relates to the vignette exercise and how students rated specific examples of defensive practice.

Part 1: Understanding the nature of defensive practice

In the first part of the focus groups, participants discussed defensive practice in general and why practitioners might engage in it. It begins by examining the examples given by participants in relation to direct work with service users

and more widely within the organisation. Then the underlying motivations for defensive practice are explored by examining the wider organisational and emotional contexts within which defensive behaviour took place.

The examples of defensive practice that participants described can be divided between behaviour that related to direct work with service users and those that related to working within the organisation. Defensive practice with service users referred to a range of behaviour, which included avoiding challenging service users or even avoiding contact with service users:

...it is about avoiding certain situations... avoiding getting involved in certain pieces of work as a defensive mechanism. They might do things like avoiding certain visits that they should go and attend to. You know, like arriving... what's that term: The soft knock, using the sponge on the door, you know? That sort of thing, and saying that the person wasn't in so that you don't have to deal with the situation (Participant 4, Group 2).

Participants described how providing or withholding of services and working within legislation and policy could be used in a defensive way with service users:

If you've got a child protection case that is going to court, defensive practice is about making sure that you offer some services. The chances of it working is very slim but that doesn't matter, you can prove to the court that you've offered it (Participant 17, Group 1).

If you don't get on with a service user, you could behave oppressively by not offering them services but hide behind the law and policies to justify it (Participant 37, Group 3).

Sticking overly close to your role and hiding behind legislation—doing what is lawful, not what is ethical (Participant 14, Group 1).

Defensive practice could include the overestimation of risk, because practitioners and managers are aware that it is only the underestimation of risk that will have negative consequences for them personally (Tuddenham, 2000):

Defensive practice is about 'maximising' your assessment of risk' (Participant 6, Group 2).

I work within palliative care for older people, and service users routinely have to go into residential care because workers and managers want to cover themselves. They are covering themselves, minimising the risk because they don't want that level of risk on their watch (Participant 4, Group 1).

As well as work with service users, defensive practice could relate to working within the organisation. This can refer to behaviour that is designed to protect the organisation as well as oneself:

Before we moved to a paperless system, I've had quite a few occasions of, 'hide that file, there's an audit coming up'... The evidence was that there

was actually good work going on with the family but because some of the key performance indicators maybe weren't met or a particular assessment form hadn't been completed, the file would disappear (Participant 9, Group 2).

However, students perceived defensive behaviour within the organisation as more commonly designed to protect the individual at the expense of others. A central focus was the relationship between practitioners and managers, particularly the sharing or avoiding of responsibility, not challenging managers and avoiding supervision. Participants described behaviour that was designed to share responsibility with managers for any decisions made:

You always have a paper trail. Always make sure, and copy in managers when it is a decision that you need so that people can see that you're asking for things and then the responses you get, the managers can see what's happening with it and you can protect yourself (Participant 19, Group 1).

To make your recommendation of what you think should be done and make your manager aware of that so you're kind of backing yourself up, 'This is what I think we should do and I've been persuaded to do something else' (Participant 11, Group 2).

Share the responsibility with managers so if it doesn't pan out successfully, you're also sharing the blame (Participant 31, Group 3).

Let them make your decision. I've been told that. Let the manager make the decision. If they make the decision then the baton falls with them (Participant 7, Group 2).

The final quote is an example of upward delegation (Menzies Lyth, 1988; Whittaker, 2011), where responsibility is not shared, but avoided by disowning the decision. As well as sharing responsibility with managers, participants also described behaviour designed to share responsibility with other professionals:

Where there are child protection concerns, I have been advised that if you aren't sure, then you *have* to call a conference. I think that most practitioners probably call the conference to avoid being blamed. All professionals are involved so it won't be necessarily *your* decision, they are all involved (Participant 5, Group 2).

A frequently cited example of defensive practice within organisations was recording any disagreements with managers:

I had discussions with management who directed me to take a particular course of action that I didn't agree with. Colleagues advised me to record it in the case notes, so if it comes back, I have a record that I was directed to do that (Participant 12, Group 3).

I have been told by colleagues and managers to cover myself, to be clear in the recordings if I disagreed with any decision (Participant 18, Group 1).

Several participants cited avoiding supervision as a form of defensive practice. When this was explored, one participant said:

You avoid supervision in order to avoid blame. Postponing your supervision so that you won't have to talk about anything that went wrong (Participant 9, Group 2).

Another area of defensive practice within the organisation was not being willing to challenge managers:

Defensive practice is about not challenging management decisions and following procedures in an unreflective and passive way (Participant 6, Group 1).

Avoiding challenging bad systems . . . Avoiding challenging because there are repercussions on you as an individual, because you'll be distanced and alienated from your colleagues (Participant 10, Group 2).

I was told that it is not always worth arguing with whatever you see. You know it's not right, but it's not worth it. It was a qualified social worker who told me that I've taken that on board. Social work is so incestuous so you can find that you apply to somewhere and they've spoken to your manager so they have a view of you before you even go to an interview (Participant 12, Group 1).

My manager told me about a colleague who argued with the management about a service user and then he was out of a job. He's not worked in nine months and he has a mortgage to pay (Participant 22, Group 1).

The last two quotes identify clear messages from more experienced practitioners about the dangers of challenging managers. The final quote can be viewed as morally neutralising the duty to challenge bad practice through the use of 'atrocious stories' (Dingwall, 1977), namely stories where the protagonist bravely challenges those in authority, which leads to tragic outcomes for them.

Participants distinguished between active behaviour (sins of commission) and passive behaviour (sins of omission). In the discussions, sins of commission (e.g. hiding the file before an inspection) were generally regarded as more serious than sins of omission (e.g. avoiding supervision). One rationale offered was that sins of commission were more likely to be interpreted as deliberate, whilst sins of omission could be explained away in more benign ways. The examples given can be understood as a matrix (Table 1).

Table 1 Examples of defensive practice

	With clients	Within the organisation
Omission	The 'soft knock at the door', hoping that clients won't answer Not willing to challenge clients Sticking overly close to your role	Avoiding expressing your professional opinion, e.g. upward or sideways delegation Avoiding supervision Not willing to challenge managers
Commission	Being overly cautious or overstating when assessing risk Making highly qualified statements when writing reports Being generally risk-averse	'Hide the file' during inspections Overemphasis on case recording 'Putting procedures before clients' 'Doing what is lawful, not necessarily what is ethical'

Such a matrix can provide a useful framework for understanding the moral understanding of defensive practice outlined by the participants. Participants identified a wide range of behaviours that could potentially serve a defensive function. However, they recognised that many behaviours had positive aspects, such as shared decision making with managers and other professionals, and practitioners may not engage in such behaviour for purely or primarily defensive reasons.

Defensive practice as 'fear-based practice': the influence of emotions and organisational culture

Defensive practice is a form of fear-based practice—fear of what might happen and the need to cover yourself just in case (Participant 19, Group 2).

Participants in both groups talked explicitly about fear, frequently expressed as fear of being exposed and vilified in the press. As one participant stated: 'It's the fear of your face being splashed all over the papers' (Participant 11, Group 1). The fear of a public inquiry or serious case review was rated as the main reason why social workers engage in defensive practice by twice as many people as the nearest alternative, which was disciplinary action by employer (51 per cent compared to 24 per cent). Disapproval by a manager was rated by only 9 per cent, fear of a service user complaint by 7 per cent and 9 per cent of participants chose 'other'.

These discussions were often accompanied by laughter, which appeared to express both anxiety at the catastrophic nature of this imagined scenario and relief in being able to acknowledge the shared nature of their private fears. Although there was some recognition that this scenario was highly unlikely, participants were clear that the consequences of being involved in a public inquiry could be devastating for the individual practitioner. As one participant stated: 'Once you go into a public inquiry and something goes wrong, that's it. That's the end of your career' (Participant 7, Group 2).

In the discussions, some participants viewed defensive practice as a direct product of a 'culture of blame', which requires practitioners to 'cover their backs and put the blame elsewhere' (Participant 15, Group 2). In all three groups, participants reported frequent messages from staff on their placement that they should not leave themselves unprotected. For example, one participant stated: 'All the time, people tell you to cover your back' (Participant 18, Group 3). Some participants expressed concerns that this can lead to an organisational culture where defensive practice is so embedded that practitioners are not consciously aware of this unless they consciously reflected upon it:

You find yourself doing something and you'll think suddenly, 'Hold on a minute. Why am I doing that?' You've slid into the culture of your team . . . so it's critical to talk about it and think about how you're going to work (Participant 2, Group 2).

This raises an interesting point about the nature of defensive practice. Whilst [Harris \(1987\)](#) defines defensive practice as deliberate behaviour, this finding suggested that it can be a subtler and less conscious process. [Harris's \(1987\)](#) definition of defensive practice excludes unintentional behaviour and it can be argued that this is a logical distinction. However, this finding suggested that viewing defensive practice as conscious and deliberately chosen behaviour did not capture the subtle and often unconscious aspects of many real-life situations.

In the discussions, participants saw a strong link between defensive practice and procedural adherence:

It's about making sure that you are sticking to the procedures carefully so that there is no come back to you personally (Participant 3, Group 2).

It's about risk avoidance; about making sure that you are sticking to procedures carefully that there is no come back on you personally (Participant 2, Group 2).

Putting procedures before clients (Participant 7, Group 1).

Another participant explicitly discussed the psychological function of defensive practice as providing a sense of control in a situation of intense uncertainty:

We work in such anxious settings and the uncertainty is so great, that sometimes working defensively is the only control that you may have. In an area where there is such a lot of risk and uncertainty, you might want to stick to the procedures just to feel safe (Participant 11, Group 2).

This study was designed to examine defensive practice across social work rather than focusing upon a specific context, but the high profile that is given to child protection means that this setting is strongly represented both in the literature and in the data. It was interesting to note that participants provided examples of defensive practice across a wide range of settings but the most extreme fears related to a public inquiry, which in the UK relate mainly to child protection or mental health.

Part 2: The vignettes

In the second part of the focus groups, participants were presented with four vignettes of behaviour that might be considered defensive practice and asked to rate them according to five options: whether they thought that it was mild, moderate or severe defensive practice, don't know or not defensive practice at all (Table 2).

The four scenarios above were designed to represent a wide range of behaviours that were deliberately designed to portray examples of increasingly severe defensive practice.

Table 2 The vignettes

Vignette	Is it defensive practice?	Voting (n = 90)
Vignette 1—A is anxious about making the right decision about a service user because it involves some risk. She believes that this risk is warranted, but is concerned about leaving herself vulnerable if it goes wrong. In supervision with her manager, she does not disclose her opinion and manoeuvres her manager into making the decision	Not defensive practice	7%
	Mild defensive practice	10%
	Moderate defensive practice	48%
	Severe defensive practice	25%
	Don't know	11%
Vignette 2—In a supervision session, B describes a service user whom he thinks is at risk. His manager disagrees and tells him that he should be working to close the case. After the session, B records the difference of opinion in the case notes	Not defensive practice	29%
	Mild defensive practice	20%
	Moderate defensive practice	16%
	Severe defensive practice	33%
	Don't know	2%
Vignette 3—Social worker Y is meticulous about following correct procedures and getting it right, but his colleagues worry that it is at the expense of service users	Not defensive practice	24%
	Mild defensive practice	10%
	Moderate defensive practice	13%
	Severe defensive practice	39%
	Don't know	14%
Vignette 4—Social worker Z is on a home visit to a family who has complained to the Health and Care Professional Council (Professional regulatory body) about the previous social worker. When a senior family member says something that the social worker knows is untrue, she does not challenge because she is concerned that they will complain about her	Not defensive practice	14%
	Mild defensive practice	2%
	Moderate defensive practice	10%
	Severe defensive practice	67%
	Don't know	7%

Discussion

Whilst a general consensus about the nature and motivation for defensive practice was expressed in the first part of the focus group, there was little clear agreement when rating vignettes. The preliminary hypothesis for the study was that there would be a broad degree of consensus about where each scenario would be placed along a continuum of severity and this consensus would become increasingly clear as the vignettes became more severe. This hypothesis was only partially supported. The rating of 'severe defensive practice' increased from 25 per cent to 67 per cent in a smooth progression, which was expected. However, the rating of 'not defensive practice at all' was erratic, rising from 7 per cent to 29 per cent, 24 per cent and 14 per cent so the increased sense of agreement that we anticipated did not materialise. Indeed, there was a pattern in which participants' responses appeared to become polarised into extremes as the scenarios became more serious and the discussion developed.

Participants had a four-point scale for rating behaviour, ranging from not defensive to severe defensive practice. When the first scenario was presented, almost half of the participants chose the middle response of 'moderate' defensive practice and very few tried to argue that it was not defensive practice (7 per cent). As the discussion developed, the voting became more and

more polarised between the two extreme options of 'severe defensive practice' and 'not defensive practice at all'. In the three final scenarios, the two responses were the most commonly and participants choosing the middle group became increasingly rare. Participants who rated behaviour as 'mild defensive practice' (range: 2–20 per cent across the scenarios) were a small minority—smaller than the 'don't know' group in three out of the four scenarios.

This pattern became more pronounced as the discussion developed and was most clearly shown in the final vignette (not challenging a service user for fear of a complaint), which was designed to present the strongest example of defensive practice. Opinions were polarised into extremes, with the two most frequent ratings being 'severe defensive practice' (67 per cent) or 'not defensive practice' (14 per cent). When asked to discuss the reasons for their choices, participants increasingly sought to justify the actions of the social worker in the scenario (Table 3).

We are not arguing that such accounts are simply justifications for defensive practice. Some of them made good points that demonstrated the complexities around defining defensive practice. What we are arguing is that participants' efforts to defend the practitioner's actions in the vignettes became more vigorous as the discussion developed, whilst others became more condemnatory.

Participants found discussing their choices more difficult as the focus group proceeded. For example, when the fourth vignette was discussed in one focus group, a participant expressed incredulity that others had rated it as 'not defensive practice'. Participants who had chosen this response did not express a view about why they had made their choice, despite direct prompts to do so. One likely explanation is that participants felt that it was difficult to do so in a large group setting and did not wish to experience censure from others.

Such polarised views were difficult to comprehend at first without reference to the focus group discussions afterwards and demonstrated the strengths of combining quantitative and qualitative data. There are a number of potential explanations for this pattern. One explanation is that participants were simply confused about how to evaluate each example given the lack of time for reflection and the moral complexities of the vignettes. It is possible that participants may have given different responses if

Table 3 Rationales given for vignette rating

Vignette	Rationale offered
Vignette 3: Social worker is meticulous about records	'... that person is naturally meticulous' (Participant 17, Group 3)
Vignette 4: Social worker does not challenge for fear of complaint	'... you might not want to cause a row ... the family might have a history of aggression or anything' (Participant 37, Group 3)

they had been given the vignettes in advance and had time to formulate a more considered response. It is likely that at least some of the variation can be explained by some participants judging behaviour by the intentions of the social actor whilst others make judgements based upon its likely consequences. Whilst this viewpoint would account for the comparatively low levels of agreement between participants, it has greater difficulty in explaining this pattern of polarisation that became more pronounced as the discussion developed.

An alternative explanation is that participants were influenced by peer pressures to conform to group norms. However, the high levels of disagreement obtained through anonymous voting made it difficult for participants to gain a sense that there were agreed group norms to conform to. In addition, the increasing level of disagreement as the exercise progressed would suggest against group conformity as a possible explanation.

A third explanation is that this polarisation of views itself serves a defensive function at a psychological level. This viewpoint starts with the premise that participants viewed themselves as ethically sound practitioners and therefore find it uncomfortable to think of themselves as engaging in dubious and undesirable practices. Given the emphasis on social work values in social work training courses, this does not seem an unreasonable assumption, though it may not be true in all cases. The second premise is that, when participants are faced with a concrete scenario, they ask themselves: 'Would I engage in that behaviour?' The data from the focus groups, in which participants frequently described scenarios in highly personal ways, provide some support for this premise. In both focus groups, the discussions after each scenario suggest that participants were considering whether they would personally engage in the stated behaviour in the situation described. One participant stated:

My take is how do I decide? Would I do that? If 'yes', it's not that bad and if I wouldn't it is really bad (Participant 22, Group 3).

From this perspective, participants faced with a specific scenario have two choices. First, if they could not imagine themselves engaging in the behaviour, they are able to distance themselves from the behaviour by viewing it as severe or moderate defensive practice. Second, if they considered that they might engage in the behaviour described, they are then presented with a dilemma. Given that they view themselves as ethically sound practitioners, it would be uncomfortable for participants to think of themselves as engaging in dubious and undesirable practices. In this situation, redefining the behaviour as 'not defensive practice' is a means of neutralising the ethical threat. For example, in the scenario where a social worker manoeuvred her manager into making a decision, participants who rated this as 'not defensive practice' stated that she was been 'very creative', her behaviour had 'intelligence' and 'as a social worker, we should use our resources and she was using her manager as a resource'. Given these positive definitions, practitioners are

able to engage in the behaviour without the discomfort of feeling ethically compromised.

The lack of consensus supports the key point made by Harris (1987) that defensive practice is a subjective judgement. The comments made by participants emphasised how the language of risk has moved into everyday practice in ways that encourage practitioners to manage the risk to themselves and the organisation, not just to service users (Ayre, 2001; Webb, 2006; Stanford, 2010). This involves mechanisms such as the defensive use of procedures (Munro, 2010) and upward delegation to managers to share or avoid responsibility (Whittaker, 2011).

There were several limitations with this research design. Having such large groups meant that the nature of the discussions was different to much smaller focus groups; for example, it was more difficult for participants to make personal disclosures. When participants explained their choices, they did so within a focus group where participants may disagree with their views. However, the candid nature of the comments that many participants made suggests that this influence was not overwhelming. It also gives supports to the view that defensive practice is an 'open secret', which is rarely acknowledged in the literature and policy documents, but is well known to practitioners and managers. The anonymous nature of voting means that participants may provide responses that are closer to their real views, but they may be reluctant to explain these within a large focus group. One of the limitations of both surveys and focus groups is that people may state how they would act but may act differently in real life. This, however, is a limitation that is shared with alternative research methods, such as individual interviews (Bryman, 2012).

Conclusions and implications

The study found that there was a general consensus about the nature of defensive practice. Whilst the literature identifies defensive practice as deliberate behaviour, the focus group discussions suggest that it is a subtler and less conscious process. Rather than being a deliberate process, they described it as 'part of the culture' of the agency or something they picked up from other practitioners without questioning.

Participants used two main distinctions that related to the forms that defensive practice took and the underlying motives that encouraged such behaviour. First, they distinguished between behaviour that related to direct work with service users, such as overestimating risk, avoiding contact; and those that related to working within the organisation, such as avoiding supervision, upward delegation. Second, they distinguished between pro-active behaviour (sins of commission) and passive behaviour (sins of omission). Passive behaviour was generally regarded as less serious than pro-active

behaviour, because it was less tangible and easier to attribute to more positive motives.

However, there was considerable disagreement when participants were asked to rate specific vignettes. There was also a consistent pattern of increased polarisation across the scenarios, in which participants rated behaviour on either ends of the spectrum. Several competing explanations were explored, including the possibility that such polarisation served as a psychological defence in itself.

There was strong support within the focus groups for teaching input on defensive practice within the curriculum. During the focus groups, participants described the discussions as thought-provoking and found themselves examining their own practice, frequently concluding that it was more defensive than they had realised. Therefore, any approach to teaching about defensive practice requires us to understand the issues that students are struggling with.

Initially, participants appeared quite open about discussing defensive practice in an educational setting where everyone was willing to acknowledge it quite openly. However, the polarising dynamic meant that it became increasingly difficult for participants to explain their choices. This presents challenges for social work education, not the least of which is whether and how we should talk about it in the classroom. Whilst there is a general assumption that it is always good to talk about difficult subjects in the classroom, this is not so simple with defensive practice.

As well as the issues about group dynamics discussed above, talking about defensive practice in the classroom poses us with an uncomfortable dilemma. If we take the position of condemning defensive practice, we risk alienating students who may regard us as being out of touch with the real world of practice. If we regard it as understandable, then we risk colluding with unacceptable practice. Consequently, it is unsurprising that a tacit silence has generally operated and defensive practice has become an open secret—everybody knows about it but nobody talks about it. The problem with this silence is that a gap opens up between what people say and do. [Argyris and Schön \(1974\)](#) articulate this dichotomy, which they describe as the gap between the theories that underpin what people say they do ('espoused theories') and the theories that underpin what they actually do ('theories in use').

In the discussions, what appeared to be sacrificed is a middle ground where behaviour could be regarded as imperfect but 'good enough'. As educators, our challenge is how we can create space for this middle ground and develop an ethically nuanced perspective rather than retreating behind the comfort of entrenched positions. For example, the lack of consensus on what specific behaviours constitute defensive practice may indicate that this is an unhelpful way of viewing the phenomenon. Being able to categorically state whether specific behaviour is defensive or not is attractive. However, it risks reifying behaviour in overly simplistic ways that do not take sufficient account of the contexts of motivation, relationships and organisational cultures. Above all, we need to develop a greater depth of

understanding of defensive practice ourselves before we are able to teach it to our students, otherwise what we convey may only be our own sense of confusion and uncertainty.

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