

# **Performing Social Work: An Ethnographic Study of Talk and Text in a Metropolitan Social Services Department**

**Susan J. Baldwin White**

Institute for Social Research,  
Department of Sociology,  
University of Salford, Salford, UK

Submitted in Partial Fulfilment of the Requirements of the Degree of  
Doctor of Philosophy, February 1997

## **Table of Contents**

### **Part 1**

	<b>Introduction</b>	1
	Why this? Why now? Researching an incongruity	2
	The need for synthesis	5
	Ordering the thesis	8
1.	<b>Beyond Reductionism and Essentialism: Some Modest Possibilities</b>	13
	<b>Downward Reductionism: Cultural Dopes and Docile Bodies</b>	18
	Servants of capitalism?	18
	Modernity, postmodernity and social work: old wine in new bottles?	20
	Notes on the form of knowledge: determining discourses and docile bodies	25
	<b>The Ethnographic Case Study and the Dangers of ‘Upward Reductionism’</b>	32
	<b>Synthesis Revisited: Re-Theorizing Order and Power</b>	40
	Time, space and problem of ordering	41
	Power and subjectivity	47
	<b>Conclusion: A Recipe for Methodological Synthesis</b>	50
2.	<b>Researching Institutional Realities: Ethnography, Discourse and Discourse</b>	52
	<b>Is Ethnography a Science?</b>	54
	Ethnography and the real: can ethnography be artful without becoming art?	54
	Validity and reflexivity	57
	Can ethnography be critical without being essentialist?	61
	<b>Ethnography at Home: The Problematics of Being on the Inside ‘Out’</b>	64
	Auto-ethnography? Lessons from social anthropology	65
	The ethics of auto-ethnography: challenging the overt/covert distinction	68
	<b>Designing the Research: Perfection or Pragmatics?</b>	72
	Opening doors	73
	Research design or natural history?	79
	<b>Research Process</b>	81
	Documentary analysis	85
	The status of interview data	90
	<b>Writing as Rhetoric: Ordering the Text</b>	94

<b>3.</b>	<b>Contending Discourses in Contemporary Social Work: Some Stories about Meta-Stories</b>	<b>97</b>
	<b>The Seductive Certainties of Psychological Science</b>	<b>102</b>
	Developmentalism: ages and stages, nature and nurture	103
	<b>The Seductive Certainties of Legalism: Leaving Psychology Out in the Cold?</b>	<b>108</b>
	How the law 'thinks'	110
	The child as a semantic artefact: child care, child protection and the law	112
	Semantic artefacts and social work	119
	<b>Child Protection: The Language of Psycho-Legalism</b>	<b>120</b>
	Risk and dangerousness	120
	<b>The 'Orange Book': The Seductive Certainties of Standardized Assessment</b>	<b>125</b>
	Attachment anxiety?	126
	<b>From Concern about Dangerousness to Concern about Concern?</b>	<b>129</b>
	<b>Socio-Temporal Consequences of Psycho-Legalism</b>	<b>131</b>
	<b>The Phenomenon of the Marginal Child</b>	<b>135</b>
	<b>Conclusion</b>	<b>138</b>

## **Part 2**

<b>4.</b>	<b>The Limits of 'Organization': Hierarchies, Procedures, Rationales and Resistances</b>	<b>140</b>
	<b>The Department: A Descriptive Interlude</b>	<b>147</b>
	From 'generic' to 'specialist' services	147
	Lines of accountability and sites of formal decision making	149
	<b>Bureaucratic Hierarchy or Division of Labour?</b>	<b>152</b>
	Performing rationality: corporate face work	152
	Performing management: rationality as a contestable phenomenon	154
	The team leaders: the art of retrospective ratification	159
	The team leader and the social worker	164
	The art of allocation 'you can take a horse to water...'	165
	<b>Recalcitrant Objects: The Predictable Logic of External Scrutiny</b>	<b>173</b>
	<b>Conclusions</b>	<b>176</b>
<b>5.</b>	<b>Occupational Liturgies: Representing Aspects of the Social Work Habitus</b>	<b>179</b>
	<b>Displaying an Oppositional Consciousness: The Impact of the New 'Morality'</b>	<b>181</b>
	Official documents and the new morality	182
	Keeping the faith and spreading the word: hunting	184

	down the signifier within	
	‘My job is about protecting children’: accounting for the exercise of control	187
	Transgressions: the public and the private	193
	<b>‘It’s Very Worrying’: The Allocation Meeting as Ceremony</b>	199
	<b>Conclusions</b>	204
<b>6.</b>	<b>Ordering the Case: Forms of Rhetoric and Reasoning in ‘Case-Talk’</b>	207
	<b>Formal Systems for Ordering the Case</b>	209
	Defining ‘Children in Need’	209
	The computer: short cuts and circularities	210
	‘Assessment in Children and Family Services’: a standardized assessment model	214
	<b>Forms of Rhetoric and Reasoning</b>	220
	Case talk in the allocation meeting	225
	<b>Constructing Caseness: Making a Case</b>	233
	The ethnopoetics of risk-talk	234
	<b>Conclusions</b>	243
<b>7.</b>	<b>Re-Ordering the Case: Blaming, Exculpation and the Moral Order</b>	245
	<b>Accomplishing ‘Caseness’ and Achieving Closure</b>	247
	Accomplishing caseness	248
	Justifying case closure	252
	<b>Ascribing Culpability - Blaming and Absolution</b>	253
	<b>A Hierarchy of Accounts?</b>	261
	<b>Third Party Reports: Giving Psycho-Legal Judgements</b>	266
	<b>Explicit Form</b>	
	<b>Problematic Cases: Considering ‘Disconfirming’ Evidence</b>	270
	Problems in attributing causation	271
	Child protection and ‘intrinsic’ disorder: a moral struggle writ large	272
	<b>Accounting for Ordering the Case: Experience, Science and Moral Judgement</b>	274
	Tacit knowledge: the old hand	277
	The scientist	278
	The moral judge	279
	<b>Conclusion</b>	283
<b>8.</b>	<b>Representing Time(s) and Temporality: Orderings and Invocations</b>	285
	<b>The Materiality of Time(s): Finite Time, Rational Time(s) and their Problematics</b>	288
	Clock time: the working day and its problematics	290
	Temporal aspects of developmentalism and legalism	296
	<b>Time and Temporality in Social Workers’ Talk</b>	299



	Lived time and dangerousness: sorting the urgent from the routine	300
	Accounting for non-intervention - ages and stages	302
	Rationing over time - the quick fix	303
	<b>Invoking the Past - Psychological Time</b>	306
	<b>Conclusion - Displaying Radicalism and Rationality</b>	308
<b>9.</b>	<b>Conclusion</b>	311
	<b>Validity and Relevance</b>	317
	The problematics of applied sociology	322
	 <b><u>Appendices</u></b>	
<b>1.</b>	<b>Notes on the Ethics and Emotions of Ethnography at Home</b>	327
	<b>The Problematics of Being ‘Meta’ to Oneself</b>	328
	Espionage and Encounters	330
	<b>The Relationship between Action and Analysis: Emotion and Ethnography</b>	331
<b>2.</b>	<b>Data Codes</b>	336
<b>3.</b>	<b>Transcription Symbols</b>	337
<b>4.</b>	<b>Schedule for Conversational Interviews</b>	338
<b>5.</b>	<b>The Bureaucratic Hierarchy</b>	340
<b>6.</b>	<b>Levels of Family Support</b>	341
<b>7.</b>	<b>Values and Principles</b>	343
<b>8.</b>	<b>Anti-Oppressive Practices</b>	347
<b>9.</b>	<b>Computer Codes</b>	350
<b>10.</b>	<b>Assessment Document</b>	357
<b>11.</b>	<b>Referral Form</b>	385
	 <b>References</b>	387

## **Acknowledgements**

There are many people who have contributed to this thesis. There are some whose actions or consent have made the research possible, and others who have made the process considerably more fruitful and enjoyable. I should like to thank the social workers and managers amongst whom I worked and researched, particularly those individuals who must remain anonymous, but who were sufficiently trusting to allow me to tape their meetings and examine their case files. My supervisor, Rob Flynn, has encouraged and challenged me throughout. I could not have hoped for better support. He has also delivered feedback on my drafts with amazing speed, for which I am most grateful. I should also like to thank the ESRC for the award of part-time studentship number 0042, without which my financial situation would have suffered considerably. Lynne Blackwood has helped me with some particularly vexing word processing problems, for which I am eternally in her debt!

On a more personal level, my partner, Alex, and my children, Thomas and Joseph, are still living with me (and even appear to quite like me), which shows considerable fortitude. Alex and my mother, Jenny Baldwin, have compensated for my distractability in relation to matters domestic, while Tom and Joe have tolerated my preoccupations and being told, more often than I care to remember, 'Just a minute, I'm busy'. I expect they will remind me of it when they grow up. Finally, my friend, John Stancombe, has listened to my discussions about this research and many related matters without once showing signs of boredom. This interest and support has been invaluable.

## **Abstract**

The central theme of this ethnographic study is captured in the word play in the title. It is, essentially, an analysis of the social *work* in social work. With a primary focus on the collegial discourse taking place between 'child care' social workers and managers in a social services department in the North West of England, I have undertaken an analysis of naturally occurring talk, interview data, formal policy and procedure, and written records of action *taken* (case files and minutes) and action *to be* taken (*e.g.* court reports, strategic planning documents). My analytic focus has been upon on the routines and linguistic practices through which 'caseness' is accomplished. I argue that, although professional accounts are artfully produced against certain (situated) background expectancies, the 'materials' invoked in such accounts are not entirely *local* phenomena. That is to say, competent accounts are both locally accomplished *and* contingent upon available vocabularies. In a search for analytic adequacy, I have drawn particularly upon the temporal and rhetorical 'turns' in the human sciences. Using an unashamedly eclectic approach, I argue that 'imported' materials, such as bureaucratic time, remain malleable and, thus, may be invoked strategically and artfully by social workers in their (narrative) constructions of events and 'cases' and, indeed, themselves - allowing them to reference risk, deviance or normality, for example. However, the possibilities are far from infinite, and the liturgical nature of many encounters ensures that what is most remarkable about organizational life is not its instability, but its predictability.

## **Part 1**

## **Introduction**

The central theme of this thesis is captured in the word play in the title. It is, essentially, an analysis of the social *work* in social work. With a primary focus on the collegial discourse taking place amongst ‘child care’ social workers and managers in a metropolitan social services department in the North West of England, I have undertaken an analysis of naturally occurring conversation, interview data, formal policy and procedure, and the written records of action *taken* (case files and minutes) and action *to be* taken (*e.g.* court reports, strategic planning documents). Thus, whilst I have encountered many instances of social workers ‘speaking for’ or ‘speaking of’ (Philp, 1979; Lee, 1994) the people with whom they work, I have not concerned myself with the social worker/client encounter itself. This has received attention elsewhere (*e.g.* Stenson, 1993), and there is a related literature on medical and therapeutic encounters of various kinds (see, *inter alia*, Labov and Fanshel, 1977; Silverman, 1987; Seigfried, 1995; Stancombe and White, 1997). However, my analytic focus here has been upon ‘backstage talk’ as a vehicle for the maintenance of certain ‘modes of ordering’ (Law, 1994) in a local government bureaucracy.

In trying to reach an understanding of the nature of institutional realities in the Department, I have concerned myself, not only with the categorizations and causal attributions made by social workers, but with some of their potential effects and with their conditions of existence. For example, I argue that, although professional accounts are artfully produced against certain (situated) background expectancies, the ‘materials’ invoked in such accounts are not entirely *local* phenomena. That is to say, competent

accounts are both locally accomplished and *located* within particular discursive formations.

Thus, the research detailed in the chapters which follow has entailed a degree of paradigmatic synthesis, which I shall detail and explain in the next chapter. Throughout the analysis, I have followed Law's (1994) example, and have adopted a preference for the verbs 'ordering' and 'organizing', which capture more accurately than stationary nouns (including *discourse*) the living, contingent and contestable nature of the organization and maintenance of institutional realities. These terms also apply to my own journey through the research and the encounters I have had with the data.

#### Why this? Why now? - Researching an Incongruity

To avoid becoming the object of the problems that you take as your object, you must retrace the history of the *emergence* of these problems, of their progressive constitution, i.e., of the collective work, oftentimes accomplished through competition and struggle, that proved necessary to make such and such issues to be known and recognized...as *legitimate problems*, problems that are avowable, publishable, public, official (Bourdieu, 1992, in Bourdieu and Wacquant, 1992: 238, original emphasis).

Following Bourdieu's directive, I should like to retrace the history of this research. In 1992, when the proposal was first drafted, I was employed as a manager in a social services department, and was responsible for services to children and families. I had qualified in social work in 1984 and had witnessed some interesting shifts in practice taking place over time. These have been analysed by a number of commentators from a variety of disciplines, and I shall discuss many of these accounts in due course.

In 1991, a major piece of legislation was implemented (The Children Act, 1989), which replaced the previously fragmented statutes relating to children and to child welfare. New discursive groupings emerged from the legislation and, in particular, the category 'children in need' reflected a shift towards 'needs' talk; itself part of an ascending discourse of consumerism (Williams, 1994; Clarke, 1994). Although it is not explicitly mentioned in the legislation itself, in the Guidance and Regulations issued around the time of implementation, 'partnership' with parents was identified as a guiding principle of social work practice. In keeping with this, the legislation reclassified certain interventions, for example, children were no longer placed in 'voluntary care', but were 'accommodated', by the local authority, reconstructing the professional/client relationship as service provider/citizen-consumer.

The Children Act was also a product of the concatenation of competing, and apparently incommensurable, narratives arising from high profile child abuse 'scandals' and subsequent inquiries. The inquiry reports themselves reflected the analytic pitfalls which can result from the quest to cleave a single explanatory order through the complexities of events in social life. For example, the Report on the Death of Jasmine Beckford (London Borough of Brent, 1985) and the Report of the Inquiry into Child Abuse in Cleveland 1987 (1988), attribute causation to human agency (professional failure) with polar opposite conclusions. In the former, social workers and managers employed by the London Borough of Brent are chastised for their non-intervention and, in the latter, the excessive zeal of Cleveland County Council's social workers is the object of criticism. The 'solutions' offered in each case are, however, identical. After each inquiry new procedures and mandatory practice guidance was issued aimed at reducing the discretion

of social workers. These shared characteristics of the reports are at least partially attributable to the nature of the logico-legal discourse in which the inquiries were conducted. The child abuse inquiry became a very public ‘who done it?’, a search for the culpable individual(s), which obscured the complexity and the contexts of the situations under consideration.

Unsurprisingly, during the late 1980s and early 1990s, and contemporaneous with the policy developments detailed above, the dominance of discourses of child centredness, child protection and parental dangerousness within child care services, became well documented by academics (see, *inter alia*, Parton, 1991; Howe, 1992; Thorpe, 1994). These studies themselves reflected the ascent of Foucault’s ‘posthumous star’ (Porter, 1996) within social science and built upon earlier work (*e.g.* Rose, 1985; 1989), which had applied a post-structuralist lens to the rise of ‘therapeutic authority’ (Miller and Rose, 1994) in post-war Britain.

Alongside these developments, ‘children with disabilities’ were explicitly identified as a sub-category of ‘children in need’ and guidance from the Department of Health (1989) instructed social services departments to regard them as ‘children first’. Services should aim to minimize the effect of the child’s disability and should, as far as possible, use mainstream resources to provide for their needs, so avoiding the segregation and congregation of children in institutional environments. These liberalizing narratives reflect the ‘success’ of the disability rights movement, which promoted a ‘social’ model of disability (see, Clarke, 1993, for a clear and concise overview of the effects of



various challenges from the ‘centre’ and the ‘margins’ upon social policy and social work practice).

However, despite these apparently transparent directives, professional commentators observed that children with disabilities appeared to be dealt with in different ways when they were compared with other ‘children in need’. This was borne out by my own experience. I had observed that children with problems believed to be ‘intrinsic’ (members’ term, used to define children who have been given a medical or psychiatric diagnosis), as distinct from those apparently attributable to poor parenting, were likely to experience outcomes which were discrepant with dominant professional constructions of childhood and need. The implementation of the Children Act had stimulated research about professional responses to children with disabilities, particularly in the field of child protection (e.g. Westcott, 1993; Westcott and Cross, 1995). However, these studies implied a kind of linear causality, seeming to assume that if only professional consciousness could be raised all would be well. The perception that all was well appeared to rely on the adoption by social workers of a child protection orientation, bringing practice into line with dominant professional expectancies.

### The Need for Synthesis

The studies referred to above served to obscure (and also to reproduce) the normalizing effects of dominant modes of knowledge (discourses, modes of ordering). It was because of this that I wanted to examine the ways in which categorizations were invoked in the cut and thrust of ordinary and everyday professional practice, and also to explore the operation of tacit knowledge in the generation of criteria for determining

‘caseness’. How were different ways of ‘telling the case’ (Pithouse and Atkinson, 1988) accomplished, reproduced and accounted for through talk and subsequently rendered durable in written case records? How was the language used to describe cases constitutive of the apparent orderliness of decision making?

Seeking an answer to such a question would necessarily involve the examination of causal accounts in social workers’ occupational discourse. The relative dearth of empirical work in this area had been identified by Bull and Shaw (1992), who suggested that such accounting practices may operate as occupational ‘survival kits’ in an uncertain and unpredictable occupation. Drawing on the work by Pomerantz (1978) on blamings, Pollner (1974) on mundane reasoning and Betteman and Weitz (1983) on the exercise of retrospective rationality, they argued that causal accounts were likely to be mobilized in response to anticipated criticism. Moreover (and crucially), I believed that, not only could these accounts grant access to dominant professional background expectancies, but they were also likely to refer to, and rhetorically incorporate the formal knowledge which is the proper focus of attention for poststructuralist analyses. That is to say, professional accounts were likely to be both practically accomplished *and* contingent upon available vocabularies, which in themselves would have material consequences. Social workers may be free and purposeful, but not in conditions of their own making.

Social work is, to use Bourdieu’s term, located at the interface between, or perhaps is layered within, several different *fields*, which all have their own, relatively autonomous, dynamic orderings. Bourdieu identifies a number of these fields, the field of power, the

juridical, bureaucratic, scientific and so forth. Social work itself is a field, but its orderings often depend on the actions of agents who are located within other fields, particularly, the legal and political, separated from social workers in space and time. Viewed in this way, it is possible to make the observation that there can be no reified social structure transcendental to human agents, without appearing, as do some ethnomethodologists (and some proponents of postmodernism who emphasize the ‘free play’ of ideas), to suggest that *all* order is produced *within* an encounter. It clearly must be reproduced and reaccomplished within the encounter, but it will contain artefacts from the past and from elsewhere. I shall go on to develop the argument for a modest sociology of synthesis in the next chapter.

Whilst an analytic focus on the ordinary and everyday was, as I have argued, essential, it inevitably widened the lens and transformed the study of a *particular* practice issue into an ethnographic study of ‘talk and text’. The incongruity described above, however, retains some importance in that certain cases *do* appear to be routinely dealt with differently, and these differences appear to be largely attributable to the (actual and ascribed) characteristics of particular children, who, as a result of these characteristics, are exempt from some of the (temporally marked) ‘milestones’ of child development and hence from some of the (discursive and material) consequences of ‘childness’.

In summary then, my research proposal was spawned from an apparent peculiarity in the routine ‘processing’ of certain types of cases. Further exploration of this phenomenon would involve an analysis of the intended and unintended consequences of everyday routines and of institutionalized ways of ordering, of the exercise of power, and of the

reproduction of practices through language; but also of transgression and of dissident voices. This is heady theoretical terrain, but I aim only for what Law (1994) has called a 'modest sociology'. A sociology which eschews 'explanatory parsimony - the capacity to explain a great deal on the basis of a few principles' (*ibid.*: 12), in favour of descriptions of patterns and regularities, which are, and have to be, provisional. A sociology which recognizes its own incompleteness and its own orderings, which is not transcendental, but does not systematically and nihilistically devour itself!

Therefore, I *will* make claims for my research as I go along, which I hope will convince the reader, as I am convinced myself, that *my* methods of data collection were appropriate and that *my* reading of the data achieves a better analytic fit than some other reading. I say this because;

[t]he worst thing that contemporary qualitative research can imply is that, in this post-modern age, anything goes. The trick is to produce intelligent, disciplined work on the very edge of the abyss (Silverman, 1993: 211).

### Ordering the Thesis

The process of writing and ordering the thesis is resolutely part of the research task, providing a particular and necessarily partial representation of (now absent) phenomena. This matter receives further attention in Chapter 2. However, one of the purposes of an introduction is anticipate what is to follow and, as is customary, I shall give a brief resume of the arguments I shall make in subsequent chapters.

I have divided the thesis into two parts. Part 1 seeks to locate the research activity and the analysis within sociology and the ethnographic tradition in particular. In the first chapter, I develop the argument for theoretical and methodological synthesis and examine some other ethnographic studies and theoretical accounts of social work (and of the practices social workers), in order to illustrate my meaning. In Chapter 2, an account of the research design and methodology is given. Because of the central importance of reflexivity in the research process, this has been treated as a substantive area, rather than being relegated to a methodological appendix. My experience as an ethnographer in an environment where I was also a 'native' is similarly worthy of narration, and receives further attention in Appendix 1. In Chapter 3, I undertake a meta-analysis of policy and of practice literature. This is designed to assist the reader in the interpretation of the data to follow, but it is also part of an attempt to avoid some of the pitfalls of 'methodological situationalism' (Sibeon, 1994). The neglect of so called macro elements in many ethnographies *has* to exaggerate the voluntarism of agents, because, as Sibeon notes:

When social workers in their everyday practice assess clients' situations, formulate plans of action, write reports, etc., neither social workers' forms of thought and practices nor the organizational and service-delivery conventions surrounding practice are insulated from larger 'collective representations' that circulate temporally and spatially within social work and the wider society...[In] [e]veryday 'micro' activities...social workers do not wholly 'reinvent the wheel' each time: extra situational cognitive materials and assumptions are already 'in' these micro-events' (Sibeon, 1994: 51).

Cicourel (1980) also points out that the reconciliation of macro and micro elements is routinely accomplished by social actors in their everyday encounters. Hence, the research process should *aim* to render explicit those macro assumptions which are latent in social workers' talk and practices, by undertaking an analysis of the policy backcloth

and of materials (*e.g.* law, social and psychological theory) which are imported from other fields and yet impact on taken-for-granted institutional realities. So, in Chapter 3, I argue that contemporary child-care social work is heavily influenced, but not reductively determined, by a discursive formation which I term ‘psycho-legalism’. Whilst there are some situations in which this mode of ordering is routinely breached, it provides a relatively durable ordering framework - a set of recipes - for dealing with the contingencies of everyday decision making.

In Part 2, I undertake the substantive data analysis, and here I have drawn heavily on the so called rhetorical turn - or rhetorical *return* (Simons, 1989) - in the human sciences.

Whilst recognizing that my own account is inevitably conducted through rhetoric, I have focused on the performative features of talk and text and particularly upon the social *work* which is done in narrative accounts of various kinds.

The fourth and fifth chapters examine the ‘organization’ of the Department. Chapter 4 is an exploration of heterogeneous attempts to exert ‘control’ over activity and process.

Through an examination of documents, interview talk and naturally occurring conversation, I am able to tell stories of cohesion and dissent, of rule following and resistance. I address further theoretical issues here, which relate to the need for a certain approach to the study of organizations: one which can take account of the need for a ‘sociology of failure’ (Malpas and Wickham, 1995), or of ‘disorganization’. In Chapter 5, I have analysed the various ways in which a social work identity is reproduced through talk. I argue that many utterances have a liturgical character which ensures that,

despite the problematic nature of ‘order’, organizational life is actually extraordinarily predictable.

In Chapter 6, I examine social workers’ narrative accounts of cases, illustrating, for example, how deviance and risk are referenced in talk, and how social workers display a preference for certain kinds of story. Chapter 7, explores the ways in which cases are re-ordered in written records and in social workers’ interview talk. Here, I obviously rely heavily on case notes as *ex post facto* accomplishments of rationality, but I also include data from fieldnotes and interviews. The chapter examines the ways in which social workers talk and write about their cases and how they account for the ‘sense making’ process. In the sense that they focus on the accounts social workers give to each other, rather than on their talk with clients, chapters 4-7 build upon the fruitful earlier work by Pithouse (1984; 1987), and upon other studies of institutional discourse.

In the final chapter (Chapter 8), I consider time(s) and temporality as ubiquitous organizational phenomena. I argue that, whilst varieties of bureaucratic time clearly exist as ordering, or constraining phenomena, they can also function as discursive resources upon which social workers can draw in the construction of moral accounts. This subsumes a discussion of the role of psychological theory and milestones of development in the construction of social workers’ accounts and thus overlaps with some of the material on ‘sense making’. However, there is an explicitly temporal dimension to these processes, which arises transparently from the data and is of fundamental theoretical importance in understanding organizational life. It thus merits the separate consideration it receives in Chapter 8.

Having outlined the order of the thesis and anticipated some of what will follow, I shall move on now to locate theoretically, methodologically and discursively some of the arguments I shall make in Part 2.



## **Chapter 1**

### **Beyond Reductionism and Essentialism? Some Modest Possibilities**

‘The only theory worth having is that which you have to fight off, not that which you speak with profound fluency’ (Hall, 1992: 280)

Calls for paradigmatic synthesis have become something of an anthem in contemporary social science and have formed part of the post- postmodern return to sociological theory (*e.g.* Archer, 1995; Bauman, 1992; Giddens, 1984; McLennan, 1995; Mouzelis, 1991). However, for some (*e.g.* Atkinson, 1988, 1995a; Bourdieu, 1989 - citation, Bourdieu and Wacquant, 1992: 29; Law, 1994; Silverman, 1985, 1993, 1997), the imperative has been driven by the demands of concrete research problematics, the complexities of which seem to escape both excessively reified theoretical abstractions and methodological purity. Work on ‘articulation’ in cultural studies, has also been influential (for an overview see, Morley and Chen, 1996). Although some of the arguments for synthesis can appear abstruse and inaccessible they are also refreshingly sensible in their assertion that no pure and uncontested *doxa* can provide all the answers to the complexities of the social.

An example of the methodological purism to which I refer above can be found in the doctrinal statements of some ethnomethodologists, particularly those of a conversation analytic persuasion, whose undeniable major contribution to contemporary qualitative research is sometimes marred by a purism, separatism and, at times, evangelism, which cannot help but tear their work from its historical location and strip it of some of its potential utility. At the other extreme, proponents of certain varieties of post-

modernism, apparently uncontaminated by the messy realities of social research, appear to have argued their way out of any empirical (in the broadest sense) enterprise at all. So, there are some who believe they hold the world in their transcripts of ‘naturally occurring’ conversation and others who conclude that, since history has come to an end, they may as well go home and write about the end of history. It is important to insert a caveat here, and I acknowledge the importance of the notions of indeterminacy which characterize the linguistic (or reflexive) turn in contemporary meta-theory, but hopefully I have not allowed them to assume the (paradoxically) monolithic and constraining proportions of the very meta-narratives they set out to demystify and purport to be liberated from (*cf.* Fraser, 1989, Parker, 1993).

In one way or another, ideas about freedom and determinacy, structure and agency, truth and relativism find their way into all sociological accounts. Such assumptions are central to the analysis of power, subjectivity, social order, social stasis, social change, and social chance - of how things get done in the world. I am not suggesting that theoretical boundaries be abandoned in a pragmatically driven search for *anything* vaguely applicable to the phenomenon in question. Rather, the *implications* of viewing a research problematic in a particular way must be explored and understood. There is a need to consider to what is *excluded* by our preferred theoretical or methodological orientations, and to decide whether we can, or cannot, do without these things. If we cannot, then we must look elsewhere for a means to explain and understand the phenomenon. To do otherwise means bracketing out so much of the ‘social’ that we risk missing the point. Thus, although synthesis undoubtedly has its perils, ‘the journey is worth making’ (Silverman, 1997: 208).

Sibeon (1996), building on earlier work (1994), undertakes an inclusive review of what he calls anti-reductionist and anti-essentialist ‘non-reified conceptions of micro-macro; time-space; and agency, structure (the “conditions of action”) and social chance’ (Sibeon, 1996: 1) and gives a number of examples of ‘reductionist’ and ‘essentialist’ explanatory frameworks as follows:

*Reductionist* theories deploy analytical prime movers in an attempt to reduce the complexity of social life to a single unifying principle of explanation....Examples include theories associated with methodological individualism (such as rational choice theories) and with methodological collectivism (such as Marxism and radical feminism). Theories of ‘post-Fordism’, ‘post-industrialism’, ‘postmodern society’ the ‘information society’, etc.’ incline towards reductionism. *Essentialism*...presupposes on a priori grounds a unity or homogeneity of social phenomena; ...the state, the law, or culture, or taxonomic collectivities such as ‘women’, ‘men’ .... (Sibeon, 1996: 1).

He goes on to accuse feminism of sneaking in essentialism through the back door and, indeed, any social theory which is coupled to a particular notion of human emancipation inevitably gives ontological privilege to some accounts rather than others on an almost *a priori* basis (cf. Lyotard, 1984 on Habermas). This tendency has infiltrated many examinations of social work and social working, which have focused, to a greater or lesser extent, on its controlling functions, hence obscuring the everyday practices which reproduce a certain *modus operandi* in an environment in which emancipatory narratives are, in fact, writ large in occupational discourse. I shall examine this paradox in later chapters (see, in particular, Chapter 5).

Returning for the moment to the possibilities for an anti-reductionist approach to social research: Sibeon argues for a synthesis of a variety of approaches, including so-called micro-sociological orientations, informed by a hermeneutic and constructivist

epistemology and ontology; a Foucauldian conception of the relational nature of power; neo-Foucauldian analyses of governance; such as those of Miller and Rose (*e.g.* 1984); Latour's (*e.g.* 1986) actor-network theory; Law's (1994) sociology of ordering; Giddens' (1984) theory of structuration; and the indeterminacy associated with, but not exclusive to, post-modern meta- theory. Sibeon's synthesis is extraordinarily ambitious, and yet his arguments for it are convincing, as he is concerned with 'governance' and 'policy' and hence has an analytic need for concepts which will help to theorize the macro/micro divide.

My own synthesis is rather more modest and, despite the theoretical orientation of this chapter, it is not my intention to 'take on board an array of abstract notions that would merely clutter up what could otherwise be described with economy and with ordinary language' (Giddens, 1984: 326). Rather, concepts are to be used as 'sensitizing devices, to be used in a selective way in....interpreting findings' (Giddens, 1991: 213), and also in evaluating existing work in the area. The examination of theoretical positions is necessarily selective and partial, driven by the need to explain, describe and understand the everyday orderings (re)accomplished by social workers. I have been drawn into the conceptual by a substantive research task, and yet the conceptual inevitably illuminates connections which would otherwise remain obscured. It is precisely this dialectical approach to the conceptual and the empirical that sociologists like Bourdieu have adopted; seeking to avoid both 'theoreticist theory', the spinning off of superfluous concepts without the constraining influence of concrete research; and the pragmatic, mix and match, shopping trolley approach to theory, which fails to *theorize* connections between conceptual approaches. Thus I aim for a *disciplined* and argued

epistemological, theoretical and methodological pluralism, the empirical and conceptual components of which are, in a sense, fused rather than simply dialogic.

My principal aim in this chapter is to work through a set of conceptual problematics concerning the organizing of social work. I shall examine a number of studies, some of which have concerned themselves almost exclusively with 'internal' ordering, the practical accomplishment of order, adopting an ethnomethodological and/or symbolic interactionist perspective, and others which adopt a more 'macro' or structural perspective. In the latter category I have included studies which, through one explanatory device or another, treat social actors as either docile bodies inscribed with hegemonic discourses, or as the hapless victims of changes in the constitution of society (with the current fashion being to invoke an (ostensible) postmodern social ontology). These approaches embody, to a greater or lesser degree, a tendency towards upward or downward reductionism (or 'conflation', Archer, 1995):

*Downward reductionism* rests on the a priori assumption that the lower levels of analysis point to phenomena which have no dynamics of their own, and can therefore be entirely explained in terms of regularities grasped at higher levels. *Upward* reductionism rests on the equally false assumption that developments on a higher or more encompassing plane can be entirely derived from those on a lower one (Mouzelis, 1991: 138).

This said, there are elements of these orientations, which prove essential to the analytic task at hand, a point I shall return to in due course.

## **Downward Reductionism: Cultural Dopes and Docile Bodies**

### **Servants of Capitalism?**

There have been numerous attempts to portray the form and organization of social work and of social services departments as microcosms, or mirrors, of particular types of society. Unsurprisingly, the current vogue is to argue that the mechanistic, highly regulated features of contemporary social work are the by-products of a shift in the organization of society from a modern to a postmodern form. These accounts build upon an earlier tradition of downward reductionism in the shape of (neo) Marxist structuralism, which suggested that social workers, as bureau-professionals, were the unwitting servants of the capitalist state (for various accounts from this perspective see Parry, Rustin and Satyamurti, 1979).

Furthermore, as Sibeon (1994) points out, subsequent attempts to escape some of the simplistic economic determinisms of orthodox Marxism (for example, via Althusser's notion of relative autonomy, such as Leonard, 1984) nevertheless appear to have failed to make the break from functionalism and reductionism.

Caveats such as 'relative autonomy' or 'in the last instance' cannot remove the reification inherent in theories predicated on the idea of structural imperatives (Sibeon, 1994: 31).

Sibeon argues instead, that a careful reading of the events which precipitated certain policy developments (for example, the 1968 Seebohm Report, which consolidated social work activity in large local government bureaucracies), shows that such changes in the organization of social work were not attributable to 'capitalism' (as Parry and Parry, 1979, suggest), but to the self-conscious activity of agents in various locations.

Attempts to escape from the constraints of Marxism without completely jettisoning the notion of structure have been breaking out all over in recent decades (see, *inter alios*, Archer, 1995; 1996). However, Bryant's (1989) telling dismissal of Bhaskar's claim to 'realism' may serve as a warning to some of those who wish to have their cake and eat it too. Bhaskar (*e.g.* 1986) makes an understandable attempt to escape the simple causal determinacy of structural Marxism. However, rather than fully exploring the medium of language, he introduces the notion of ontological depth. Society depends, argues Bhaskar, upon 'generative mechanisms' which determine activity in what are, nevertheless, essentially *open* systems. Thus there is no simple causal link between these structures and specific events in the real world. This otherwise promising approach to social ontology, which views society as both a condition and an outcome of the activity of social actors, flounders on the assertion that,

Emancipation ... depends upon the *transformation of structures* , rather than the amelioration of states of affairs (Bhaskar, 1990: 230, emphasis added).

This preoccupation with mapping, albeit complex, *causal* relationships (also evident in Archer's work, which is discussed in more detail below) is rendered problematic because structures (aside from the linguistic) are of little use without mechanisms, and yet once mechanisms are introduced, in the form of agency, the analysis is arguably no longer structural. Thus 'structuralism' functions more as a belief, an assertion, which cannot be sustained without an operationalizing concept of agency (*cf.* Bryant, 1989). Once introduced, the concept of agency leads inevitably to the question 'why did we need reified entities in the first place?'.

That said, it is important to remember that structuralist accounts tend to bequeath an historicity, which is, I shall argue, essential to an understanding of the ways in which some ideas achieve dominance. An examination of the shape of contemporary welfare would be impoverished indeed without a means to acknowledge that some ideas are more durable than others, and that the dominance of a particular view or, for social workers, a particular practice orthodoxy, is not the arbitrary result of a 'free play' of ideas in hyperdifferentiated social flux, nor of rational and self-conscious individual choice. Hall's reading of Gramsci and some aspects of the work of Giddens and Bourdieu, which are themselves syntheses intended to remedy some of the defects referred to above, are helpful to this end and will be considered (critically) below.

### Modernity, Postmodernity and Social Work: Old Wine in New Bottles?

It is ironic that the social and political changes attributed to 'postmodern society' (an ostensible epoch break, distinct from *postmodernism/antifoundationalism* as an anti-Enlightenment epistemological position), that is, indeterminacy, ambivalence, fragmentation and hyperdifferentiation, should be invoked, in ways reminiscent of the Marxist structuralism discussed above, to explain changes in the organization and practice of social work in the 1990s. Yet, it seems that this has been in vogue of late (McBeath and Webb 1994; Parton, 1994a, 1994b, 1996; Howe, 1994; Pardeck *et al.*, 1995; Dominelli, 1996; Aldridge; 1996). Coupled to its alter egos - post-Fordist society and Risk Society - postmodern society is presented as a determining factor in accounting for increasing bureaucratization and an escalating concern with performativity, managerialism, and (ostensibly) with 'surface form' in social work and social service delivery.



It is alleged that social workers are no longer the unwitting (docile) peddlers of the 'psy' complex (Ingleby, 1985; Rose, 1985). Their concern with the 'why?' of human agency, with the deep structures of the psyche, has allegedly been replaced by a simple concern with 'what' an individual's actions have been or what their needs are. I have been critical of this reading of the changes elsewhere (Smith and White, 1997, in press), but, for the purposes here, I shall review the arguments and explore their position in relation to the search for a meaningful synthesis.

It is of note that, whilst there is a remarkable degree of consensus about the nature of contemporary social work practice, there is considerable variation in the causal explanations offered. Moreover, some commentators (Parton, 1991; 1994a; 1994b; and Howe, 1992; 1994a; 1994b) appear to have changed their views about the antecedents of the increasing levels of bureaucratization and proceduralization in social services departments. In their earlier works, both attribute the changes (broadly and implicitly) to aspects of *modernity* and identify the active role of government and the judiciary in this process. Similarly, Blaug (1995), from a Habermasian perspective, argues that social work has become beset by instrumentalism, which has squeezed out communicative reason and which, along with 'its organizational counterpart -bureaucracy - is the inevitable end product of a process of Western rationalization'(Blaug, 1995: 425).

However, since that time, both Parton and Howe appear to have undergone a conversion and, in their more recent contributions both advance 'postmodernity' as an explanatory framework. Indeed, Parton (1994b; 1996) appears to have since abandoned

postmodernity, with an emphasis instead on the 'Risk Society' (Beck, 1992). This does, incidentally, provide a better analytic 'fit' with the modes of ordering revealed in this ethnography and, I suggest, that this is because Giddens' (1990; 1991) notion of 'institutional reflexivity' and Beck's (1992) concern with 'reflexive scientization' provide more *processual* accounts of the conditions of existence of the contemporary preoccupation with 'risk' and resist the totalizing tendencies of some accounts of postmodernity.

That said, there remain some serious difficulties with those analyses which seek to attribute specific changes in the situated orderings of social work to changes in the macro constitution of society as a reified (transcendental) entity. Clearly, within such a framework, social workers are rendered the hapless victims of an unprecedented rate of social change in which there is allegedly an increasing emphasis on pluralism, participation and performativity.

Whilst I think there is no doubt that social work has become increasingly managerial and bureaucratized in the last decade or so, there is little value in an explanatory framework in which the only agent is 'society' itself. Firstly, as Taylor Gooby (1994) points out, many, if not all, of the changes described can be traced to the activities of government (allegedly of increasingly residual importance in the new pluralist epoch) through their active propagation of neo-liberalism. Furthermore, Langan (1993) and Cochrane (1993) clearly identify aspects of *active* political planning and lobbying activity through which they are able to account for the changes in the organization and delivery of social work services from Seeborn (1968) to the present day. Thus, after

Sibeon (1994), I suggest that it is inadequate and unnecessary to resort to reified conceptions of social change in order to account for the shape of social work in the 1990s.

More problematic still is the suggestion that the construction of the 'client' as a unitary 'real' self (as described by Philp, 1979, see below) has not been sustainable in the new 'subjectless' epoch. Thus, the argument goes, there has been a shift in attention away from psychological insights and towards service delivery and a concentration on changing aspects of observable behaviour. The use of various checklists in social work assessment is held up as an example of the new centrality of surface form. Returning to the putative fall of the psychological complex, as I shall show in Chapter 3, and as my data confirm, this allegation is simply unsustainable, because an examination of the assessment tools in question reveals that they are evidence of the further reification of formal professional knowledge and not of its demise.

Thus, the identification of 'society' as the causal agent tends to gloss over incongruities and to ascribe a paradoxical uniformity to social workers' actions under conditions of (putative) postmodernity. My data suggest that social workers themselves pay little attention to 'postmodernity', although they have plenty to say about a variety of other external influences and, similarly, they persist in their use of concepts appropriated from psychological theory, apparently unaware of the demise of formal knowledge. So, whilst theoreticians ponder the crisis of legitimation affecting such knowledge claims, members remain blissfully unaware, hence casting doubt on the crisis itself. Thus, I contend that accounts which employ prior theoretical templates to social work, and

redefine its activities accordingly, are flawed. My examination of the internal orderings of a social services department reveals that the social workers have remarkable agility and are able to circumnavigate procedures and protocols, but will *also* invoke them to provide *ex post facto* justifications for their actions.

Whilst I have argued that it is not supportable to present *society* as an agent of change, I do not intend to imply that 'external' influences are unimportant in developing an understanding of the ways in which social workers do social work. For example, I shall show in due course that references to 'risk' are ubiquitous in social workers' talk and thus, as I alluded to earlier, it would be premature to dismiss Beck's notion of the 'Risk Society'. Similarly Sibeon (1994; 1996) has been able to utilize Harré's (1981) conception of supra-individuals to account for some 'given' aspects of the organization of social workers' occupational world. Certain collectivities are eligible for the status 'supra-individual' and have causal powers, by virtue of the continuity of their position in space and time and their relational nature. That is, large taxonomic groupings such as men, women, black people, the state and society *cannot* be said to 'act' in any meaningful way, indeed, the very existence of some of these groupings is, arguably, largely rhetorical. However, using Harré's typology, I suggest that frameworks such as the law, which exert an important and relatively durable influence on social work activity, may be seen as the practical accomplishments of human agents, who have particular motives, are situated within and reproduce particular discursive formations, and are separated from social workers in space and time. Thus, although these processes are largely beyond the scope of any individual ethnography, they can be properly historically located and subject to analysis in their own right. The centrality of the

concepts of time and space in helping to resist tendencies towards reductionism and essentialism receives further attention below.

For the time being, however, I shall move on to examine (neo) Foucauldian discourse analytic accounts of social work. Such approaches are relevant to my work in three ways, which are connected, but have been separated for the purposes of this analysis. Firstly, they have been used to understand the form of knowledge or ‘regime of truth’ (Foucault, 1977: 13), through which social work (and social workers) is (are) constructed. These analyses are concerned with discourse as *constitutive* of an organizational or institutional reality and, more fundamentally, of subjects themselves. The second connection concerns the dispersal of discipline through social workers’ use of the concepts expropriated from the psychological sciences. Thirdly, applied to the study of organizations, post-structuralist accounts have illuminated the textual nature of organizational realities and the relational nature of power. It is with the first application that I am concerned here, but I shall consider social work as part of the panopticon in Chapter 3, where I trace a genealogy of dominant practice orthodoxies and in Chapters 4 - 7, where I am concerned with the Department as an ‘organization’ and with the use of psychological theory in the ‘ordering’ of cases.

#### ‘Notes on the Form of Knowledge’: Determining Discourses and Docile Bodies

[B]eneath the apparent freedom in social work there is a form, an underlying constitution to everything that is said. This form creates both the possibility of a certain form of knowledge for social work and also limits social workers to it (Philp, 1979:84).

Working from the above premise, Philp advances a Foucauldian analysis of a specific ‘form of knowledge’ in social work. At the time that it was written, his work must have blazed a revolutionary trail away from accounts of theoretical trends in social work, written largely from within the profession, which displayed (and arguably continue to do so) what Philp calls epistemological idealism. Perhaps this is not the best term to use, but Philp’s argument is that such approaches failed to grasp the structuring, constitutive nature of language. To an extent, his study should be seen in relation to neo-Marxist accounts of the professions discussed above (see also, Poulanzas, 1975; Esland 1980 and from within ‘radical’ social work, Corrigan and Leonard, 1978), a theoretical connection which Philp makes quite explicitly, and which, along with neo-Weberian analyses (such as Freidson’s earlier work, e.g., 1970), had challenged the cosy, ahistorical functionalist approaches to the professions of, for example, Goode (1960) and Barber (1963). However, the centrality given to *language* (as constitutive of a social reality), in Philp’s work, signalled a break from Marxist analyses.

There is much to commend Philp’s analysis, with its attempt to map the conditions of existence of discursive formations in social work and their relationship to other ‘regimes of truth’. It is also notable for its explicit rejection of a normative stance: Philp is not seeking a *better* form of knowledge, his intention, instead, is to map the contours of the present. However, a closer examination reveals a tendency for reductionism to leak into Philp’s, otherwise helpful, analysis. Philp puts discourse firmly in the driving seat, thereby reifying the *product* of human agency and editing out the actor.

It is obvious that the characteristic tools of the social worker, his [sic] hearing and his speaking, are acts common to every individual, and yet it is because these exist at the level of ‘tools’ (the activity of producing words, written, spoken and otherwise) that the social worker can be located within a complex

system of distribution of rights to discourse. These 'tools' are not pure and free acts but are governed by a system of rules ... it can be argued that the social worker, like the doctor, the lawyer, the policeman, judge and psychiatrist, operates *in the control of discourse* (Philp, 1979: 89-90, emphasis added).

Putting this on one side for the time being, Philp's analysis remains important and relevant, in that he identifies the relationship between social work and social science, which Philp defines as sociology, psychology and the history of ideas. He suggests that the concepts of these three branches of social science, leak into social work, but then take on a different form.

Social work draws from a range of disciplines which attempt to displace the subjectivity of man by reducing him [sic] to series of objective characteristics: function, norm, etc. Social work produces a subject in objective knowledge....because, historically, social work has developed with an integral notion of the value of 'scientific' activity....Rather than producing a subject *qua* individual... the social worker creates a subject who is characterized by a universal subjectivity, one which applies to all individuals and yet to no one in particular (*ibid*: 91).

This, argues Philp, leads social workers to eschew those parts of social scientific thought, which attribute causation to factors which are *permanently* outside of individual control. So the essential humanity of a given individual may require repair, but this remedial work must be seen to be achievable through the compassion and empathic understanding ministered by the social worker. The concatenation of this discourse of 'objectified subjectivity' with certain 'anthropological' conceptions of poverty and charity lead Philp to suggest that social work occupies a hybrid space between the deviant (in mind, body or action) and the normal. Crucially, Philp argues that:

[T]he social worker [will not] be heard when the objective characteristics of the feared outweigh all the subjective possibilities. The social worker cannot speak for the florid psychotic, he can only commit him for the objective scrutiny of the psychiatrist. The social worker cannot defend the mass murderer, his objective status is too high, his act overwhelms his subjectivity (*ibid*: 97)

That is to say, the social worker routinely ‘speaks for’ the client, whatever their misdemeanours, by invoking their essential subjectivity, except in those situations where the actions or characteristics of the individual have somehow served to eradicate their very humanity. Hence social work exists at the boundary between what is (discursively) human and what is not. I return to this point later in the thesis when I discuss children who have ‘intrinsic’ disorders.

The strengths and weaknesses of Philp’s analysis, are actually two sides of the same coin. He places what is essentially a realist and humanist social work discourse within its historical location: he maps its conditions of existence and its boundaries with other discourses. However, in so doing, he gives it an overwhelming uniformity, ‘a totalizing hegemony’ (Law, 1994:22), which is not adequate to explain the living contingencies of organizational life. Some of the omissions in Philp’s analysis are attributable to its own historical location. For example, he gives no attention to the discourses of radical social work, which became dominant in the late 1970s and which depart from the individualism uncovered by Philp, in favour of another form of reductionism altogether, that of neo-Marxist structuralism.

An updated version of the ‘hegemonic discourses’ argument, which takes account of the complexities of coexistent discourses (including Marxism and Feminism), can be found in Rojek *et al.* (1988), whose analysis nevertheless retains something of the implicit *discourse as a prison* metaphor. In addition, in relation to social work with children and



families, Parton (1991), identifies the dominance of a new ‘legalism’ associated with child protection practices. This argument is critically examined in Chapter 3.

I have said that Philp explores the relationship between social science and social work, that is the action of the double hermeneutic (Giddens, 1984), whereby the second order concepts and theories of social science become first order concepts used by social actors themselves (a tendency which is particularly marked in social work). Therefore, it is unsurprising that as social science has become increasingly concerned with reflexivity, so too has social work (*e.g.* Holland, 1993; White, 1997 in press). As I shall go on to show, it has been touched by arguments about truth and relativism, leading to a complex interdiscursive terrain, in which a plurality of apparently incommensurable discourses are managed and drawn upon in everyday encounters.

Neither Philp, nor Rojek *et al*, attempt to undertake a detailed analysis of ordinary talk, or at least they fail to make this available to the reader. As a result, they have glossed over some of the contradictions in social workers’ talk, giving their analyses a rather formulaic purity, in contrast to Pithouse’s (1984; 1987) ethnographic case study, which is referred to below. This gloss serves to obscure complexities in social workers’ narratives, such as subtle blamings, which stand counterposed to the humanist discourse which has been given such centrality. In Philp’s case this is also attributable to a particular reading of Foucault, which appears to displace transgression and resistance. Although Foucault does not allow for the ‘liberation’ of subjects through a transformation of power relations, since one regime of truth is simply replaced by another, he points to the inevitability of local resistance (Foucault, 1980: 137-8).

Viewed in this way, different modes of knowledge, or in Law's terms 'modes of ordering' may be accommodated, although Foucault still gives a constitutive primacy to the discourse itself. My own data suggest that only occasionally does this complex terrain give occupational talk the quality of a Lyotardian agonistics 'to speak is to fight' (Lyotard, 1984: 10). On most occasions there appears to be a peaceful coexistence between competing explanatory frameworks, which are artfully selected by agents as the circumstances dictate (*cf.* Edwards, 1997: 254-255).

The contested and contestable nature of discourse is acknowledged by Rojek *et al.* (1988), nevertheless, their analysis is marred by the radical 'decentring' of the subject in Foucault's work, which is intended to correct the (existentialist) view that social order and change are the products of acts of individual human consciousness. I suggest that the radical subjectlessness of Foucauldian theory is analytically unsustainable. It appears that I am in good company; for example, Taylor (1986) declares:

[There] *must* be something between total subjectivism.... and the strange Schopenhauerism-without-the-will in which Foucault leaves us. Much play is made of the discovery... that any act requires a background language of practices and institutions to make sense; and that while there will be a particular goal sought in the act, those features of it which pertain to the structural backgrounds will not be objects of individual purpose... *Of course* you don't explain [history] by some big bad man *designing* it ... but [s]tructures of action or languages are only maintained by being renewed constantly in action/speech. And it is in action/speech that they also fail to be maintained...this is a crashing truism, but the fog emanating from Paris in recent decades makes it necessary to clutch it as a beacon in the darkness (*ibid.* 89-90, original emphasis).

This point of view is echoed (*inter alios*) by Bourdieu, who refers to the fictitious nature of these 'mundane oppositions' (1993: 269), Giddens (1982: 218- 25) and Law (1994), who suggests that Foucault pays insufficient attention to the 'interorderings' which

result from individual acts of transgression. Within Taylor's 'crashing truism' lies a potential point of synthesis: the attention to language in Foucauldian discourse analysis *is*, if we eschew the methodological purism referred to earlier and below, reconcilable with ethnomethodological and symbolic interactionist perspectives, which facilitate the examination of individual acts of reproduction and transgression in their instantiation. I shall explore this connection in the concluding section of this chapter.

Fundamentally, the contributions of Philp (1979) and Rojek *et al.* (1988), whilst having a notional regard for the 'linguistic turn' in philosophy and the human sciences (and hence for social actors as vehicles for the reproduction of vocabularies), retain a structural determinism inherited, via Foucault, from the structural linguistics of Saussure and Levi-Strauss. Their neglect of social workers' talk has obscured the heterogeneity of occupational discourse. This deficit was remedied (in part) by Stenson's (1993) Foucauldian analysis of social workers' interviews with clients which includes a detailed analysis of naturally occurring data. Stenson focuses on the social work interview - the client encounter - and he undertakes a careful genealogy of contemporary policy and practice orthodoxies, which adds considerably to the situational accounts referred to below. However, in utilizing Ong's concept of 'oralism' (1982) (*cf.* Rodger, 1988, who makes use of Bernstein's work on language codes), Stenson adds a gloss to the talk he is analysing, which, despite caveats to the contrary, sails uncomfortably close to the 'discourse as prison' metaphor discussed above. He argues that clients' occupy a 'residually oral' world, which may be infiltrated by social workers' discursive themes and also by idealized conceptions of self circulating in the media, leading to the 'disintegration of community anchored images of self' (Stenson,

1993: 73). This has all the flavour of the sort of theory driven (as opposed to theoretically informed) distinctions referred to earlier.

### **The Ethnographic Case Study and the Dangers of ‘Upward Reductionism’**

The accounts above, even where they have an empirical component, appear to rely on what Blaikie (1993) calls the retroductive research tradition. This is, in essence, a development of the hypothetico-deductive method which seeks to remedy the pitfalls of the inductive/deductive dualism, with the acceptance that the researcher cannot advance knowledge without observation any more than they can escape the conceptual backcloth which inevitably penetrates any scientific endeavour. However, there is still an intrinsic circularity to the retroductive method, since the preferred theoretical model has the potential to construct the phenomenon in question, leading inevitably to (usually downward) reductionism. Furthermore, lay accounts are given a lowly status, often being treated as ‘corrigible or irrelevant’ (Blaikie, 1993). A remedy for this state of affairs may be found, it is suggested, in the abductive research strategy.

The Abductive research strategy is based on the Hermeneutic tradition, and is used by Interpretivism and approaches which include Interpretive ontological and epistemological elements... Abduction is the process used to produce social scientific accounts of social life by drawing on the concepts and meanings used by social actors, and the activities in which they engage (Blaikie, 1993: 176).

Examples of this kind of approach are to be found in the grounded theory of Glaser and Strauss (1968), considered in the next chapter, and the various, so-called, micro-sociologies, discussed below. It is arguably dominant within the ethnographic research tradition, with its focus on description as explanation (for a critical review, see Hammersley, 1992). The abductive strategy is illustrated, *in extremis*, by some

proponents of ethnomethodology, and it is worthwhile spending a little time exploring some of the more radical claims of this tradition which were referred to in the introduction to this chapter.

In the seminal works in this area Garfinkel (*e.g.* 1967) argued that traditional sociology had paid insufficient attention to the social actor as free, purposeful and reasoning, able to order the world through the continual reaccomplishment of intersubjective understandings. The central assertion of ethnomethodology is that members of society are equipped for practical reasoning, apparently *qua* members of society. This signalled a break from Marxist structuralism *and* Parsonian functionalism, both of which had effectively erased the self-conscious activity of individual human agents from their explanatory frameworks. Garfinkel took the question ‘how do subjects render their situations knowable?’ and made it his problematic. He applied the same question to the research process itself and thus contributed to the reflexive turn in social research. In ethnomethodology, ‘accounts’ assume a new significance, as all social action involves both an act (or an utterance) and a subsequent (or prospective) account of that act. These accounts are ‘indexical’, or context dependent, that is, the way in which the account is constructed will be determined by the context in which the talk takes place. Through the account given, the act acquires social meaning. In the selection of account, therefore, social actors will draw on shared understandings about how a competent individual should properly behave under a given set of circumstances. Wieder’s (1974) work on the ‘convict code’ is an exemplar of the empirical application of this concept, which has also been influential in my own work.

More controversially, some ethnomethodologists have argued that their respecification can transcend the recurring subjective/objective, agency/structure problematics, which have consumed much time and energy in social theory and the philosophy of science. For example, Sharrock and Anderson (1991), tracing ethnomethodology's lineage to Schutz, argue that the dichotomous presentation of subjective and objective ways of knowing is misleading and has served to obscure the dialectical nature of the relationship between the individual and external reality, mediated through language, which, after Wittgenstein, is identified as a shared commodity. In itself, this seems a wholly plausible statement. However, some radical claims have also been made for ethnomethodology in the context of the macro/micro debate, for example:

[e]thnomethodology's respecification is... to treat the solution to the "problem of social order" as completely *internal to those sites*. It conceives social settings as *self-organizing* and for just that reason has no further need for the received concepts of "social action" and "social structure" (Sharrock and Button, 1991:14, original emphases).

Hilbert makes a similar claim:

one source of the mistaken impression that ethnomethodology is microsociology is no doubt a misconstruing of ethnomethodology's commitment to *empirical* phenomena. This means that social facts must be immediately available to scientific inspection, not surmised, presumed or theorized into existence.... The approach calls for a more problematic relation between multiple observations than simply glossing them into categories, that, in turn, fit into a theory... this emphasis on the local and the empirical ought not to be confused with micro structure as it is normally conceived (Hilbert, 1992: 196)

I take issue with this kind of claim, on the grounds given by Jayusi (1991), that the desire to quarantine ethnomethodology - to avoid its contamination by the rest of 'theoretical' (or 'ironic') sociology (e.g. Watson, 1992) - does seem to prohibit even tentative engagement with the ritual and historical nature of social phenomena. This

deficiency is writ large in some forms of conversation analysis which Atkinson (1988) contrasts with the more hermeneutically inspired ethnomethodologies:

In the absence of any sociological preoccupations, the analyst seems bound merely to recapitulate the observed sequences of activities with little or no framework for selection, or for the representation of those activities in any other discourse (cf. Latour 1986). The radical stress on observable detail risks becoming an unprincipled, descriptive recapitulation devoid of significance....minute descriptive detail is assembled in a hyper-realist profusion, until the reader loses any sense of meaning (Atkinson, 1988: 446).

Hence, meaning is lost to the reader, indeed, the ‘social’ itself appears denuded of meaning. The concern with talk within conversation analytic ethnomethodology should not, argues Atkinson, be confused with concentration on language as constitutive of meaning which characterizes the hermeneutically inspired interpretive sociologies, by which Garfinkel’s own work was influenced (cf. Moerman, 1992 on Sacks).

Developing the critique further, the ethnomethodologists accept that there are often multiple and competing accounts given and perspectives held by different members, or by the same individual in different contexts. However, if this is the case, the ‘unsaid’, or the ‘could have been said if circumstances had been different’, may become extremely significant (McHoul, 1994), reflecting, as the ethnomethodologists would accept, different dominant background expectancies, but also, surely, dominant discourses and constructions, for example, relating to the ascription of membership categorizations (mother, child etc...) (Sacks, 1972a, 1972b), from which *moral* judgements about the *appropriateness* behaviour may be constructed (cf. Jayusi, 1984; Miller, 1994). Moreover, somewhat paradoxically given ethnomethodology’s concern with indexicality and reflexivity, the claim to be reproducing ‘pure’ data exempts the

researcher from the task of mapping their own tacit theoretical assumptions (Giddens, 1977), as well as denying the ‘theoretical’ and historically constituted nature of commonsense (cf. Billig, 1994; Bourdieu, 1977; Hammersley, 1992). The adoption of an ostensible non-ironic sociology (the rejection of theorizing), then, is itself a theoretical (or, in Jayusi’s terms, moral) standpoint, driven by an existentialist view of subjectivity, which lies in sharp opposition to the Foucauldian position outlined above. I have already discussed the limited usefulness of such dualisms, but having noted the inadequacies of Foucault’s subjectless history, it worth stating here that the existential version of ‘self’ tends to neglect the pre-ordained ritual or ceremonial nature of many encounters (see, Dingwall, 1980a; Goffman, 1981; Hall, 1977) and the notion of the self as comprising a certain embodied history (Bourdieu, 1977). This ‘historyless’ subject also permeates some varieties of symbolic interactionism. (see debate between Goffman and Denzin and Keller, *Contemporary Sociology*, 1981).

It is difficult to locate a ‘purist’ ethnomethodological ethnography of social work, however, there is a growing conversation analytic literature on therapeutic encounters (e.g. Seigfried, 1995), much of which displays the kind of purism described above. In view of the relative dearth of ethnomethodological ethnographies of social work, it may be suggested that the discussion above has been a rather unnecessary diversion. However, the unequivocal rejection of any notion of synthesis by some ethnomethodologists makes these arguments essential, since I go on in due course to appropriate many of their ideas in my work.



Whilst ‘pure’ examples are hard to find, there are a number of ethnographic studies relating to social work, which are broadly located within what Sibeon (1994), after Meltzer *et al.* (1975), calls methodological situationalism. Many of these studies have benefited from ‘the increasing rapprochement between ethnography and conversation analysis’ (Atkinson, 1988: 461). Sibeon suggests that such studies ‘break with the Garfinkelian ethnomethodological rubric... [but] nevertheless remain phenomenologically close to actors’ “own” data’ (*ibid.*: 24). These studies shed the deterministic qualities of structuralist accounts in favour of the detailed descriptions of how certain practices serve define and maintain institutional orders and also construct meaning.

Of the ethnographies which relate specifically to social work, some have focused on the client encounter (*e.g.* Stenson, 1993), whilst others have looked at the narrative constructions used by social workers (Pithouse, 1984 and 1987; Pithouse and Atkinson, 1988) in collegial discourse. Smith’s (1977) work, whilst using the term ‘professional ideology’ suggesting a structuralist influence, is properly located amongst these studies, with its attention to the situated accounts given by social workers in their representations to the Children’s Panels (which deal with juvenile crime) in Scotland. His work is also interesting in that it attends to layers of influence from social policy, through professional ideology to the situated accounts and actions of individual social workers. Stenson’s (1993) ethnography differs from most situational studies in the explicit application of a Foucauldian theoretical template, as discussed above.

Focusing on studies of collegial discourse, which are more relevant for this research, I shall consider Pithouse's (1984; 1987) work as an example of a case study undertaken within the category 'micro-situational' ethnography. Pithouse argues,

the complex and often contradictory practices of people doing welfare work will be shown as the outcome of an occupational arena that demands its own specific theoretical formulation (1987: 5).

This is in sharp contrast to studies which have adopted a more distanced 'analytic gaze', which can only ignore the complexities of social workers' routine and contingent sense making activities in an occupational arena which is fraught with dilemma and uncertainty. Unlike the theoretically driven accounts summarized earlier, Pithouse has focused on naturally occurring talk taking place within a social services office (supplemented by interview data) and has analysed the documentary records held by the department. Unlike many previous commentators (e.g. Satyamurti, 1981), after Dingwall (1974), Pithouse suspends normative judgement on these records treating them, instead, as practical accomplishments. This policy, akin to 'ethnomethodological indifference' (Garfinkel and Sacks, 1970), allows him to view the documents in a different way, to explore how members make use of them and construct the accounts within them. Pithouse's methodological preferences bear fruit: through thick descriptions of the everyday routines and simplifications employed by social workers, he is able to illustrate the complexity and the rhetorical and narrative quality of their accounts of cases, which is built upon on further in later work (Pithouse and Atkinson, 1988).

Many of Pithouse's findings are replicated in my own data, allowing me to make cautious claims about the generalizability of the findings. There are, however, significant points of departure, for example, Pithouse observes that investigations of 'non accidental injury' in children, although 'dreaded' by workers were 'rare'. Although he does not define 'rare', my own data suggest the polar opposite, a view borne out in a variety of practice and policy literature (*e.g.* Audit Commission, 1994; Thorpe, 1994). If these historical changes are to be adequately understood, it is necessary to step outside of 'methodological situationalism'. Although Pithouse does provide some historical and contextual analysis (1984) he does not make a systematic attempt to connect the contingent practices of the area office with any 'imported' phenomena. Through the use of naturally occurring and interview data, the researcher can fish for the ordinary and everyday orderings of institutional life, but not all of the 'materials' caught in the ethnographic net will be the products of these internal orderings. Some are imported and these materials wield such influence that they cannot be ignored. I use '*materials*' in the sense employed by Sibeon (1994; 1996), who is, in turn, drawing on the work of Callon and Latour (1981) and Latour (1986), to mean:

'discourses... laws, rules, some types of resources, written material and policies...In anti-reductionist sociology....materials are necessary effects of the social totality. The form and effects of any particular materials, including the extent of their space-time mobility and durability (Law, 1986), are outcomes of social processes that involve agency/structure and social chance' (Sibeon, 1996: 7).

An acknowledgement of the durability and portability of materials through time and space is, I think, pivotal to an understanding of the modes of ordering employed by child-care social workers in their everyday practices. In addition to ethnographic data, such as Pithouse's, these contextual elements give clues as to which 'materials' are

situationally accomplished and which have been imported from other locations (although, clearly, the latter will be also invoked or alluded to *within* the encounter). However, as I shall show in later chapters, even this apparently safe distinction is not unproblematic, because materials, such as the law or bureaucratic time, may be transmitted in relatively durable form, but nevertheless are invoked as rhetorical devices in social workers' accounts, to justify what are often polar opposite actions. In short, even the most predetermined and apparently 'fixed' materials can be used strategically by agents.

### **Synthesis Revisited: Re-Theorizing Order and Power**

The studies discussed above all have something to offer to the sociological analysis of contemporary child-care social work, but most display tendencies to various kinds of reductionism. I do not expect I shall be able to completely escape these tendencies myself and, therefore, I should like to reintroduce the notion of modesty, borrowed from Law (1994). I am not attempting to provide *the* definitive, final and complete sociology of social work, only *a* sociology which is necessarily partial and ultimately fallible. I do not believe in final versions and, although I firmly believe, and argue elsewhere in thesis, that my data have some generalizability, my work is an *ethnographic* study of the situated practices and orderings of a social services department and not, for example, a theoretical treatise on space-time. My aim is to contribute to the ethnographic field and to open up analytic spaces, which may inform future work.

The imperative to find an adequate means to theorize connections and articulations between the internal and the external has been heightened by my own history as a

practising social worker and by my 'native' reaction to the some of the claims of existing studies. Of course, my 'member's' account is itself corrigible (Hammersley, 1992) and is no definitive test of validity, but my assertion here is that I am advocating synthesis, not out of epistemological sloppiness, or intellectual self indulgence, but out of a search for analytic *adequacy*.

Much of the ongoing debate about agency and structure, voluntarism and determinism, is beyond the scope of this thesis. However, there are a number of concepts upon which I shall draw in later chapters, which should properly be introduced here. These concepts share an acknowledgement, although not always an explicit one, of the importance of time and space in 'locating' the 'local' activities of agents, without resorting to excessively reified concepts of structure.

### Time, Space and the Problem of Ordering

It will now be clear that much of the debate about macro/micro, structure/agency, centres around the problem of order, that is whether it is an internal, emergent phenomenon or an external 'structural' given. I have argued above that, although 'structural accounts' are inadequate to explain events at the micro-situational level, there is a danger that ethnographies conducted in the 'abductive' tradition may inject a rather unrealistic notion of individual freedom to the analysis.

The proposition that actors *do not* have infinite choices, *and* that social change must ultimately be agency dependent, whilst initially appearing rather internally contradictory, on closer analysis seems wholly uncontroversial. Nevertheless, the

mechanisms for ‘ordering’ continue to preoccupy social theorists and to provoke intense debate. Stripped of their more unhelpful ‘theoreticist’ components, a number of analytic frameworks have much in common, and all involve an acknowledgement of the durability and portability of materials, and of the possibility of ‘managing’ encounters across time-space.

Giddens’ concept of time-space distantiation is an important starting point, and refers to the tendency for activity in ‘modern’ societies to rely increasingly upon ‘interactions with those who are absent in time-space’ (Urry, 1991: 165). The development of transport and communication systems (writing, printing, information technology, media) is pivotal to this process. Discussing the utility of the concept of ‘time-space distantiation’ as a remedy for the neglect of constraining phenomena in some ethnomethodological work, Hartland (1995) makes the following point:

Questions in court differ from those in mundane conversation at least in part because others, often at a great distance from the court, act on the basis of the results of these questions. Similarly, the point of much bureaucratic activity is the management of others from a distance...In the end, therefore, Giddens poses a challenge to... the imagination of ethnomethodologists. *Can we see, in the detail of what people actually do, how their actions connect with those that are separated from them in time and space?* (Hartland, 1995: 34, emphasis added).

Archer (1995; 1996) also stresses the importance of temporality in understanding constraints on freedom in social life. Archer makes much of the difference between her ‘realist’ (morphogenetic) approach to social theory and Giddens’ work, arguing that Giddens is guilty of ‘conflating’ structure and agency, which she insists are two analytically and ontologically separate realms (separated by time and space) and of ‘condensing’ time. However, one is left wondering how her central assertion that the

social world should be analysed for the ‘interplay’ between *prior* structures, *present* agency and *future* transformation/emergence (or continuity) could be *empirically* distinguishable from Giddens’ concern with ‘interpenetration’ of agency and structure, of which Archer is so critical. For the *practice* of competent ethnography the important assertion, which is shared by both theorists, is that *agents exist in conditions which are not of their own making* and that the things we call ‘structures’ are activity dependent, although they may result from the unintended consequences of particular actions. As Jary (1991), quoting Gregson (1986: 91), playfully puts it:

Marx’s famous aphorism must now be rephrased to refer to: ‘people making history in temporal and spatial contexts, but not in the conditions or in the time-space zones of their own choosing’ (Jary, 1991: 143).

Clearly, in order to study either ‘interplay’ or ‘interpenetration’ one would need to undertake a detailed analysis of action in the present, of ‘business as usual’, of *talk and text* within a specific institutional context.

The arguments summarized above thus bear a striking similarity to Callon and Latour’s work on the transportation of materials, developed further by Sibeon (1994). It is acknowledged that social actors, who are not necessarily individuals, but who must have causal powers, can grow in significance and influence dependent upon their ability to translate their materials into relatively durable form. In its simplest this may involve writing them down, rather than relying on oral history. Thus emergent products of experience and action in one social work site (or in a related field, see below) may be

*disseminated* spatially and temporally to other social work sites in a form that is meaningful to others ‘who did not take part in the action’ (Sibeon, 1994: 44, original emphasis).

Sibeon suggests (after Knorr- Cetina, 1982; and Law, 1986) that in times of rapid change or disruption, such as following child abuse inquiries (see Chapter 3), written documentation will be more likely to be used, allowing for *relative* durability over time and space (see Chapter 3 for a detailed discussion on practice guidance issued by the Department of Health). Nevertheless, time-space distantiation *may* result in a high degree of variation across sites.

Drawing on Latour's sociology of translation, Sibeon goes on to argue that having 'a massive *initial impetus* from a powerful source' (1994: 48) does not necessarily result in the durability of materials, hence severing the notion of translation from any specific power source, such as capital or the state. This is a little problematic in the context of social work, in that materials like the law are clearly relatively durable and this durability appears, at least for the most part, to flow from the power exercised *ex officio* by those particular agents who comprise the legislature and the judiciary, and with whom social workers, as legal agents, are arguably in a symbiotic relationship.

This brings me to Bourdieu's work on fields, through which the argument can be extended into an analysis of power. Fields are defined as follows:

In analytic terms, a field may be defined as a network, or configuration, of objective relations between positions. These positions are objectively defined, in their existence and in the determinations they impose upon their occupants, agents or institutions, by their present and potential situation (*situs*) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions (Bourdieu, 1992: 97).



The fields allow for a relational analysis, in that each is more or less autonomous from the field of power (Bourdieu, 1988; Lash, 1990) and from each other. The borders of a field are dynamic and thus can only be determined empirically. Like Foucault, Bourdieu gives language a constitutive primacy within fields, but he retains a notion of power which is tied to the possession of symbolic capital. Materials, or in Bourdieu's terms capital (not in the strictly economic sense, but also including symbolic and cultural capital) may be transferable between fields. Each field contains its own constant struggles and the products of one field may exert 'symbolic violence' over another. Thus, language is imbued with performative potential, but

The linguistic relation of power is never defined solely by the linguistic competencies present. And the weight of different agents depends on their symbolic capital, i.e. on the recognition, institutionalized or not, that they receive from a group (Ledeneva, 1994: 15).

I shall go on to demonstrate the relevance of this framework in Chapter 3, where I show how legal discourse has become increasingly infiltrated by the true/false logic of the scientific field, thereby adding to its ability to exercise symbolic violence over other fields. This provides a means to account for the transportation of legalistic discourse, comprising both friend/foe and true/false logics, into social work discourse, sitting alongside, rather than displacing, the humanist narratives uncovered by Philp.

Bourdieu's assertion that certain performatives have 'magical' effects is borne out in the data analysis in subsequent chapters of this thesis, where I show that certain utterances appear to have an almost consecrated correctness.

I have also drawn (see Chapter 5 in particular) upon a particular reading (and there are many) of Bourdieu's concept of *habitus*, taken here to mean a 'strategy-generating

principle enabling agents to cope with unforeseen and ever-changing situations' (1977: 72). This is Bourdieu's remedy for the existential 'free' self, characteristic of ethnomethodology and phenomenology. The habitus provides the *sens pratique*, the practical reasoning through which the individual negotiates everyday encounters. Parallels with micro-situational approaches are evident here, and yet the habitus is also the embodiment of *experience* and thus brings with it an inescapable historicity. The actors within each field will each have an individual habitus, through which their experience is embodied and transported to the present, but this individual habitus will also have elements appropriate to the particular field in which they are situated. It is through the acquisition of this habitus (or inclination, predisposition, habitual state, Bourdieu, 1977: 214) that competency within a field is achieved.

It is important to note that some (e.g. Alexander, 1995) have been highly critical of the concept of *habitus*, arguing that it is overdeterministic and simply operationalizes the concept of structure, rather than shaking it off. Bourdieu does indeed seem rather pre-occupied with 'objective structures', but he is equally emphatic that these structures do not determine events and, crucially, that they are heavily mediated by individual difference and contingent action. Thus, if *habitus* is used, as I have in this thesis, simply to mean the gradual embodiment of 'ways of being and doing as usual', which for each individual also incorporates 'ways of having been before' accusations that it is 'structuralist', in the usual meaning of the word, are unfounded.

Bourdieu is not given to sociological modesty and often presents his arguments as *the* definitive and objective version, failing apparently to accept the problematic nature of

such truth claims (Dreyfus and Rabinow, 1993). Nevertheless, his work on fields sits relatively easily alongside translation sociology and Giddens' work on time-space distantiation, as a means to understand the dynamic relationship between emergent social relations and their conditions of existence (or, in Bourdieu's terms, of felicity).

### Power and Subjectivity

In a sense 'power' is inseparable from 'ordering' and the arguments concern the same internal/external dualism. I return to debates about power at other points in this thesis, particularly in Chapter 4, where I consider attempts at 'control' in the organization. Therefore, the analysis below is merely a summary of the main arguments against which the data may be interpreted.

All of the studies discussed above have an explicit or implicit concept of power, which is itself one of the most contestable concepts in the social sciences. I cannot hope to do justice to the range of opinion here, but it may be helpful to eliminate those conceptualizations which appear most problematic. There is now some agreement, even amongst the Marxists, that it is not appropriate to collapse all power relations into a system of class domination, and that such a recipe can only lead to reductionism and essentialism of a most simplistic and unhelpful kind. The postmodern turn in social theory has thus cemented the recognition of a plurality of interests, oppressions and opportunities for transgression, which had already been theorized in (*inter alia*) Hall's (e.g 1978) neo-Gramscian reformulation of the concept of ideology. Similarly, there is

some agreement that the radical refusal to *theorize* power within ethnomethodology is one of its most serious flaws. This point is made by Bourdieu,

...“interpersonal” relations are never, except in appearance, *individual to individual* relationships and... the truth of the interaction is never entirely contained in the interaction... (1977: 81),

and by Giddens with his space-time remedy, discussed above. On a more empirical note, it has been argued that the addition of a Foucauldian conception of power to ethnomethodological studies of medical encounters (and other forms of institutional discourse) has been essential to the exposure of the intimate connections between language, power and knowledge, which predate the encounter and yet are reproduced within it (e.g. Fox, 1993; Miller; 1994; Silverman, 1987). Indeed it is through the analysis of language that a remedy has been sought for the deficiencies of both structural and processual accounts of power (Cicourel, 1993). The centrality of language for Bourdieu and Foucault should already be evident, although there are also significant points of departure.

Attending first, and very briefly, to Foucault, for whom power is an omnipresent and relational phenomenon inseparable from language and knowledge. For Foucault power can be productive,

‘it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body’ (Foucault, 1980: 119).

In contrast to Bourdieu, Foucault argues that it is not possible to step outside of discourse, since resistance to one ‘regime of truth’ can only result in the emplacement of another which will be equally constitutive of reality. These discourses are local and

cannot be traced to a power *source*, a conception that is useful in the study of disciplinary power in organizations. Power can no longer be seen in terms of a simple hierarchical arrangement of controllers and controlled which opens up the possibility of difference and dissent (see Chapter 4).

However, there are a number of problems with Foucault's analysis, which are largely attributable to his disregard for any proprietorial notion of power. Foucault argues that power cannot exist until it is exercised and his suggestion that its exercise is ubiquitous is plausible, but this does not mean that the *potential* for the exercise of power is evenly distributed. In his enthusiasm to escape the Marxian monolith, Foucault has edited out any discussion of differential opportunities for domination (or subordination). Power is omnipresent and relational; it is 'micropower', exercised rather than possessed. Foucault allows for the interdiscursive, that is for a variety of discursive formations, but in abandoning the concept of ideology (as a discourse tied to systems of domination, Purvis and Hunt, 1993) he leaves us without a means to understand why and how a discourse may become dominant,

.... at any one moment, when you want to know how strong the power is, and how strong the resistance is, and what is the changing balance of forces, it's impossible to assess because such a field of force is not conceptualizable in [Foucault's] model (Hall, 1996: 135).

Furthermore, Fairclough (1992) asserts,

Foucault's position is a contradictory one, in that he appears to be committed to certain forms of critique which are at odds with his relativism, so that he ends up being ambivalent about critique (*ibid.*: 60).

I tentatively propose that the problem is not so much with Foucault himself, who was, after all, writing at a time when structural Marxism was a more stable target than has

subsequently been the case. Rather, I suggest that it is the result of the continual playing out of a meaningless polemic, in which one side reasserts the power of the 'state' and the other renders any *source* of power redundant (White, forthcoming). Each camp is seemingly intent on throwing the baby out with the bath water. There are many examples of a 'both/and' approach to power. Articulated through language (some of which is ideological, in the sense referred to above), power is textual and yet the mechanisms through which discourse is dispersed (for example, the media) are not equally available to all. Similarly, it appears to make little sense to argue that the *direct* control of the body by agents, who *possess* the delegated power of the 'state', is no longer of analytic importance. In fact, the complex shape of contemporary social regulation relies on both the normalizing judgements of welfare professions (in association with the self-regulation of subjects) *and* a directly coercive response to those subjects who fail to police themselves (*e.g.* people who experience mental illness see Pilgrim and Rogers, 1994; White, 1996). Bourdieu's work on fields, if we eschew his more grandiose claims to objectivity, is clearly relevant to conceptualizing these connections and I have drawn upon it in Chapter 3 in particular.

### **Conclusion: A Recipe for *Methodological Synthesis***

I have argued above that (ethnomethodological) ethnography is equipped to capture the subtleties social workers' talk and hence to remedy some of the totalizing tendencies of structuralism. It is, nevertheless, unable to account for those features of talk which have either become *widespread* 'language habits' or are 'other temporally and spatially dispersed social work materials' (Sibeon, 1994, after Knorr-Cetina, 1981). So, whilst it remains essential to retain the ethnographic component of any analysis of social work,

there should be some attempt to place the situated activity within a framework, and so to take account of certain dominant constructions, which are always and already written into any encounter.

It is because of this that Sibeon argues for the incorporation of ‘middle range’ documentary data in order to give context to the ethnographic account. For this reason, I have undertaken a meta analysis of materials which flow into social work encounters from other sites, separated from the ‘action’ in time and space. Sibeon’s recipe for a sociology of social work is summarized as follows:

*a combination of methodological situationalism and middle range methodology is required for non-reductionist empirical investigation and analysis of actors’ “handling” of social work materials within-and -across contemporaneously existing social work sites...Some phenomena in local social work sites, including forms of thought, policies, and practices, may be shaped by and in turn shape social work materials in other places at other times (Sibeon, 1994: 53-4, original emphasis).*

I would add to this the explicit imperative to consider other fields (such as the juridical), which do not fall easily into the definition ‘other social work sites’, but nevertheless impact upon occurrences at the micro-situational level. Clearly, there is a need to limit any enquiry, and I have said that I do not profess to be producing the definitive sociology of social work. My data have imposed their own limits - where social workers have themselves invoked imported ‘materials’ I have tried to track them down. Paradoxically, given the ethnomethodologists’ rejection of theorizing, it is by adopting such an approach that the remarkable ability of social actors to render such artefacts malleable can be illuminated.

## **Chapter 2**

### **Researching Institutional Realities: Ethnography, Discourse and discourse**

In the previous chapter, I constructed an argument for a disciplined synthesis of ideas originating from apparently diverse (or even ostensibly incommensurable) theoretical traditions. I concluded with a statement affirming my commitment to ‘methodological situationalism’, as the most appropriate means by which to examine the *contingent* nature of institutional realities.

Although I draw on other conceptual material in the data analysis, my *methodological* orientation is more or less captured in Miller’s (1994) recipe for ‘ethnographies of institutional discourse’. Miller describes and justifies such an approach thus:

Ethnographies of institutional discourse combine ethnographers’ interest in in-depth observations of diverse settings in everyday life, conversation analysts’ construction and analysis of transcripts of naturally occurring talk within settings, and the Foucauldian focus on the formulation, dispersion and uses of knowledge within and across social settings. Whereas ethnomethodologically informed ethnographers, conversation analysts, and Foucauldian discourse analysts disagree on many issues, they agree that social realities involve more than looking and seeing. Social realities are produced (or accomplished) by seeing and communicating from standpoints (or gazes) that are simultaneously ways of understanding and being in social worlds (*ibid*: 281-2).

At this point, it is worth saying a little about my use of the terms ‘Discourse’ and ‘discourse’ in the title to this chapter. The use of upper and lower case is intended to differentiate between ‘discourse’ as talk and ‘Discourse’ as a body of knowledge (Walker, 1988). After Walker, I contend that Discourse is reproduced within discourse (talk) at ‘the point of its articulation’ (*ibid*: 55) and therefore can be adequately captured in the transcripts of naturally occurring, or indeed, interview talk. Methodologically,



then, Discourse and discourse do not require separate research instruments or procedures; both can be represented in transcript and also in (accurate, verbatim) field notes. The distinction is an analytic one, which arises from the researcher actively tracing the genealogy of talk (discourse) to a specific body of knowledge (Discourse). In the context of the 'psy' professions the reproduction of certain dominant (*e.g.* psychological and legal, see Chapter 3) Discourses is often transparent.

I refer in some detail below to the nuts and bolts of ethnography, which has itself been subject to trenchant internal critique. However, I shall begin with a brief exploration of the some the debates which have been taking place within qualitative research, particularly over the last decade or so, and move on to examine the ways in which fieldwork is necessarily affected by the researcher's status as an 'insider'. Drawing on anthropological literature, I discuss the impact of this 'complete membership role' (Adler and Adler, 1996) upon data collection and analysis, referring to its ethical implications. I complete the chapter with an account of my own research design, and an explication of the methods used in subsequent data analysis. In Appendix 1, I have provided an autobiographical account of the experience of conducting fieldwork 'at home'.

To start with, in broad brushstrokes, I shall summarize some of the arguments about the scientific status of the ethnographic case study.

## **Is Ethnography a Science?**

There are now many competing notions about the essential ingredients of a competent 'ethnography', with a spinning off of new subcategories - analytic ethnography, critical ethnography, ethnomethodological ethnography, practitioner ethnography, and so forth (see, Hammersley, 1992; Hammersley and Atkinson, 1995; Lofland, 1995; Silverman, 1985, 1989). This new taxonomy is the end product of the debates which have been raging within qualitative research, particularly since the early 1980's. Before exploring these arguments in more detail, it is worth trying to present some of the broadly accepted, generic features of ethnographic research.

In its most characteristic form [ethnography] involves the ethnographer participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions - in fact, collecting whatever data are available to throw light on the issues that are the focus of the research. Equally, though... there is a sense in which all social researchers are participant observers; and, as a result, the boundaries around ethnography are necessarily unclear. In particular, we would not want to make any hard-and-fast distinction between ethnography and other sorts of qualitative inquiry (Hammersley and Atkinson, 1995:1-2)

Similarly, Lofland (1995) has sought to cut through internal divisions and to group the salient features of 'analytic ethnography', stressing the ethnographer's 'deep familiarity' with the subjects studied and the 'emergent' nature of their analysis, which should retain the rigour of 'unfettered' scientific inquiry (Lofland, 1995).

## **Ethnography and the Real: Can Ethnography be Artful without Becoming Art?**

Even in mapping the common ground, commentators are drawn into philosophical debates about the ontological status of the knowledge claims produced by ethnographic research. Debates about realism and relativism, positivism and naturalism have

impacted on the research tradition and, it is suggested, ethnographers ignore them at their peril.

[T]here is no escape from philosophical assumptions for researchers. Whether we like it or not, and whether we are aware of them or not, we cannot avoid such assumptions. And sometimes the assumptions that we make lead us into error (Hammersley, 1992: 43).

At the heart of these assumptions lies the (positivist) view that there is an independent reality to be discovered *and* that scientific (experimental) method can produce products which directly correspond to *observable* external phenomena. The idea that there is a ‘reality’ out there is really quite uncontroversial and, unsurprisingly, it is extraordinarily difficult to find *anyone* who will eschew this notion, even amongst those most fervently accused of anarchic relativism.

“Relativism” is the view that every belief on a certain topic, or perhaps about *any* topic, is as good as every other. No one holds this view... The philosophers who get *called* relativists are those who say that the grounds for choosing between opinions are less algorithmic than had been thought... So the real issue is not between people who think one view is as good as another and people who do not. It is between those who think our culture, or purpose, or institutions cannot be supported except conversationally, and people who still hope for other kinds of support (Rorty, 1980: 727-28, citation Bernstein, 1983: 201, original emphasis).

So, what is controversial about positivism is not the assertion that there *is* a material reality, but the claim that a particular method can *capture* and *reproduce* this external world and represent it through a set of generalizable laws. Clearly, within the human sciences these claims are hard to sustain.

However, there are also problems with ‘naturalism’, which is a philosophical position with a hermeneutic lineage (Hammersley and Atkinson, 1995) adopted by many

qualitative researchers as a remedy for some of the inadequacies of positivism.

Naturalism accepts that 'human actions are based upon, or infused by, social meanings' (Hammersley and Atkinson, 1995: 7). Naturalists are concerned with maintaining the integrity of 'real' social relations and thus adopt a preference for naturally occurring data, eschewing the artifice of traditional research instruments. Naturalism is also marked by a scepticism about simple linear claims about causality, with an emphasis instead on the contingency and context dependency of social action. Hence description, rather than causal explanation becomes the goal of research. However, alongside positivism, naturalism has come under increasing criticism for its neglect of the social, personal and political characteristics of the researcher, and also for its *a priori* privileging of members' accounts. That is, despite the recognition that social actors are interpretive beings, there has been, it is argued, insufficient attention paid to the constructions used by the researcher themselves. So, although there is an acceptance that subjects play a part in the construction of their own 'realities', the ethnographer claims neutrality apparently *qua* ethnographer and fails to subject their own account to rigorous and reflexive analysis (Atkinson, 1990; Hammersley, 1990a; 1992; Hammersley and Atkinson, 1995).

Thus ethnographers, of both a positivist and naturalist persuasion, are accused of adopting a 'naive realist' (Hammersley, 1992) ontology. Counter to this position, however, the impact of the 'rhetorical turn' (Simons, 1989) within the human sciences threatens to blur the boundaries between science and art, as the narrative forms and textual devices used in the construction of ethnographic works are subject to analysis in their own right (Atkinson, 1990; Barnett Pearce and Chen, 1989; Fuller, 1979;

Richardson, 1990). For Hammersley (1992; 1993), the proper response to this state of affairs, is not to abandon all claims to realism in social scientific inquiry, which would effectively transform it into a form of literature (*cf.* Rorty, 1979; 1982), but to,

maintain a belief in the existence of phenomena independent of our knowledge claims about them...without assuming that we can have unmediated contact with them and therefore that we can know with certainty whether our knowledge of them is valid or invalid. The most promising strategy for resolving the problem is to adopt a more subtle view of realism' (Hammersley, 1992: 50)

This version of 'realism' acknowledges that any representation must always and necessarily be partial - delivered from a particular perspective - and fallibilistic. The perception that research can achieve the reproduction of reality is thus abandoned, with a recognition, instead, that it can only achieve selective representation of phenomena 'out there'. In other words, the researcher must 'recognize that the phenomenon always escapes' (Silverman, 1993: 201). It thus becomes vital that the background assumptions and theoretical models informing a particular perspective are made explicit.

### Validity and Reflexivity

It has been suggested (Brewer, 1994; Hammersley, 1991; 1992; 1993; Hammersley and Atkinson, 1995; Lofland, 1995; Silverman, 1985; 1993; 1997) that the critiques of positivism and naturalism have the potential to foster a rather sloppy attitude amongst qualitative researchers. If naive objectivist measures of reliability and validity are redundant, what should stand in their place?

There has been considerable attention paid to the identification of sensitive criteria by which to evaluate ethnographic research. On this subject, I am inclined to agree with Silverman (1985) that the paper by Mitchell (1983) 'offers the best defence... of the

value (and potential rigour) of case studies in sociology and anthropology' (Silverman, 1985: 117). Against the criticisms levied by quantitative researchers about the validity of the case study, Mitchell argues that the validity of extrapolations in the ethnographic case study,

'depends not on the typicality or representativeness of the case but upon the cogency of the theoretical reasoning.... The rich detail which emerges from the intimate knowledge the analyst must acquire in a case study if it is well conducted provides the optimum conditions for the acquisition of those illuminating insights which make formerly opaque connections suddenly pellucid'  
(Mitchell, 1983: 207).

However, along with Hammersley (1990b) (see Smith, 1990), Mitchell seems to harbour a belief in a *perfect* analytic 'fit'. For example, he distinguishes between case studies which are used 'analytically' and those which are used 'ethnographically', with inferior status accorded to the latter and an inadequate explanation of how these approaches differ. Hammersley's subsequent adoption of the concept of 'subtle realism' seems to signal a softening of this (naive realist) position and an acknowledgement of the necessarily provisional status of knowledge claims. Despite these misgivings about some of Mitchell's more ambitious claims in defence of the case study, his work, along with subsequent texts on qualitative research, has done much to firm up ethnographic research and to generate meaningful evaluative criteria. In the discussion below, I have attempted to summarize the outcome of the debate. In so doing, I have glossed over many important points. I shall, however, be returning to some of these arguments in due course, using my own work as an exemplar.

It seems to me that the ‘ethnographic critique of ethnography’ (Brewer, 1994) can be summarized as follows:

1. A particular account may satisfy basic and mundane criteria of plausibility, but it will remain problematic if the researcher does not attend to other competing explanations of the phenomenon in question. That is to say, it has been suggested (see, in particular, Hammersley, 1992) that there has been inadequate attention to the examination (and indeed simple quantification) of negative or ‘atypical’ (Mitchell, 1983) cases, which arise during data analysis. This tendency is responsible for the artificial homogeneity and order (Law, 1994) ascribed to social settings by some ethnographers
2. Ethnographers have been criticized for being insufficiently ‘reflexive’ about aspects of their own sense making activity. That is, they have failed to make explicit the theoretical and textual preferences and, indeed, the personal values which saturate the interpretations of their findings (see Atkinson, 1990; Brewer, 1994; Hammersley, 1991; 1992; 1993; Hammersley and Atkinson, 1995; Lofland, 1995; Silverman, 1985; 1993; 1997).

It is necessary to explore this concept of reflexivity further: at its simplest it refers to the need for self-reflection as part of the research process, however, the term has been the subject of much argument and redefinition (as befits the concepts of the social sciences).

For example, Bourdieu distinguishes between textual and epistemic reflexivity (Bourdieu, 1992). By textual reflexivity he is referring to the trend for researchers to bare their soul in the writing of their ethnographies (*cf.* similar points made by Atkinson, 1990 and Hammersley, 1991). This kind of reflexivity is contrasted with the

‘epistemic’ variety, through which researchers are urged to identify the ways in which their interpretations are affected by their own location within a particular discursive formation.

A description which contains no critical reflection on the position from which it is articulated can have no other principle than the interests associated with the unanalysed relation that the researcher has with the object (Bourdieu, 1988: 15).

Or further,

What distresses me when I read some works by sociologists is that people whose profession it is to objectivize the social world prove so rarely able to objectivize themselves, and fail so often to realize that what their apparently scientific discourse talks about is not the object, but their relation to the object (Bourdieu, 1992: 68-9).

Bourdieu’s belief that it is possible to undertake ‘objective’ research penetrates his account of epistemic reflexivity. Whilst, as I stated in Chapter 1, I do not share his apparent belief in the (theoretical) possibility of completely unfettered inquiry, the situated nature of the accounts of both *researcher* and *researched* is something to which the ethnographer clearly must attend.

However, there is only a fragile consensus on the intrinsic value of reflexivity as part of the research process, with some commentators (e.g. Latour, 1988; ‘debate’ between Pinch and Pinch, 1988) pointing to the negative consequences of endless reflexive epistemologizing, in which researchers seem increasingly reluctant to ‘talk about’ any of the phenomena ostensibly under investigation (Latour, 1988, referring to Woolgar, 1988, in particular). For Latour, such posturing represents a paradoxical attempt to claim that one’s own story is a better story than all the others, whilst simultaneously



undermining one's knowledge claims. In the process of describing the *construction* of the story, the story itself is lost and so he urges,

Let us go back to the world, still unknown and despised. If you sneer at this claim and say 'this is going back to realism', yes it is. A little relativism takes one away from realism; a lot brings one back (Latour, 1988: 173).

Latour inverts the claim that readers of ethnography are easily persuaded of the validity of knowledge claims, with the assertion that texts are often read with a healthy dose of cynicism and an already developed capacity for deconstruction. I do not fully accept Latour's argument, because, like so many polemics, it risks throwing the baby of self-conscious reflection out with the bath water of self-indulgence. However, it is helpful to reassert that ethnographies should be *about* something other than the researcher themselves. This point also is made by Hammersley (1993) and Hammersley and Atkinson (1995)

A grasp of the rhetoric, or the 'poetics', of ethnographic writing is of fundamental importance. It would, however, be quite wrong to conclude that problems of rhetoric are the only issues involved. The relationship between the ethnographic text and its subject-matter may not be straightforward, but it is not totally arbitrary (*ibid*: 255).

### Can Ethnography be Critical without being Essentialist?

Alongside arguments about the scientific status of ethnography, sit debates about the relationship between 'truth' and emancipation. Should researchers aim for a 'critical ethnography' or for 'unfettered inquiry' (Hammersley, 1992; 1995; Lofland, 1995)? Is a commitment to an emancipatory goal a happy accompaniment to social research? The archetypal examples of so-called 'critical' ethnography, are those conducted from Habermasian (see, *inter alia*, Forester 1992; Thomas, 1993 and, for a critical appraisal,

Hammersley, 1992; 1995) or feminist (*e.g.* Ramazanoglu, 1992; Stanley and Wise, 1983; 1990) standpoints.

I fully accept the major contributions to sociological thought and social theory and research made by feminism and critical theory, but, for my own part, I have chosen *not* to subscribe to any unifying ‘standpoint’ *epistemology* here, and it is worthwhile explaining my reasons for this. In brief, I cannot see the analytic (nor, indeed, emancipatory) potential of theoretical positions which appear to place the ethnographer ‘a priori on the side of the angels’ (Dingwall, 1980: 873) and in which ‘the angels’ always belong to one particular taxonomic grouping. This can only lead to essentialism of the most unhelpful kind, with disconfirming evidence edited out, in the service of a predetermined and essentially *political* position. In the context of social work, as will become clear in Chapter 5, the adoption of a particular ‘standpoint’ could well compromise the researcher in reporting the ascent of a censorious anti-racism and anti-sexism within the occupation.

Using feminist methodology as an example, the reflexive turn in social theory and qualitative research, to which feminism has undoubtedly made a vital contribution, makes it difficult to distinguish those characteristics which can be *exclusively* attributed to *feminist* methodology (aside from essentialism itself) (see Hammersley, 1994; Holmwood, 1995; Mouzelis, 1996) - although the role of emotionality in fieldwork and ‘sense-making’ activities is an underdeveloped notion outside of feminism, and I have attempted to give this some attention in Appendix 1.

My rejection of 'standpoint' epistemology is perhaps a controversial position for a female researcher to adopt, challenging, as it does, the new orthodoxy, and apparently placing me on the 'side' of 'rationalist' malestream sociology. It is doubly difficult because my *politics* are feminist and I am happy to invoke them polemically when appropriate (*e.g.* White, 1996). However, as I stated in the previous chapter, in the context of empirical research the apparent existence of a 'macro' pattern of gender inequality is no guarantee that such a concept will be helpful in explaining events at the situational level and indeed it may well obscure the subtleties of relational webs of power which permeate the social. That is not to imply that feminist thought is intrinsically reductionist and essentialist, for example Fraser (1989) avoids many of the pitfalls in a scholarly analysis of the presuppositions of contemporary social theory, which engages with, rather than glossing over, the complexity of the terrain. Neither does Fraser descend into 'procrustean dichotomising' (Mouzelis, 1996: 132) of social science into feminist and anti-feminist camps. There are, of course, many other voices calling for more permeable boundaries between feminism and sociology and for reconciliation and dialogue (*e.g.* Porter, 1994) and one can but hope that the trend continues.

To summarize my own position, I believe that there is very little value in dividing the world according to feminist and 'other'. This dichotomy is clearly no more helpful than any other simplistic (Cartesian) dualism, of which feminism has (rightly) been so critical. It remains the case that conventional (common sense) reasoning relies upon similar 'rationalist' linguistic coding devices as does social research (see Boylan, 1993; Chafe, 1986). That is to say, it is very difficult to construct a case without recourse to

argumentation and without marshalling ‘evidence’ (even if this is experiential and emotional in flavour). In setting such narratives up as symbolic folk devils, ‘emancipatory’ researchers can only end up hoist by their own petard. They are in the business of convincing the reader that their work is ‘true’, for, if it were not, it would serve little purpose for the emancipatory project. However, there is still scope for ethnography to be ‘critical’ *without* being essentialist. As shown in the work of Foucault and Derrida, in opening up novel distinctions and rendering explicit the everyday and taken for granted, it arguably has intrinsic critical potential and, indeed, practical utility for practitioners as well as the academic audience (Silverman, 1987; 1997).

### **Ethnography at Home: The Problematics of Being on the Inside ‘Out’**

I should like to begin this section by explaining that, although I have been a social worker and this ethnography is about people with whom I share a common experience, and who are working within institutional realities with which I am familiar, I do *not* consider this research to be ‘practitioner ethnography’ in the sense used by Hammersley (1992). Hammersley casts a critical eye across the current trend for practitioner research, which he defines as ‘research closely tailored to the needs of practitioners [and in which] the practitioners participate in the research process, effectively taking it over themselves’ (*ibid*: 135). Hammersley distinguishes this problem-driven and solution-focused research from ‘ethnography’, which he argues is conducted from within a research community ‘oriented to discovering errors and producing knowledge of

general, rather than specific, relevance to practice' (*ibid*: 152). I believe that practitioner research<sup>1</sup> has its place, but that is not what I am doing here.

If my research has any direct relevance to practice, it is in the sense outlined above. In rendering manifest everyday routines, activities and rhetorical constructions, it can become extraordinarily difficult for people to continue to reproduce behaviour hitherto part of the 'natural attitude' (and I speak with experience). However, fostering individual acts of transgression is not the *aim* of the research, and neither am I suggesting that this would be a good thing. My aim is to contribute to a body of sociological knowledge, and my intended audience is primarily the research community and the social scientific academy.

### Auto-Ethnography? Lessons from Social Anthropology

There is a rich literature, largely from within social anthropology, on conducting research within one's own culture. Anthropologists, with their traditional predilection for the exotic and remote, appear to have been rather troubled by questions of reliability and validity within what has become known as 'auto-anthropology'. One of the guiding metaphors, transported into sociological studies from anthropology, is that of the ethnographer as a naive 'child', 'apprentice', 'stranger'. Of course, it may be extremely difficult to achieve anthropological strangeness when conducting research within familiar surroundings. However, the 'marginal native' metaphor sits uncomfortably alongside the ethnographer's 'deep familiarity' imperative.

---

<sup>1</sup> I do not find 'ethnography' a particularly appropriate term in this context as much of the research is conducted from within the empiricist paradigm, e.g., Sheldon, 1986.

The fieldworker is always a marginal person who, if he [sic] is *successful*, is permitted relatively free access to the backstage area of the social scene (Pelto and Pelto, 1978: 248).

Roll up your sleeves and muck in, but don't go native.

Indeed, further examination of the in/out, stranger/native, familiar/unfamiliar dichotomies shows that they are difficult to sustain in ethnographic fieldwork. The inchoate reality is allegedly built for the ethnographer, through the search for regularities, involving the collection and analysis of descriptive data, working towards the ultimate goal of dialectic holism. This holism is achievable only through the gradual discovery, over time, of insights into 'the interpretations of reality as seen by the group members' (Agar, 1980: 195). Thus the researcher must place considerable dependence upon informants in reaching this state of understanding, and this blurs the ostensible boundary between inside and outside. The ideal-typical ethnographer may be on the outside 'in', but the informants selected by researchers may themselves, in some way, be on the inside 'out'. For example Hammersley and Atkinson (1995), drawing on the work of Dean *et al.* (1967), list some characteristics of useful informants. The list includes descriptions of a variety of mavericks, malcontents and machinators who, precisely because of their 'difference' are able to give an inside 'out' perspective of benefit to the researcher.

The requirement for reflexivity on the part of the researcher *and* the informants is explained by Geertz (1979), who points to the necessity for translation back and forth of

‘experience-near’ and ‘experience-distant’ concepts, with neither framework being *a priori* preferred.

Confinement to experience-near concepts leaves an ethnographer awash in immediacies as well as entangled in the vernacular. Confinement to experience-distant ones leaves him stranded in abstractions and smothered in jargon (Geertz, 1979: 227).

The collection and abstraction of experience-near concepts is not simply a matter of extracting them from those who know best. Experience-near concepts are characterized by their high level of integration into the natural attitude, or, in Bourdieu’s terms, the habitus, of subjects. Thus, experience-near concepts will not be treated as *concepts* at all, hence the need for reflexive activity on the part of researcher *and* informants.

Incidentally, it is for precisely this reason that research instruments like tape recorded talk, can be useful, because they allow for a more distant and microscopic analysis of the taken for granted pragmatics of the ordinary and everyday (West, 1996), whether the analyst is outside ‘in’ or inside ‘out’, and whoever they are.

Moreover, Shokeid (Minkovitz) (1970) argues that,

‘studies in anthropology, as well as sociology can be properly carried out by persons who belong, yet in some ways are outsiders in their own society...All societies...are heterogeneous enough to provide their own outsiders’ (*ibid*: 113).

To develop this point further, Strathern (1987), referring to Okely’s (1987) ethnographic study of Travellers, casts doubt on the distinction between the familiar and unfamiliar, saying that such a criterion would involve ‘impossible measurements of degrees of abstraction’. What defines being ‘at home’ for Strathern is whether the researcher and researched share the conceptual frameworks which inform ethnography, thus:

whether anthropologists are at home qua anthropologists, is not to be decided by whether they call themselves Malay, belong to the Travellers or have been born

in Essex; it is decided by the relationship between their techniques of organizing knowledge and how people organize knowledge about themselves (*ibid*: 18).

To summarize these arguments, I strongly suggest that the insider/outsider dualism is extraordinarily difficult to sustain empirically. There are plenty of examples of proficient ethnographic research conducted amongst the familiar. Bourdieu's *Homo Academicus* (1988) is a case in point, but the resonance of some of Goffman's (e.g. 1959) observations of everyday life, alongside much ethnomethodological work on 'doing being ordinary', provides further evidence of the possibilities.

### The Ethics of Auto-Ethnography: Challenging the Overt/Covert Distinction

In much of the literature on the subject of ethics in ethnographic research, a mutually exclusive relationship has been ascribed to overt and covert methods. Covert methods have come under increasing criticism within sociology (see British Sociological Association, 1993), on ethical grounds and also because the breaches of trust involved can jeopardize future access to subjects and settings (Bulmer, 1980; Hammersley, 1990a). However, there have been some vigorous defenders in the past, for example, Goffman, (1989) in his definition of participant observation, shows an explicit preference for covert methods,

...it seems to me that the standard technique is to try to subject yourself, hopefully, to the life circumstances (of those studied), which means that although, in fact, you can leave at any time, you act as if you can't and to try to accept all of the desirable and undesirable things that are a feature of their life. That "tunes your body up" and with your "tuned up body" and with the ecological right to be close to them (which you've obtained by one sneaky means or another), you are in a position to note their gestural, visual, bodily response to what's going on around them....To me that's the core of observation. If you don't get yourself into that situation, I don't think you can do a serious piece of work (Goffman, 1989: 125-6).



Similarly Homan(1980), in his study of old-time pentecostals, adopted all the behaviours associated with the group, carrying a black bible and presenting himself as a 'saint rather than a sinner'. Homan recognises that he violated the British Sociological Association's doctrine of informed consent but, in spite of this, he contends that covert methods are preferred in the study of religious behaviours as they are less conspicuous and invasive than other forms of research, allowing subjects to enjoy their spiritual experiences (ostensibly) undisturbed.

However, Homan found he simply could not participate in certain practices, despite his apparent immersion in the role. For example, whilst he could practise the speaking of tongues at home, he found it impossible summon up the courage to perform in public. It is not clear whether the source of this discomfort was personal embarrassment or the fear of detection.

Bulmer (1980) is critical of Homan's justification of covert methods and he reframes the question thus:

the issue raised by covert participant observation is not whether lying is ever justified... It is rather whether out and out deception, disregard for the informed consent of subjects of research and gross invasion of privacy are justified in the cause of furthering social science (*ibid*: 60).

Dingwall (1980) takes the debate further and reunites ethical considerations with the pragmatic realities of field research. He argues that to present overt and covert methods as mutually exclusive is misleading (*cf.* Homan's more recent work, 1991: 119-126). For example, there are serious difficulties in testing subjects' understanding of the implications of giving 'consent' and, moreover, many people may become involved in

the research who are not, strictly speaking, part of the setting and thus have not been consulted in the strict sense. In my own case, this group included health visitors, teachers and paediatricians with whom social workers routinely converse (see Appendix 1).

Burgess (1985), in a research biography describing his fieldwork in a comprehensive school, makes some similar observations. Burgess points to the hybrid nature of his research role: whilst he was 'out' to teachers his real intent was concealed from the pupils. However, even amongst the staff group, there were different levels of awareness about the research process. For example, some teachers did not ask about whether Burgess was interested in ordinary conversation and similarly, key informants were not told of their central role as covert researchers by proxy. Similarly, Pollard (1985), recalling his fieldwork in the school where he was employed as a teacher admits,

After a period in which the staff were conscious that I was 'doing my research', it appeared to be largely forgotten or to be assumed that, because I spent a lot of time talking to children, I was not investigating elsewhere. I did nothing to dispel the assumption (*ibid.*: 225)

When members of professional groups (like Pollard and myself) undertake research there are further potential ethical dilemmas. Dingwall (1980) cites the example of a nurse researcher witnessing unsafe practices. Burgess (1985) points to personal discomfort as a catalyst pushing the researcher to 'come out'. For example, Burgess was eventually confronted by a pupil who asked him why he was so often seen loitering in the school grounds and, in due course, Burgess felt compelled to 'come clean'. Such difficulties are amplified when researching 'sensitive topics' (see Renzetti and Lee,

1993), where, even when research is overt, ethnographers may feel compelled to 'self-censor' in order to protect their informants (Adler and Adler, 1993)

Thus, being explicit about one's purpose is no immunization against ethical dilemmas, as even the most candid researchers can rarely tell the whole truth. For example, as Burgess points out, merely asking a question to which one already knows the answer is a form of deceit. Adler and Adler (1996) provide a telling account of similar ethical considerations and of the methodological advantages and disadvantages of conducting qualitative research using their own children and their children's friends as subjects. In many respects their dilemmas, and those of Pollard, reflect my own research experience and I have drawn on their accounts in Appendix 1, where I give an auto-biographical account of the fieldwork experience.

Before moving on to consider the specifics of my own research design, I should like to briefly summarize the arguments advanced thus far. I have restated my commitment to the ethnographic case study, but have also indicated my preference for the use of (virtuously eclectic) discourse analytic methods to analyse transcripts of talk. I have begun to explore the problematics of 'auto' ethnography and have argued that the controversy about the ethics and the reliability and validity of such research, relies on a the false dichotomization of inside and outside perspectives, which cannot be sustained empirically. That is not to say that there are *no* difficulties and dilemmas associated with conducting an ethnography at home, indeed there are many. Rather, it is an assertion that these must be balanced against the advantages of familiarity and the ease of access

to sensitive material afforded by already established relationships and complete membership status.

There is little point in my reiterating the arguments in favour of the broad research tradition at any length. Nevertheless, it is perhaps worth briefly quoting Brewer (1994) who defines his commitment to ethnography thus,

The belief that fragments of recorded talk, extracts from fieldnotes, and reports of observed actions can reliably represent a social world...[and] that small scale, micro events in everyday life have at least common features with the broader social world, such that general processes permeate down to and are in part reproduced at the level of people's everyday lives. Thus microscopic events can illustrate features of broader social processes, so long as the ethnographer sets out the grounds on which these empirical generalizations are made...(ibid: 236).

It is on the basis of such a belief that my research design rests and I do not intend to say very much more about this fundamental bedrock. Rather, I shall move on to discuss the more contestable features of 'competent' ethnography, the status of interview data, the selection of informants, the representativeness of a sample of case records, the generalizability of the data and the effect of the researcher upon the environment.

### **Designing the Research: Perfection or Pragmatics?**

In the introduction to this thesis, I outlined an apparent incongruity in the ways in which social workers routinely categorize certain cases, namely those involving children who have been identified as having an 'intrinsic' problem. However, such an observation would have been impossible without the sensitizing backcloth of 'ordinary' cases. Similarly, it would not be adequate to simply examine a number of cases and try to identify their distinguishing characteristics, since the process of casework decision

making is a dynamic and interactive process, which is, at least in theory, located within a clearly defined hierarchical decision making structure. Thus, what appears to be a fairly neat research problematic is, in fact, inseparable from the routines and orderings of institutional life in the local government bureaucracy in which it is located. Pithouse (1984), having begun his ethnography with a clearly circumscribed interest in the use of a particular statutory order, came to a similar conclusion.

In the first two months of research it became progressively evident that daily work in relation to both statutory (Supervision Order; Care Order) and discretionary (Preventive Intervention, Material and Financial Support) services could not be grasped by reference to the formal designations attached to any particular case....I began to appreciate that cases are processed in relation to specific priorities and contingencies that individual workers perceive and resolve (Pithouse, 1984: 17-18).

Thus, from the 'hunch' that something interesting is 'going on', flows the imperative for intensive qualitative fieldwork, which can explore the processual details of the everyday. Of course, my tendency to conceptualize the problem in this way, is attributable to a disciplinary background in sociology, and hence my familiarity with particular ways of thinking. Moreover, I contend that it was this mode of thought that created a degree of distance between myself and the other members of the organization.

### Opening Doors

In formal organizations...initial access negotiations may be focused on official permission that can legitimately be granted or withheld by key personnel...Knowing who has the power to open up or block off access, is, of course, an important aspect of sociological knowledge about the setting (Hammersley and Atkinson, 1995: 63-4).

In order to carry out intensive qualitative fieldwork, I clearly needed to secure access to a setting. I had initially considered this to be a matter over which I had a degree of choice because, although I could approach my employing organization and make a

request, equally I had many contacts occupying senior positions in neighbouring authorities, who I felt would be willing to advocate on my behalf. It was only in thinking through the pragmatics of fieldwork that I concluded that ‘choice’ was something of an illusion. I was working full-time and, although I had been able to secure some time for my research, work commitments severely limited my ability to immerse myself in another organization. I was unhappy with the idea of relying on single methods of inquiry, like interview data, for example, and, if I wanted to observe organizational life in the round, I would have to use my own place of work. Pollard (1985) was faced with a similar set of circumstances,

Because of my circumstances, my choice reduced to a straightforward decision between doing my research at the school in which I worked or abandoning my desire to do an ethnographic study (*ibid*: 218, citation Hammersley and Atkinson, 1995: 37).

I have already paid some attention to the difficulties associated with this decision and I discuss them further in Appendix 1 and below.

Even after this ‘in principle’ decision had been made, I had some anxieties about whether the department would agree to my having access to documents and meetings which I would not ordinarily encounter in my work. Similarly, it was by no means clear that it would be considered appropriate for me to conduct research on the sensitive issue of professional decision making, the findings of which would, at some stage, be in the public domain. I was employed as the manager of a hospital-based ‘children and families’ team, putting me just about in the middle of the management hierarchy. I was thus concerned that senior managers may find the ‘gaze’ of a subordinate an unattractive prospect, and that social workers may worry about what could easily appear to be

managerial evaluation of their work. There would be a good deal of reassurance to do and some careful planning of the research design.

I had to act strategically in selecting the right person to whom to make the initial approach, since, if a senior manager had refused my request, I surmised that it would be difficult for anyone else to overturn this decision. Because I was so familiar with the organization, and with the personalities within it, I was aware that the incumbent of a newly created post (Head of Service, Policy and Development) was particularly sympathetic to research and had links with higher educational institutions as an external examiner and as a member of a research committee. Moreover, they had no ‘operational’ responsibilities, that is, they had no line managerial accountability for practice in the department. I believed that this would make them less anxious about my scrutinizing records, interviewing staff and generally hanging around in other people’s teams. They were also a powerful member of the organization, not only *ex officio*, but also because they had a reputation for being ‘very academic’ and thus a formidable opponent in an argument.

I thus approached this person, who welcomed the proposal, in principle, and offered to liaise with operational colleagues in ‘Children’s Services’ on my behalf. I supplied a copy of my research proposal, compiled for the ESRC competition, which was presented to the Children’s Services Management Group (CSMG) comprising the Heads of Service for Policy and Development and Children’s Services and senior operational managers (the structure of the organisation is also outlined in Chapter 4). A memo

confirming that my request had been accepted in principle was sent to me on 22 June 1993.

After a year conducting the literature review and undertaking 'Mode A' research training, I again approached my 'facilitator', to make an explicit request for access to (and use of) documentary materials of various kinds, to audio tape certain meetings and to conduct interviews with staff. This was a tricky area, since I had routine access to a great deal of documentary material and thus the issue was more about my *use* of that material for research purposes. There was also a related set of ethical considerations, concerning consent from professional staff and indeed whether the permission of service users should be sought before gathering information from their records.

I was keen to avoid seeking the permission of service users for two reasons: firstly, I did not intend to reproduce lengthy and explicit case histories referring to particular individuals and thus the possibility of identification (and harm) was slim and secondly, for methodological reasons (explained below), I intended to undertake a documentary analysis of a large number of case files. This would have been rendered quite impossible, had I been compelled to seek the permission of each individual or family.

Again, my facilitator was helpful in the negotiations, although I had tried to combine this top-down strategy with a bottom-up approach, and many colleagues in the department had expressed a willingness to allow me to tape their meetings, analyse their records and so forth. Nevertheless, a letter sent from my facilitator to the Head of Service (Children's Services) has a strong flavour of argument and persuasion,



suggesting that they felt the need to hammer the point home. The following extract is somewhat lengthy, but I believe that the detail is necessary in order to catch its full rhetorical force.

You are aware that Sue is undertaking a major research project in the field of professional responses to children with disability and their families. I would want the Division [Department] to support the research she is undertaking....

Regarding access, I would recommend that Sue is given maximum opportunity to utilise any information she can acquire in her work...She is seeking to collect data on the specific communications and perceptions of professionals regarding children with disability and their families. It is an under-developed field of research, and I fully support her approach...

As the nature of the research is analytical and based on discussions and 'conversation', I take the view that it is not an intrusion to allow data to be collected and used for her research.... I have clarified that any data collected would not be used immediately so there would not be obvious feedback or distortion of any intervention in any particular work. Equally any information and data would be anonymised, to protect confidentiality...

I have indicated that I would like to retain the option of commenting upon any material prior to publication, but indicated that in principle I would support publication and would not wish to retain a veto.... I do not think the consent of parents is required, and I do not see any reason to constrain her in using her work opportunities to the full...

I hope that you can support this approach so that I can confirm our positive and active support...

Boylan (1993; see also, Billig, 1987; Antaki, 1994a) identifies the interdependence between a 'point of contention' and its 'premises' in the construction of argument and this letter contains these classical sequential features. Its persuasive impact was amplified by the fact that I was sent a contemporaneous copy. I surmised that the letter would not have been constructed in quite this way, had my facilitator assessed that my request would be welcomed with open arms.

This experience reinforces the salience of those well rehearsed arguments about the need for careful negotiation of access to sensitive material, where requests can very easily be fought off using moral and ethical arguments which are perfectly plausible on their own terms. Moreover, it adds credence to Law's assertion that gaining access is

about a great deal more than *whom* you know. 'It's [about] what you have, what you know *and* whom you know' (Law, 1994: 37). Securing access becomes rather like a campaign; involving strategy and artfulness. It also brings into sharp relief the ethics of research in large bureaucratic organizations: when does consent become coercion? Had any disquiet been explicitly expressed (to me), or had it been voiced by crucial informants more directly involved with casework and routine decision making, I should have found the experience of conducting research amongst my colleagues a good deal more problematic, if not impossible.

As it is, I had to work quite hard initially to explain the purpose of the research to practitioners who were becoming weary (and wary) of the various forms of evaluative scrutiny which were increasingly a feature of their work, imposed by the courts and by the rising tide of consumerism (see Chapters 4 and 5). My research was not concerned with how to do things better, but with how things get done and some people found it difficult to understand why a social worker, who clearly knew 'how to do it', should want to undertake such a project, but it was reassuring to them that my purpose was not normative but analytic.

The personal relationships I had built up within the organization were helpful to me, but unsurprisingly it was easier to establish trust amongst my management peers than amongst social workers, for the reason stated earlier. However, the team managers acted as my advocate and (apparently) the social workers were happy to allow the audio taping of meetings and analysis of files and to agree to be interviewed. The ethical dilemmas remain and, like Burgess, I did not always make it clear that I was making

notes for research purposes. However, I do not believe that these factors constituted a threat to validity. I had the advantage of being able to continually retest my ideas against messy reality precisely *because* I was so inconspicuous. It is highly improbable that colleagues were so aware of my academic interests that they altered their behaviour in encounters over a two year period. Indeed, even when people were aware, such as during more formal research interviews, I am convinced that the reproduction of the 'natural' social work attitude was *facilitated* by my collegial status. Informants wanted to show me that they knew how to do what they did, that they were able to identify flaws in the system, and that they were moral practitioners.

#### Research *Design* or Natural History?

Hammersley and Atkinson (1995) point out that the concept of 'designing' ethnographic research is antithetical to the demands of naturalism. However, in keeping with their disquiet about the epistemic assumptions of this tradition, they point to the need for planning in ethnographic research, which will, nevertheless, retain its evolutionary character.

Some of the techniques associated with the (ubiquitous) grounded theory (Glaser and Strauss, 1967; Glaser, 1992; Strauss and Corbin, 1990; 1994), such as theoretical sampling, rely on this incremental approach to research process. Having conducted a period of participant observation (in the naturalist tradition), the researcher undertakes an initial coding and analysis of data, which is incorporated into a 'memo' on the basis of which a theoretical sample is selected, informed by the initial data analysis. That is, the researcher goes back into the field to select a larger sample which will allow the

closer analysis of the particular phenomena he or she thinks are interesting on the basis of their preliminary coding. Thus data collection and analysis proceeds on a cyclical basis until the researcher has developed a theory which can account for the variability of the phenomena. Notwithstanding the tendencies to naturalism in grounded theory, it does provide a way of conceptualizing the research process and, like many others before me, I have drawn upon the framework in my own attempts to grapple with intrinsically disorderly qualitative data. However, there are tendencies to over-elaboration of *technique* in grounded theory, which contrasts sharply with Potter and Wetherall's (1994) description of discourse analysis as a 'craft skill, something like bike riding or chicken sexing, which is not easy to render in an explicit or codified manner' (*ibid*: 55). In reality, the coding of qualitative data, probably owes something to both.

Having said that much of the research process evolves incrementally, or cyclically, during the experience of fieldwork, there are still decisions to be made which are not arbitrary and require explanation. The following passage is taken from my application to the ESRC (May, 1993), and illustrates precisely what my intentions were at that early stage.

The research will comprise an intensive qualitative case study of social workers' professional discourse and practices. Fieldwork will be carried out in one metropolitan local authority. Observation and interviews with social workers will be supplemented by an examination of various documentary sources, including case records, minutes of planning meetings and case conferences, as it is here that rationality must, so clearly, be accomplished. In addition, as a means of triangulating the research a limited series of interviews with a small sample of social workers in another department will be undertaken....

Despite the unpredictability of ethnographic fieldwork, I deviated little from this initial plan. The various stages had their own complexities, but the only deletion from this list

of intentions, was the proposal that a series of interviews be conducted in *other* local authorities. On reflection, and following helpful comments at a routine internal review of my progress, this was a rather token pretension to positivism, which given that my research was already effectively multi-site, would add little. Moreover, even if, as I suspected, many modes of ordering were shared across authorities, the need to understand what goes on in each setting in its own terms (*cf.* Garfinkel) could well have sent me off on any number of trails, chasing red herrings, which is time I felt would be better spent in other ways.

### **Research Process**

My research activity was undertaken on three sites dispersed across the organization (in contrast to Pithouse's (1984; 1987) study which concentrated on one area office) and which corresponded to the three geographical 'Districts' into which the department was divided. Child care social work is notorious for the high turnover of staff and, although some staff had been around for many years, when new workers came to the department from other authorities, *my* experience was that *their* experience appeared to equip them to 'do the job' with very little adjustment. Indeed, were this not the case, the common sense notion of being professionally 'experienced' would cease to have positive connotations and would disappear from the criteria for professional advancement. Indeed the notion that social workers (or doctors, or teachers, or lawyers, or academics) have transferable knowledge which equips them to work in other similar settings would disappear, or would not have arisen in the first place. Thus, despite all the usual caveats about the contingent nature of social action and the threat to validity of undisciplined

generalization, it remains the case that some implicit claim to generalizability is an inescapable feature of ethnography *qua* its status as social research,

Sometimes the focus of the research may apparently be restricted to the case studied even though that case is not of obvious general interest. For example, some of my own work explicitly limits its claims to what occurred in a particular secondary modern school in the early 1970s...Such a cautious limitation of focus is disingenuous, it now seems to me. After all, why would my study warrant publication if it did not have implications for some more widely relevant focus? (Hammersley, 1990a: 28-9).

In relation to my own research, managers situated on different sites met routinely, approximately bimonthly, and social workers less frequently still, and thus it is not unreasonable to propose that the startling uniformity in many of the responses may be generalizable to similar settings elsewhere. That is, some of the features and background expectancies were, as I noted in the last chapter, imported from other sites and other fields in relatively durable form (see also Chapter 3). Hammersley distinguishes between ‘theoretical inference’ and ‘empirical generalization’ and I shall attend to the status of my own claims in the concluding chapters of this thesis, that is *after* I have made them.

The rest of the intentions outlined in the ERSC application came to fruition. I conducted a period of participant observation, keeping a fieldwork diary over a two year period, from October 1993 to August 1995, when I left the department to take up an academic post. It was this form of data collection that produced most of the ethical problems, because, as I said earlier, although it was fairly common knowledge that I was engaged in research, most people, I am sure, had a very empiricist notion of what constituted research. They would not have considered everyday ‘case talk’ to be of interest and I did

not tell them when I was recording what they said, obviously to do so would have had a major distorting effect on talk and interaction. Moreover, because I was working full time, for much of the period of observation I was wearing two hats and could sometimes almost sense gestalt shifts from experience-near to experience-distant conceptualizations. I am sure that I must have missed lots of juicy exchanges because I was, at that moment, doing being a social services manager and not doing ethnography. Reiterating earlier arguments, however, I am not convinced that other ethnographers are immune from this; or from other distractions caused by anxiety, fatigue or even fear, as must have been the case for Mitchell (1991) during covert fieldwork among survivalists, who made no secret of their fascistic and genocidal aspirations. The *unfamiliarity* of a setting may also render aspects of an organization incomprehensible and inaccessible, particularly in the early stages of fieldwork, as Law notes:

I had been told that I could sit in on meetings....But I could only attend meetings if I knew when and where they were taking place. And this was not so easy. 'You can't ask about something if you don't know it exists'...I'm not implying that anyone deliberately tried to stop me learning about meetings...It was more that they thought I wouldn't be interested. For it turns out... that people think that sociologists will not be very interested in 'technical details'. And what of the discussions and conversations that didn't take place in meetings? I had no way of plugging into these at all (Law, 1994: 44).

In my own case, conducting fieldwork in another authority would have remedied some of the difficulties associated with the participant observation, but may well have denied me access to other, more sensitive data. Moreover, because I was conducting research in my place of work, and hence was *expected* to be industrious, I had easy access to paper and pens. Thus, I could inconspicuously engage in what West (1996) calls 'transcribing without tapes'. That is, I was able to record 'verbatim' short passages of talk, and whilst these are no substitute for more complex transcriptions which include repetitions and

overlaps, they have preserved some of the more humorous and subtle aspects of collegial discourse rather better than passages of thick description would have allowed.

However, my experience underscores the importance of combining participant observation with other, more durable and portable forms of data collection. So, during March 1994, I approached the team managers based in District A. (the districts are numbered 1-3 in reality) and made a request to audio-tape their weekly allocation meetings. The managers appeared very willing, but one team of social workers asked for more detail about what the material would be used for. I visited the team and explained the purpose of the research, which reassured them sufficiently to allow me to proceed. Each team taped four of these weekly meetings, which lasted approximately one hour.

Allocation meetings have particular strategic importance in that they provide a forum where the referrals identified as high priority, which have come into the office during the previous week, are discussed and a case made by the manager for allocation to a specific social worker.

The audio tapes ( $n=8$ ) were transcribed (producing 68 pages of transcription) and, in this instance, I used a selection of conversation analytic conventions, because this degree of detail was necessary in order to explore the sequential features of some of the tricky negotiations at the interface between managerial authority and professional autonomy.



Nevertheless, the data inevitably have been ‘cleaned’ and speech somewhat ‘normalized’ (West, 1996). That is, whilst I have indicated emphases, interruptions, repetitions, significant pauses, and ‘non lexical vocalizations’ (Mishler, 1984: 21), I have generally given words conventional spelling, hence effectively ‘deleting’ regional accent. This decision was taken quite consciously, because my opinion is that the inclusion of this detail would not have helped this particular analysis, and that the cost in terms of researcher’s time and ‘readability’ of the transcripts would be too high.

### Documentary Analysis

In addition to my analysis of linguistic practices, I wished to examine documentary sources of data. It is in case files, and in the reports contained within them, that social workers produce their *ex post facto* rationalizations for action. Records also often form the basis for future sense making and thus are of considerable significance, organizationally and analytically (see Chapter 7). Therefore, in September 1994, I approached two team managers who were based in the two other Districts (that is, B and C) and made a request to look in detail at a sample of the team’s cases. This activity would obviously affect the social workers in the teams and again I provided them with an outline of the research, after which they consented. The teams were selected partly because I wanted to spread the research activity across the borough, and I had already obtained detailed tape recordings from District A, but also because they served areas with very different demographic features. The team in District B serves an area which ranks high on indices of social deprivation, with most of the referrals relating to the occupants of a local authority housing estate, with a high concentration of young families and a reputation for problem drug use. In contrast, the team in District C serve a

more mixed population spread over a larger geographical area. The majority of housing is owner occupied, although, here too, there are pockets of deprivation. It was rumoured that District C. had a relatively large referral rate of children with disabilities, whilst the team in District B. was reported to spend most of its time on 'heavy end' child protection work, a belief that afforded the team a considerable amount of kudos in the organization (sometimes to the irritation of other teams).

Although this expression is becoming rather worn out by over use, I must nevertheless make it clear that my intention was to approach these records as a topic in their own right, not as a resource through which to discover what had happened to whom, when and why. I wanted to explore the ways in which occurrences were represented in social workers' recording, what was considered relevant, how arguments and accounts of interventions were constructed and what devices were used to ascribe deviance or dangerousness. Thus, I wanted to select a reasonably representative sample, which would include the range of cases referred to the agency. I had my own common sense notions about which cases were significant and which were not, but I did not, at this stage, want these assumptions to guide my sampling.

I decided to select cases referred to the two teams during the months of February and July 1994. This choice was intended to allow for the possibility of seasonal variation in the type and volume of referral received. I did not anticipate such a variation, but the long school vacation in July, for example, *could* conceivably have impacted on referral rates. I was able to exploit my 'insider' position and was supplied with referral lists for the two teams, by the information services department of the organisation (the

administrative section responsible for computing and for the provision of management information). Had I been forced to rely on manual records held in the offices, the process would have been a good deal more labour intensive. The computer listed the referrals and provided the name of the client or family and a 'reason for referral'. There was substantial variation in referral rates across the two teams, for example in July 1994, the team in District C received 39 referrals, whereas the team in District B received 69. There are reasons why this distinction may not be quite what it seems to which I attend below and in Chapter 6.

To make the research exercise manageable, I sampled 25 cases from each team from the total number referred (see above), for each of the two months in question, taking every second, third or fourth case as appropriate, depending on the total number. Where a referral category was particularly small and would have been lost using this sampling method, I exercised some licence and included them in the sample. Obviously, this sampling technique meant that, on the face of it, I looked at a smaller *proportion* of the cases referred to the team in District C.

Whilst I started with a list of 100 cases, when I tried to track down the files, some were unavailable for a number of reasons:

- a) the same family had been referred a number of times under different names, or a significant new 'event' occurring on an existing (open) case had been recorded as a new referral (a common occurrence in the team in District B and partially responsible for their high referral rate);

- b) a specific demand had been made (usually a request for financial assistance) and had been met by the 'duty officer' and the matter simply recorded on the computer;
- c) the file was missing.

The number of files analysed at this point was, therefore, not 100, but 72. I spent a total of seven days across the two offices looking at and making verbatim notes from case files, some of which were fat with the thoughts of what seemed battalions of social workers who had worked with particular families over a number of years. So, whilst I had sampled cases from a particular time period, there was considerable variation in the duration and complexity of social workers' involvement across this sample.

Taking notes from these files was a very time consuming task, and at the beginning of the exercise, I had the alarming experience of not being able to see the wood for the trees, the natural attitude had taken over and all I could see was 'ordinary' and highly predictable case recording. During this time, I proceeded with the transcription of the contents of the files, selecting reports and minutes and working back to the day to day records in order to examine the ways in which problematic episodes had been reported and, where possible, talking to the social workers about the cases and their actions.

Somehow, during this process, I began to perceive patterns, routines, typifications and strategies which comprised this 'competent' recording (the fruits of this 'eureka' event are contained in Chapter 7).

There was very little difference between the two teams, and between individual social workers in what was considered relevant to report, but one of my hunches appeared to

have some validity. In the case of children with identified or suspected intrinsic problems (not necessarily an identified 'disability' *per se*), rather different aspects of family life appeared to be considered relevant and recordable. This, along with other observations, will be discussed in subsequent chapters. However, for the purposes of this methodological discussion, having identified these deviant cases, I selected a further purposive sample of cases ( $n=12$ ) which (*prima facie*) displayed the relevant features. For this exercise, I had to rely on social workers and team managers pointing me in the right direction, as such information is not routinely available on computer printouts. Analysis was carried out in a similar fashion on these files. This sample produced its own deviant cases, which were explored in more detail.

I also undertook a analysis of a sample of minutes from child protection case conferences, held during 1994 and early 1995. In the initial documentary analysis, I had noticed that, in the concluding paragraphs of these minutes, normative judgements about standards of parenting which usually remained implicit were explicitly formulated. Therefore, I took a further sample ( $n=45$ ). This number was chosen simply because I had an easily accessible sample of minutes available in my office, this included some cases with which I had been previously involved ( $n=16$ ) but the others had been handled by colleagues.

In addition to this systematic analysis of case files, in order to examine the official wisdom, the 'standard operating procedures', of the organization, I also examined management meeting minutes, reports to the Social Services Committee, minutes and final reports of various working groups, and inquiries into child deaths (see chapters 3

and 4), looking for their fundamental organizing principles. These documents were treated as locally organized social products, which often reflected a *different* set of background expectancies to those used by social workers in the construction of their accounts in case files.

### The Status of Interview Data

How could anybody think that what we ought to do is to go out into the field to report people's exciting, gruesome or intimate experiences? Yet, judging by the prevalence of what I will call 'naive' interview studies in qualitative research, this indeed seems to be the case. Naive interviewers believe that the supposed limits of structural sociology are overcome by an open-ended interview schedule and a desire to catch 'authentic' experience... They ...totally fail to recognise the problematic analytic status of interview data which are never simply raw but are both situated and textual (Silverman, 1993: 199).

Silverman's irritation with the 'naive' interviewer is palpable in the passage above (see also Silverman, 1973) and yet there is a vast difference between the assertion that interviews, like any other face to face encounter, are situated and contingent social happenings, and the wholesale rejection of the interview as an intrinsically flawed research instrument. Yet, it is one of the legacies of naturalism that it has become customary to provide a justification for the use of *any* data which have not 'naturally occurred'.

I have used interview data (hopefully not naively) as part of this ethnography and sometimes the boundary between naturally occurring data and 'other' data, is unclear. I seem to be rather in the business of eroding boundaries, but simple polarities just refuse to fit with the practicalities of my research. For example, if I asked a question of someone during my work, not because of a professional 'need to know', but for

research purposes, but this question was *heard* as a perfectly ordinary piece of collegial dialogue, the resultant data plainly did not naturally occur, but the process can hardly be defined as an interview.

If I might give an example from my fieldnotes, on 12/1/95, a social worker from a team located elsewhere in the borough telephoned me to ask whether a social worker from my team could assist with a ‘difficult adoption’ with which she was involved. She had worked with this particular young woman (who was expecting a baby) for several years and a decision had been made that the baby should be placed for adoption at birth. That is, a child protection case conference had recommended that if the mother did not wish to relinquish the child of her own accord, social services should apply for a Care Order under the Children Act 1989. I had heard the tale about this young woman before and, although I confess I did not feel comfortable with the decision, I did not really *need* to hear it again. However, I thought it would be very interesting for research purposes to see how the social worker would construct the argument for removing a baby at birth (a course of action rarely taken and considered to be very much a last resort). I therefore asked her ‘What is it that worries you about Danielle?’ and she gave the following reply,

Well she’s had a lot of problems, incest from father, been brought up in care. She doesn’t look after herself, needs food parcels and things. She moves around a lot and tells lies. She’s very plausible, she reads a lot, so she’s quite good in some ways, but she’s in a fantasy world, it makes you concerned about her mental health.

Leaving the analysis of such data for later, it is clear that this example calls into question the neat distinction between naturally occurring and other, ostensibly contrived and less valid, data. Whilst I cannot deny the charge of contrivance, the question was (apparently) accepted as a professional enquiry and I see no reason to question the validity of the data so elicited. So, during the period of participant observation, like any

other ethnographer who asks questions of members, I was manipulating what ‘naturally occurred’ and this was necessary in order to encourage social workers to articulate their accounts. These actions may have been a little deceitful, but the idea that data so elicited were, in some way, invalid is frankly absurd.

This said, I did conduct a number of conversational interviews ( $n=15$ ), designed to elicit social workers’ narrative accounts, and thus to ‘allow participants to develop long turns and tell things “in their own way”’ (Edwards, 1997: 280) (see Appendix 4). As Hammersley and Atkinson (1995) point out, the interview gives the ethnographer a degree of control over what is spoken about and thus allows for the testing of ideas, which might otherwise remain just that. I attempted to spread the informants across the three major sites referred to earlier. The interviews took place between November 1995 and February 1996, when I was no longer employed by the department, this fact *may* have been significant, in that I interviewed people who occupied various positions in the hierarchy and who may have been more comfortable with my changed status. I did not ask each informant identical questions, although I did have an agenda in mind, which inevitably imposed some order on the interaction. However, in transcription, far from being question and answer sequences, the interviews look very like monologues, where I periodically introduce an idea and informants take over. In the following chapters, I have tried, where necessary and appropriate, to preserve the narrative form of these responses. Thus, rather lengthy extracts have been chosen which have been analysed for their action-performative (Edwards, 1997) features, that is for the artful rhetorical work they do.



All of the team managers in the teams who had provided material for either the documentary analysis, or had agreed to their meetings being audio taped, were interviewed ( $n=5$ ), along with those social workers, who volunteered to take part ( $n=7$ ). A number of social workers expressed reluctance to be interviewed because they were worried about getting answers 'wrong'. Three senior managers were interviewed, including the child protection manager, whom I have not specifically identified, because of the need to protect the identity of individual informants. I decided not to approach the Head of Service precisely because I thought they would be too easily identified by the nature of their responses and I would have been unable to use the data. I did not use conversation analytic techniques in the transcription of the interviews, as the sequential features were less important than the words spoken, that is, the Discourse and the discourse articulated in the encounters.

It is of note that many interviewees said they found the questions difficult. The following is an example of the kind of response to which I became accustomed:

God that was really hard, when you said you wanted to come and interview me, I thought 'oh that's quite a nice way to spend an afternoon', but trying to think about some of these things that we take for granted was really hard, especially with that thing [tape recorder] on.

I have since given this some thought, and I believe that what made the process so arduous for some informants was that I was undertaking a kind of breaching experiment (*cf.* Garkinkel, 1967). Informants anticipated that I would know how ordinary and everyday events were handled (and indeed I began the interviews by saying that they would probably wonder why I was asking some of the questions) and yet, if I were to elicit their account, I had to continue to probe when they responded with statements

such as ‘oh you know, all the usual stuff’, when referring to their decisions or professional opinions. As I argued earlier, however, this can only have amplified their desire to produce a ‘competent’ response and thus does not, in any way, pose a threat to validity or reliability.

### **Writing as Rhetoric: Ordering the Text**

...the author, in order that he may not himself, innocently, be the cause of any weakening of his arguments, may be permitted to draw attention to certain passages, which, although merely incidental, may serve to counteract the influence which even quite undefined doubts as to these minor matters might otherwise exercise upon the reader’s attitude in regard to the main issue (Kant, 1990: 11 [1787]).

In this passage, Kant is attempting a rhetorical pre-emptive strike, intended to deal with what might now be called ‘problems in the reader’. An authorial concern with the way a text will be received and interpreted and the self-monitoring of ‘style’ are evidently not new. However, the recognition that ‘the analysis of rhetoric is conducted through rhetoric’ (Billig, 1994: 125) has strengthened the imperative for authors to make their choice of textual style and organization explicit, that is, to display their self-conscious reflection on the process of representation. This task is resolutely part of ‘method’ (Atkinson, 1990), and hence I have included this topic alongside my methodological discussion.

My first point is that I have employed a conventional ethnographic style in the crafting of this thesis. For example, I speak in the ‘ethnographic present’ (Atkinson, 1990: 98-99), and my title follows a conventional ‘Generic: Topical’ format, which is, as Atkinson observes, intended to imply that the study is ‘significant’ and of something

other than simply local interest. I have not attempted to convey multi-vocality through the use of innovative textual devices (*e.g.* Ashmore *et al.* 1987), although I do offer competing explanations for certain phenomena. I have taken care to demonstrate that I have understood the need for sensitive ‘measures’ of reliability and validity in ethnographic work and have adopted an authoritative authorial voice. I have chosen to do this, of course in part, because it is a familiar genre, not only to me but to my intended audience. Thus, although clearly as much an artful and rhetorical construction as the social work texts I go on to analyse, this thesis is produced to conform to its own particular set of background expectancies, and also to reflect my own preference for more ‘conventional’ textual forms in this particular domain.

My second point is an acknowledgement of the potential for analyses of rhetoric such as this to have inherent exaggeration or amplification effects (*cf.* Labov and Fanshel, 1977), which can tend to cast social interaction as a type of warfare, in which each participant is vigorously defending their ‘territories of self’. However, the fact that such an approach throws this into sharp (and perhaps unflattering) relief, does necessarily mean that it is an inaccurate portrayal of what is ‘really’ going on. However, in stripping the everyday gloss from statements and problematizing the normal, it can give the ethnographic account unintended normative overtones. Here, I can only reiterate that my intention is not to *judge* social workers, but to *describe* their ways of doing and creating ‘business as usual’, and to illustrate through transcripts the local production of knowledge and meaning.

Thus, I have obviously imposed my own orderings on the data, and this process involved something more than simplification and summary. It required the translation back and forth from the conceptual to the material and I hope that the analysis in the following chapters will convince the reader of my credentials as such an interpreter. However, in order to contextualize the data analysis, I shall first undertake an examination of contemporary policy and practice literature, tracing the conditions of existence of current orthodoxies.

### **Chapter 3**

#### **Contending Discourses in Contemporary Social work: Some Stories about Meta-Stories**

In this chapter, my intention is to trace some of the major influences which have impacted upon contemporary child care social work in recent years. In so doing, by necessity, I have exercised considerable licence in deciding where to direct my attention and the forthcoming discussion is not intended to be an exhaustive historical analysis. The work of Donzelot (1979), built upon, *inter alia*, by Parton (1991), remains relevant and provides a more thorough analysis of the discursive formations which have helped to shape child welfare services, particularly during the latter half of this century.

My concern, here, is to examine the policy and practice literature intended to guide professional activity in Britain in the 1990s. Obviously, this literature bears more than a trace of its historical antecedents and, for this reason, I have briefly discussed the ascendancy of the ‘psy’ professions in the post-war era, which is considered alongside concurrent developments within the juridical field.

In Chapter 1, I referred to the commonplace contention that social work has become increasingly bureaucratized and regulated over the last decade. Whilst some of the analytic connections made by commentators may be flawed (*e.g.* because of their tendencies to downward reductionism), there is little doubt that many of the changes they identify *have* taken place. Some of these *modus operandi* are enshrined in

(relatively new) statutes and in associated policy guidance and regulations, whilst others predate the current legislative mandates, and contemporary social policy climate.

A general trend has been reported, which is summarized in the passage below;

In effect, the space occupied by social work between the state and the family is being refashioned such that professional discretion is being curtailed in some areas but extended in others...If in the past child abuse has been seen as a medico-social problem, where the expertise of the doctor has been seen as focal, increasingly it has been seen as a socio-legal problem, where legal expertise takes pre-eminence. It is in this context that a pre-occupation with child protection takes on a new significance and the focus of social work with children and families emerges in a different form (Parton, 1991: 18).

Similar observations have been made by a variety of commentators (e.g. Howe, 1992; 1994a and b; Otway, 1996). Basically, they contend that the discretion of social workers is being curtailed through intensification of formal monitoring, particularly by the courts, so that referrals are now routinely processed in a 'legalistic' fashion, with a preoccupation with their forensic and evidential features. Moreover, this new legalism is purported to have displaced the traditional dominance of psychologistic, psychodynamic and therapeutic discourse in social work practice. Parton (1991) had originally acknowledged that the 'psy' complex, whilst subordinate to legalism, retained its analytic importance. However, he has since strengthened his position with the assertion that, under conditions of (putative) postmodernity, the preoccupation with surface form and performativity has effectively accorded formal psychological knowledge a residual (and, by implication, waning) significance (Parton, 1994a and b).

Against this, I would argue that, although it is patently true that social workers are increasingly held accountable to courts, parents, their own managers, the media and, in

theory, children, rumours of the demise of the 'psy' complex have been greatly exaggerated. Many of the beliefs and practices which continue to characterize contemporary child care social work are shot through with an implicit belief in science, and particularly in *psychological* science. It is only by undertaking a detailed analysis of the ordinary talk and routine practices of social workers that this can be satisfactorily revealed. Moreover, and crucially, formal psychological and psychiatric knowledge is implicitly and explicitly drawn upon in assessment checklists and policy documents and even the *law* itself (*cf.* Dickens, 1993). In short, the legal field has incorporated, and further reified, many of the post war scientific 'certainties', particularly about 'child development'. 'Forensic' opinions are increasingly expert *psychological* opinions. I suggest that it is precisely because these ideas have achieved the status of incontrovertible truth that many commentators appear to have failed to notice.

It is more accurate to propose that the 'science of child welfare' and the 'law' are held in a reciprocal relationship a 'structural coupling' (King and Piper, 1995) in which each will sometimes encroach upon the other, for example,

The recent criticisms by mediators, psychotherapists and psychologists, for law's damaging effects on children, through insensitive procedures and simplistic categorizations, may.... be seen as child welfare reconstructing law very much on its own terms (King and Piper, 1995: xiv).

In trying to explain the ways in which these influences have come together, it is tempting to turn attention to the activities of 'the state'. However, in undertaking a closer analysis of the state,

what we encounter, concretely, is an ensemble of administrative or bureaucratic fields... within which agents and categories of agents, governmental and non governmental, struggle over this peculiar form of authority consisting of the power to *rule* via legislation, regulations, administrative measures...The state,

then,... would be the ensemble of fields that are the site of struggles  
 ....(Bourdieu, 1992: 111-2).

Thus, in attempting to understand what are the conditions of existence of the kinds of routines and practices which have come to be seen as ‘competent’ social work, it is necessary to attend to some of the material outcomes of these ‘struggles’.

Juridical and scientific influences do not provide the whole story: there are other ingredients to add to the melting pot. For example, alongside the humanist discourses of ‘objectivized subjectivity’ described by Philp (1979, see Chapter 1), British social work, somewhat notoriously, has become increasingly vocal about the ‘structural’ oppression of clients (or service users) and has concerned itself with the development of ‘anti-discriminatory’ and ‘anti-oppressive’ practice (see Webb, 1990 and responses by Dominelli, 1991 and Smith, 1992). Within much of the professional literature, these emancipatory discourses have achieved an (almost) hegemonic position. As I shall show in Chapter 5, this ascent has had a substantial effect on institutional discourse and is both reproduced and transgressed in social workers’ ‘identity talk’ and ‘case talk’. Similarly, the increasing concern, within marketized welfare services, with the monitoring and evaluation of services has had its own impact, which merits further analysis. Although I allude to these issues in this chapter, I have chosen to deal with them more comprehensively later in the thesis, alongside the substantive data analysis to which they relate.

I shall begin the discussion here with a brief analysis of the rise of the ‘psy’ professions, which is, in fact, inseparable from the pursuit of ‘reason’ and ‘progress’ which has come



to symbolize modernity. I do not intend to imply that modernity, as some reified transcendental social formation, *caused* these things to happen. However, the belief that it is possible and desirable to render the complexities of human behaviour understandable, uniform, and hence amenable to intervention and change, has to be related to the (very modern) belief that science really can conquer all.

I then explore the juridical field and its increasing influence over policy development since the mid eighties. This leads to an examination of the specific content of certain policy directives, assessment tools and, indeed, the Children Act itself; analysing mixture of assumptions and presuppositions upon which they depend. Thereafter, I briefly introduce the socio-temporal (*cf.* Zerubavel, 1979) implications of these dominant meta-stories; an area which is developed in Chapter 8. Before concluding the chapter, I explore the phenomenon of the ‘marginal child’: the child who, by virtue of certain characteristics, somehow evades, or is deemed exempt from, such constructions.

I should make it clear that I am not suggesting that the Discourses referred to in this chapter *determine* the actions of individual social workers, in any straightforward, linear sense. Rather, I shall show that they provide the axes around which occupational talk turns. That is, transgression of these dominant ideas is rendered accountable. In order for social workers to move outside of them, they must be *argued* away from; actively shaken off.

### **The Seductive Certainties of Psychological Science**

Foucault's (1973; 1976; 1977; 1980) exegesis of the relationship between language, power and knowledge has helped to illuminate the particularly pervasive role played by welfare professionals in the regulation of subjects. The work of Foucauldian analysts has turned on its head the idea that holistic and preventive treatment regimens of various kinds are necessarily liberating.

Very briefly, the argument is that under conditions of modernity 'the few' are able to exert control over the 'many' (Miller and Rose, 1994), via the notions of autonomous subjectivity promoted by the human sciences, and by psychology in particular. The psychological sciences have created norms, of supposedly universal validity, against which the behaviours and expressed emotions of subjects can be 'objectively' measured.

Psychological inscriptions of individuality enable government to operate upon subjectivity. The psychological assessment is not merely a moment in an epistemological project, an episode in the history of knowledge; in rendering subjectivity calculable it makes persons amenable to having things done to them - and doing things for themselves - in the name of their subjective capacities (Rose, 1989: 7-8).

In this way, it is proposed, individual identities and desires are inscribed, through (bio)power that is productive and diffuse, rather than monolithic and direct. Doctors, social workers, teachers, nurses become the *judges* of normality. Subjects increasingly self regulate, assessing and passing judgement upon their own psychological health and social adjustment against the norms of behaviour propagated by the human sciences, via the media, agony columns and so forth.

Notwithstanding some of the problems with aspects of Foucault's 'subjectless' history and his concomitant neglect of talk and interaction (see Chapter 1), a post-structuralist template has been fruitfully applied to many welfare activities and has rendered explicit the forms of knowledge through which various welfare professionals practise. For example, Armstrong (e.g. 1983; 1995) and Fox (1993) have produced genealogical analyses of the techniques and practices which underpin modern medicine. Similarly, Silverman (1987) and Atkinson (1995b) (neither of them uncritical Foucauldians), have considered the production of medical knowledge, and particularly the medicalized *body*, in their ethnographic work. I shall return to some of these studies in subsequent chapters, as they have relevance to the substantive data analysis.

As I mentioned above, poststructuralism has become increasingly influential in studies of social work and social welfare and, in Chapter 1, I referred to the work of Philp (1979) and Rojek *et al.* (1988). Similarly both Parton (1991) and Thorpe (1994) rely on Foucaudian concepts in their analyses of the ascendancy of child protection practices within contemporary child care. There is also a related literature which charts the rise of psychodynamic theory and 'developmentalism' (the discursive formation associated with developmental psychology) across a number of professional groups who have responsibility for child welfare (see, *inter alia*, Donzelot, 1979; Ingleby, 1985; Miller and Rose, 1988; Rose, 1985; 1989; Stainton Rogers and Stainton Rogers, 1992).

### Developmentalism - Ages and Stages, Nature and Nurture

We would argue... that the process of socialization as promoted under developmentalism *is* no more than a story. However, it has become a story with such compelling plausibility it has overwhelmingly acquired the seeming status of incontrovertible truth....Thus it has come to be treated as an objective analysis

of human enculturation and its boundedness by the biology of the child (Stainton Rogers and Stainton Rogers, 1992:39-40).

There is little doubt that developmental psychology has come to dominate professional, and indeed lay, ideas about childhood and so about the responsibilities of parenthood. The significance accorded to early childhood in psychodynamic thought has formed the bedrock of developmentalism (Rose, 1989). For example, Donzelot (1979) identifies *child* psychiatry, as central to the dispersal of discipline through the 'tutelary complex', in which the surveillance of family life is legitimated by both 'medicine' and the 'law' in the name of public health.

Taking this analysis further, Rose (1989) points to the particular significance of 'object relations' theory, most often associated with the work of Melanie Klein and Donald Winnicott, in which emphasis is placed upon the early relations between the infant and the 'primary object' (mother). Within Freudian psychoanalytic theory, neurosis had been accepted as an inescapable part of human existence, as individuals could never completely tame the internal maelstrom of drives and desires. However, in object relations theory, a neurosis free adult life becomes theoretically achievable, through the idealised mother-infant relationship in which the mother becomes lost in her infant (maternal reverie). Professional assessment of this, newly identified, crucial mother-infant dyad, involved the surveillance of intimate relations. However, being deemed 'unhealthy' did not require the identification of deficiencies of parenting writ large. Rather, by scrutinizing the *minutiae* of interactions, smiling, eye contact and so forth, the child health professional was (ostensibly) able to spot those *at risk* of developing social and emotional maladjustments.

Attachment theory, popularized by Bowlby during the 1940s and 1950s, is a synthesis of object relations theory and ethological developmental psychology, and cements the story of perfect symbiosis of nature and nurture, achieved through the selfless ministrings of the mother. This has had a direct and profound impact on social work, as I shall show later in this chapter.

The new psychological social workers combined with the psychologists of the clinic in writing narratives of love gone wrong... Abnormality had its roots in the interplay between the desires of the parents and the desires of their children, in the medium of love itself (Rose, 1989: 155).

Alongside these psychodynamic ideas, stressing the irreversibility of emotional 'damage', came the certainties of developmental testing.

[I]t was the child of the twentieth century that became the first target of the full deployment of the concept [of precarious normality]. The significance of the child was that it underwent growth and development: there was therefore a constant threat that the proper stages might not be properly negotiated (Armstrong, 1995: 396).

Behavioural norms of development were psychologized to include indices designed to *measure* socio-emotional adjustment (Armstrong, 1983b; 1995; Baistow, 1995; Burman, 1990; 1994; Rose 1985; 1989). Armstrong continues,

As with physical development, psychological growth was construed as inherently problematic, precariously normal.....The nervous child, the delicate child, the enuretic child, the neuropathic child, the maladjusted child, the difficult child, the neurotic child, the oversensitive child, the unstable child, and the solitary child, all emerged as new ways of seeing a potentially hazardous childhood (*ibid.*: 396).

This mass surveillance would have been inconceivable without the clinics, nurseries, health visitors and School Health Service of the post Beveridge welfare state (Armstrong, 1995).

Although there is some limited variation between health authorities, developmental assessments are routinely administered to all children at the ages of 6-8 weeks, 6-9 months, 18-24 months, 3 years and at school entry (Audit Commission, 1994). This child health surveillance depends upon the notion of the standardized child, the universal yardstick and, clearly, deviation from these developmental markers is thus rendered problematic and must be accounted for. These accounts, Stainton Rogers and Stainton Rogers (1992) argue, rely on the maintenance of what they call the 'alembic myth'.

This supposes a child to be grown out of an alchemical transformation of two kinds of substance: a semi pre-programmed, vital, material frame (nature) and an impinging and pro-active cultural medium (nurture). Each is accorded some leavening power, each some ability to engender personhood....Each may also be accorded a qualitatively variable productive role... in a child's developing personhood. Finally, each may also take on a moral condition as a source, in a way we account for an individual's goodness or badness as a person (*ibid*: 40-41)

On the face of it, this 'alchemical relationship' seems wholly plausible, and indeed, in suggesting a dialectical relationship between the individual and the social, it bears some relationship to the theoretical notions in the 'embodied' sociologies of, for example, Elias and Bourdieu (see Shilling, 1993). However, I shall show below and in subsequent chapters that the alembic myth has taken a particular shape in contemporary child welfare. Notions of causation linked to the alembic myth have profound significance and Stanton Rogers and Stainton Rogers argue that, although scientism purports be concerned with the discovery of the causes which precede certain effects, in practice, it often *constructs* effects for which it then prescribes a cause. Whilst in 'reality' the causes of certain perceived effects may be variable and multifactorial, science obscures

this variability, with a vocabulary which implies universality. So, closer examination of the alembic myth reveals that it is supported by a number of, somewhat contradictory, narratives, used rhetorically to support developmentalism. Viewed in this way, development ceases to be a unified 'concept' and, without the question 'which development?', is rendered meaningless (*cf.* Gergen *et al.*, 1990). The issue, here, is not whether developmentalism is true or false; indeed some of the supporting tenets (such as the observation that children grow and change) are uncontroversial when assessed against any conventional criteria. Rather, what is important is the way that standardizations, 'milestones' and constructed 'needs' are artfully invoked as an ordering framework by child welfare professionals. Developmentalist meta-stories are profoundly significant in contemporary child care social work and their particular shape is revealed below and is demonstrated in the data in Chapters 6-8.

More recently, as the result of its own linguistic turn (e.g. Harre, 1983; Parker and Shotter, 1990; Semin and Gergen, 1990; Seigfried, 1994), psychology has embarked upon an internal deconstruction of developmental psychology. The work of Burman (1990; 1994) and Stainton Rogers and Stainton Rogers are the products of this new reflexive 'social' psychology. However, as I shall show in due course, there is scant evidence that these deconstructive texts have had any influence, as yet, upon the forms of knowledge in social work, where 'developmental delay' is firmly and unproblematically established within the taxonomy of 'dangerousness'. Moreover, a clear preference can be detected for locating the causation of 'abnormal' development in inadequate or deficient parenting, rather than in biology, culture or chance.

Psychological science has strengthened the 'nurture' axis of the alembic myth and, as a

result, biology has gone out of fashion. Thus the form of knowledge in social work exists in a contradictory and paradoxical relationship to biological explanatory frameworks. The notion of development as a highly predictable and pre-programmed phenomenon is clearly a materialist concept, which relies on the assumption that ‘universal’ neurological and organic structures exist. However, as I shall argue in later chapters (see, in particular, Chapters 6, 7 and 8), whilst biological pre-programming is tacitly accepted as a valid framework in understanding ‘normal’ development, it is rejected as an explanation for deviance, in favour of a ‘parent as culpable’ discourse. Thus, under the influence of this particular form of developmentalism, *the child’s body becomes the repository for, and the measure of, ‘good enough’ parenting.*<sup>2</sup>

### **The Seductive Certainties of Legalism: Leaving Psychology Out in the Cold?**

In the introduction to this chapter, I argued that the proposition that ‘legalism’ has somehow displaced ‘child welfare science’ as *the* dominant mode of ordering in contemporary child care social work has come to be treated as something of a truism, an unchallenged orthodoxy. I intend to cast doubt upon the validity of this orthodoxy, and to argue that it serves to obscure the *interdiscursive* nature of the relations between ‘scientific’ and ‘legal’ modes of ordering.

Before proceeding further, it is worthwhile noting just how ‘legalism’ has been defined:

[Legalism] is a particular discourse which....involves the superimposition of legal duties and rights upon the therapeutic and preventive responsibilities.... Within an emphasis on legalism, *the rule of law as judged by the court* takes priority at the expense of other considerations, including that which may be

---

<sup>2</sup> Member’s term, in common parlance since the mid 1980’s, originally deriving from Donald Winnicott, but resurrected by Cooper, 1985 and Adcock and White, 1985.



deemed by the professionals as optimally therapeutic or ‘in the best interests of the child’ (Parton, 1991: 194, emphasis added).

This is not a straightforward proposition, since ‘the rule of law as judged by the court’ is, itself, problematic. Without a means to understand the particular social reality which ‘the law’ constructs through its own linguistic practices, Parton’s statement remains opaque.

The very notion that the law *constructs* its own objects signals an epistemic break from ‘formalism’, which portrayed the law as an independent body of knowledge, immune from social influence; and ‘instrumentalism’ which presented the law as a ‘cat’s paw’ (Terdiman, 1986: 807) of state/capitalist, proprietorial power (Bourdieu, 1986). I contend that the idea that the juridical ‘field’ imposes a simple, one way linguistic imperialism upon other ‘fields’ retains some of the naive realism of formalism and instrumentalism, which is easily fought off in the more complex analyses of, for example, Bourdieu (1986) and Teubner (1989).

Both these theorists acknowledge the constitutive properties of the particular linguistic practices in use within occupational groupings and social institutions. They also recognize that these linguistic practices cannot be reduced to acts of *individual* consciousness. So the specific codes of the juridical field are identified as *texts* which produce their own effects. Incidentally, the term ‘juridical field’ is not used by Teubner, but, when he talks about ‘the law’, he is referring not simply to *statute*, but to a set of juridical discourses and social practices. For this reason, I have adopted Bourdieu’s expression as the more accurate and descriptive alternative.

Although Teubner explicitly draws on Luhmann's (e.g. 1988a and b) notion of the law as a 'self referential' (and hence closed) system, it would be inaccurate to perceive his work as a direct application of Luhmann's theory of *autopoiesis*. For Luhmann, the law is a communicative network which constructs its own reality and is, to borrow Kuhn's (1970) expression, radically incommensurable with, and *relatively insulated from*, other communicative networks. However, Teubner challenges this notion,

This fragmentation of society into different *epistemes* is one of the strongest points in Luhmann's theory - and at the same time its "blind spot". The emphasis on fragmentation, differentiation, separation, closure and self reference of social *epistemes* creates problems, to say the least, as to how the interconnection, interference, openness and hetero-reference can be theoretically reconstructed (*ibid*: 738)

In taking this position, Teubner moves very close to Bourdieu, who makes a similar observation about 'self referential systems' and is concerned with the struggles *within* the juridical field and *between* the juridical field and *other* fields. If a proper understanding of the nature of contemporary child care social work is to be developed, it is essential to examine how the law 'thinks' (Teubner, 1989; King and Piper, 1995) and how this thinking (mode of ordering, Discourse, logic of practice) influences and is influenced by other social Discourses, in particular the Discourses of 'child welfare science'.

### How the Law 'Thinks'

It is impossible and, for the purposes here, unnecessary to do justice to the full complexity of Bourdieu's work on the juridical field. However, if I can extract the salient features of his, and of Teubner's, arguments this will provide a satisfactory base

from which to embark upon an analysis of the relationship between the ‘psy’ complex, the law and child care practice.

Bourdieu identifies the ‘juridical language’, through which the law constitutes its objectivity, neutrality and universality and constructs its statements as ‘facts’. Both Bourdieu and Teubner contend that the law retains a degree of arbitrariness, because, despite a high degree of formalization, legal texts are ultimately elastic, and open to interpretation. In spite of this, however, its decisions are accorded the *status* of ‘judgements’ and hence have special legitimacy; an ‘intrinsic correctness’ (Terdiman, 1986: 810) which is supported by a number of rhetorical devices. For instance, the use of verbs in the ‘present and past third person singular’ (e.g. accepts, admits, commits himself, has stated) amplifies the ‘neutral’ and ‘factual’ status of advocates’ statements (Bourdieu, 1986: 820).

Bourdieu recognizes the propensity for the juridical field to colonize (juridicize) other fields, particularly by converting hitherto ‘unperceived harms’ into specified and named injustices which are thus amenable to legal intervention. This would seem to support Parton’s argument, and yet, the process of colonization is not uni-directional. For example, Bourdieu explicitly discusses the importance of medical discourse in supporting the law’s power to define,

the juridical institution contributes *universally* to the imposition of a representation of normalcy according to which *different* practices tend to appear *deviant*, anomalous, indeed abnormal, and pathological (particularly when medical institutions intervene to sustain the legal ones). Family law has thus ratified and validated as “universal” norms, family practices that developed slowly....within a set of institutions selected to regulate the essential relations between the generations (*ibid*: 846-7).

Likewise Teubner notes,

Law is forced to produce an autonomous reality and cannot at the same time immunize itself against conflicting realities produced by other discourses in society....Psychiatry, sociology, policy analysis....have successfully entered the legal sphere (Teubner, 1989: 745-747).

Moreover, these imported materials are transformed into 'hybrid artifacts' forming a new reality which is neither purely juridical nor purely scientific. Speaking specifically of psychiatry, Teubner notes that expert witnesses will often respond unequivocally to questions concerning, for example, causation, motivation and culpability, which would ordinarily be deemed unanswerable in scientific/medical circles.

This complex interface between 'legalism' and the 'psy' professions is explored further by King and Piper, (1995) who draw on the work of Teubner to provide a detailed analysis of what is, essentially, a co-dependent relationship. They specifically examine the ways in which childhood has been constructed by the law and child welfare science within the English legal system. These constructions are examined in detail below.

#### The Child as a Semantic Artifact: Child Care, Child Protection and the Law

The 'persons' the law as a social process deals with are not real flesh-and-blood people, are not human beings with brains and minds... They are mere constructs, semantic artifacts produced by the legal discourse itself... As social constructs they are indispensable to legal communication....But these actors are only role-bundles, character-masks, internal products of legal communication (Teubner, 1989: 741).

This is, of course, quite a radically constructionist position for Teubner to take, but King and Piper (1995) have convincingly built upon this assertion to examine the conceptions of 'the child' which are used routinely within the juridical field. It is worthwhile exploring these in some detail as, in many ways, they bear striking similarity to those

used by social workers, as I shall go on to show in subsequent chapters. The categories below are taken from King and Piper's work. I have, however, expanded their arguments to include information and exemplars more salient to the current discussion.

### The child as victim

King and Piper argue that the law relies upon (and reproduces) a pervasive societal notion of the child as a victim who cannot be held responsible for its own misfortune. For, if this were not the case, there would be no legitimacy to the intervention of the courts.

Behind each abused child looms an abusing adult... The law...casts an epistemic net over the relationship between adults and children, with the child acting as a reflection of, or response to, an adult's or adults' (usually the parent or parents) behaviour. Within the realms of child care and protection proceedings the parent or other adult abuser, as a semantic artifact, closely resembles the offender in criminal proceedings. His or her state of mind is relevant only in so far as it throws light on the past or future relationship with the child (*ibid*: 65).

An explicit parallel is drawn here between developments in 'child welfare science' and 'the law', in that each treats the problem of child abuse as though it were amenable to objective inquiry - as if it were soluble by reason. The 'alembic myth' is transparent in this construction. King and Piper contrast this position with that taken in public child abuse enquiries, discussed below, where the questions concern individual professional failure, rather than whether a particular local authority is capable of providing care for children, nor indeed whether the parents themselves are culpable.

After King and Garapon (1987), King and Piper argue that the questions deemed relevant by the courts in any child protection case are limited to those which allow for the child and the parents to be assigned to some taxonomic grouping and which will, in

turn, allow future events to be predicted and a course of action prescribed. They provocatively suggest that conducting a case as though it were an objective enquiry is 'like trying to write a novel using only a quarter of the words in the dictionary. The law inevitably reverts back to the image of the child as a victim of parental failure or misconduct' (*ibid*: 67).

### The child as witness

In this area, the law has become caught in a double bind. The traditional discourse had constructed child witnesses as unreliable and insufficiently 'competent', yet with the escalating concern about child welfare and the increasing involvement of the criminal court in child protection cases, the child is, in many cases, the only witness to the alleged crime. In the case of physical abuse, medical opinion has effectively become the child's evidence by proxy. However, in cases of sexual abuse, for example, there is often no supporting physical evidence. In order to resolve this, the law has drawn on the discourses of other professions, with psychologists and psychiatrists being called upon to adjudicate on the child's reliability, *stage of development*, mental state and so forth; as well as on the interview techniques used by social workers and police officers. This has had consequences for both legal process and 'therapeutic' work with children. The law is increasingly dependent on the constructions of 'expert witnesses', but psychologists, psychiatrists and social workers have become constrained in their work with children because,

The child as witness is not the same semantic artifact as the child as patient or analysand. The objectives of psychiatrists, social workers and psychologists in interviewing child victims of sexual abuse are often very different from those of the law in its determination of the guilt or innocence of the accused (*ibid*: 71).

Exploring the ‘child as witness’ also reveals some inconsistency which is relevant to later discussions. A child ‘victim’ is treated very differently to a child ‘perpetrator’ who, unless they are very young, is assumed to be perfectly fit to give evidence. This is a glimpse of what I have called the ‘marginal child’, referring to particular groups of children who are discursively on the margins of the category ‘child’ with its associated chain of signification. I develop this point further below.

Here, it is worth noting that the traditional scepticism within the (British) juridical field (or, more particularly, the criminal law) about the reliability of child witnesses, contrasts sharply with the dominant social work perspective in which the statements of children are granted almost *a priori* ontological privilege. This is shown in my data later in the thesis. The ubiquity of the statement ‘believe the child’ is such that Minty (1995) has dubbed such convictions professional ‘slogans’. The antecedents for this essentialism are to be found in a concatenation of developmentalism, which deems that children are incapable of constructing certain untruths (particularly those of a sexual nature) and the children’s ‘rights’ discourse discussed below.

### The child as a bundle of needs

In relation to this particular construction, King and Piper concern themselves almost exclusively with matrimonial law. However, ‘in the child’s best interests’, has broader implications and, like ‘believe the child’, it has become a child welfare slogan and is enshrined in statute in the shape of the ‘paramountcy principle’ in section 1 of the Children Act 1989.

Where a court determines any question with respect to:

- (a) the upbringing of a child; or
  - (b) the administration of a child's property or the application of any income arising from it,
- the child's welfare shall be the *paramount* consideration  
(s1(1) emphasis added).

Of course the nub of the problem is that, having constructed the child as a bundle of needs, who should decide on the nature of these needs? With the exception of obvious, life sustaining requirements, like food, water, shelter, this is clearly an area in which the normalizing judgements of child health and welfare professionals are particularly central. However, as Teubner points out, the demands of the juridical field dictate that these statements must be constructed as clear and unequivocal. A psychologist cannot go before a judge and say they are not sure how to decide on which course of action is in the best interests of the child, they are forced to stake out a particular position, which is constructed as scientific truth. In turn this is translated back into child welfare practice through case law, media reporting, academic commentaries and so forth.

Thus, returning to Parton's definition of legalism, 'the rule of law as determined by the courts', in the context of child care is inextricably tied to the form of knowledge generated by the 'psy' professions. Moreover, having been bestowed with legal validity, this form of knowledge is further reified into a series of professional presuppositions about children's needs. It is only by undertaking empirical research that it is possible to analyse the content and pragmatic (rhetorical) manipulation of these presuppositions.



### The child as the bearer of rights

During the 1970's 'children's liberation' became something of a *cause celebre* for a variety of political and analytic collectivities. At its most extreme, this children's rights discourse constructed childhood as the next emancipatory project (e.g. Farson, 1978; Holt, 1975) and pivotal to this particular conception was the child's right to self determination in all areas including, for example, choice of caretakers. Parallels have been drawn between the fight against the 'oppression' of children and the aspirations of feminism (for reviews see, Olsen, 1992; Oakley, 1994), with some feminists constructing childhood, and particularly child sexual abuse, as an example of the ravages of patriarchal domination (e.g., Saranga and Macleod, 1991). Hearn (1988) goes further and urges academic sociologists to recognize their responsibility to 'produce critiques of government by adults (senocracy) and the rule of adults (senarchy)' (*ibid*: 532).

Archard (1993) divides the children's rights movement into two camps,

In the last analysis the dispute between child liberationists and defenders of the 'caretaker thesis' comes down to the following. For the former, children are unjustly deprived of rights because they are falsely believed to be incompetent. For the latter, children *are* incompetent and will only eventually become competent if rights are denied to them now (Archard, 1993: 64).

King and Piper argue that, as a result of these discourses, cemented in the United Nations Convention on the Rights of the Child (1989) (ratified by the UK government in 1991), the child is no longer constructed as simply a 'thing in need of protection', but has become a 'legal person' whose views must be heard. This has allowed the law to reduce the complexities of any number of situations to disputes over rights. This

reinforces the apparent neutrality of legal judgements and sustains their structuring binary oppositions, right/wrong, legal/illegal, lawful/unlawful (Luhmann, 1988b).

However, because the terrain is so complex, this rights talk has not dispensed with the need for 'psy' experts in children's cases, because, in the final analysis, someone must decide on the relationship between rights and needs. Rights are meaningless if they are merely abstract notions and do not grant access to, or protection from, *something*. I have already pointed to the role of the 'psy' professions in determining definitions of need, so, here again, the argument that legalism has somehow reduced the significance of such formal knowledge can easily be dismissed. Indeed a closer analysis of case law reveals that psychiatrists and psychologists are often pivotal to the decision making of the courts in cases where children's autonomy is being overridden (Eekelaar, 1993; Lowe and Jus, 1993). For example, the House of Lords decision in the case of *Gillick v West Norfolk Area Health Authority* [1986] AC 112 (see Barton and Douglas, 1995, for a full discussion of the implications of the socio-legal consequences of the 'Gillick' case) established the principle that, providing a child had a 'sufficient' level of 'understanding and intelligence', they could consent to medical treatment on their own behalf. This decision, firmly within children's rights discourse, spawned a plethora of cases fought around the principle of 'Gillick competence' (see Anderson and Montgomery, 1996, for an accessible review of the case law), the definition of which relies upon expert opinion and, in turn, upon developmentalism.

So,

...the law must ultimately call upon the help of those child welfare and child development experts whose very presence within the legal forum both enslaves their own discourse and undermines the epistemic authority of law (King and Piper, *op cit.*: 79).

### Semantic Artefacts and Social Work

The child as victim; the child as witness; the child as a bundle of needs and the child as a bearer of rights all have their counterparts within social work discourse. I contend that, rather than the juridical field exerting symbolic violence, in a simple linear fashion, upon child welfare science, there has been a two way passage of materials back and forth from one to the other. The resultant hybrid product has, as I shall go on to show, exerted a profound influence upon the form of knowledge in social work, which increasingly constructs its own certainties, its own binary oppositions, which mirror those of the law and psychological science. These materials have been granted durability by virtue of their inclusion in policy documents and child abuse inquiry reports in particular. Thus, although my data show that social workers often describe their work as intuitive, unpredictable and intrinsically 'risky', the standard operating procedures, and hence any attempt at the accomplishment of 'retrospective rationality', (Bettemann and Weitz, 1983), rely on the *assumption* of scientific certainty. So that, for example, dangerous situations may be differentiated from safe ones; abnormal development from normal, good enough parenting from bad enough, urgent from routine. The assessment checklists, which are an increasing feature of social work with children and families (see also Chapter 6), have incorporated the bastardized scientific knowledge of the juridical field; that is, scientific knowledge stripped of equivocation, void of the sceptical scientific attitude. This then becomes the yardstick against which interventions are judged, by the courts, by senior managers, by the Social Services Inspectorate, by the 'complaints' system and so forth. This formal rationality is

inextricably linked to the rise of child protection and it is to this that I now direct my attention.

### **Child Protection: The Language of Psycho-Legalism**

I must begin by inserting the (now familiar) caveat that the literature on child protection practice is vast and I cannot cover all of the ground here. I intend, therefore, to concentrate on developments since the early 1980s and particularly on the ascendancy of notions of 'risk' and 'dangerousness' within social work discourse which escalated following the Beckford Report (London Borough of Brent, 1985). However, Parton (1985) provides a more inclusive account of earlier developments, outlining, for example, the significance of the X-Ray in the 'discovery' of child abuse.

### **Risk and Dangerousness**

Risk is invoked for a modern-style reposte against abuse of power. The charge of causing risk is a stick to beat authority, to make lazy bureaucrats sit up, to exact restitution for victims. For those purposes *danger* would once have been the right word, but plain *danger* does not have the aura of science or afford the pretension of a possible precise calculation (Douglas, 1994: 24).

With the inquiry reports into the death of Jasmine Beckford (*op cit.*), Tyra Henry (London Borough of Lambeth, 1987) and Kimberley Carlile (London Borough of Greenwich, 1987), the late 1980s saw the high water mark of 'scientific' risk assessment. All of these inquiries were subject to the linguistic practices of the juridical field, and the activities of social workers were hence scrutinized with the right/wrong logic of the law. Social workers were criticized for failing to recognize the (retrospectively obvious) 'signs and symptoms' of abuse, and for concentrating instead on maintaining their relationship with parents. The report into the death of Tyra Henry

stressed the importance of *preventing* danger, whilst the Beckford inquiry a few years earlier had insisted on the use of 'predictive techniques of dangerousness' (London Borough of Brent, 1985: 289).

Dingwall *et al's* (1983) study of the child protection practices in two social services departments appeared to support the view that social workers were reluctant to intervene in family life. The authors refer to the 'rule of optimism' by which they mean the pervasive liberal democratic belief that children are usually best cared for within their (naturally loving) families, who, if necessary, may be helped to change any deficient parenting practices. This idea was (mis)appropriated by the Beckford Inquiry and was taken to mean that it was *social workers* who were overly optimistic and easily duped by dangerous parents (Corby, 1994). This reflected the centrality of notions of blame and culpability, which resulted from the juridical framing of the inquiries. The personal accounts of social workers who have been called as witnesses at such inquiries (particularly Martin Ruddock, who was the senior social worker in the Carlile case) have become part of social work folk wisdom - avoid this experience at all costs. After the inquiry, Dingwall underscored the more general meaning of the original statement through the use of the first person plural,

the child protection system contains an inherent bias against intervention anyway. If we wish to change that, then *we* must confront the social costs. If *we* do not consider that those costs are worth paying, then *we* must frankly acknowledge the human implications, that some children will die to preserve the freedom of others (Dingwall, 1986: 503, emphasis added).

So the Beckford Inquiry provides example of juridical logic rendering unequivocal the carefully 'hedged' statements of 'science'.

The net effect of these inquiries was the reinforcement of the belief that such tragedies were preventable, the imperative was to perfect the criteria for sorting the dangerous from the benign. Physicians, psychiatrists, psychologists and social work academics duly set about creating the taxonomy of dangerousness, which would help the social worker to undertake 'scientific' assessments, hence avoiding the pitfalls of intuitive practice. Dale *et al.*'s (1986) treatise on 'dangerous families' was a product of this era and provided the organizing framework for the Department of Health publication *Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment* (Department of Health (DoH), 1988), which is now known colloquially as 'the orange book' (see particularly Chapter 6), and is discussed in more detail below. The original catalyst for the production of this guide had been a Social Services Inspectorate Report (1986) which had noted that detailed assessments, of the kind recommended by the Beckford Report, were 'conspicuous by their absence' (*ibid*: 12) in many of the authorities they visited. However, as Parton (1991) points out, it took the furore related to the Cleveland child sexual abuse scandal (1987) (in which social workers and paediatricians were criticized, not for complacency, but for zealotry, over their investigation and interventions in cases of suspected sexual abuse), to convince ministers of the urgent need for codified principles in child protection work.

Alongside this guide, the Department of Health and Social Security produced '*Working Together*' (1988, revised by the Department of Health, 1991a) which provided detailed prescriptions for competent interagency working. These measures were intended to protect children from 'inter-agency dangerousness' (DoH., 1988: 13), by ensuring that

significant details were passed between agencies, but they would also safeguard parents, because each agency would be a check on the excesses of the others. The role of the police in child abuse cases was formalized and 'joint' police and social services investigations of 'serious' (potentially criminal) cases became the norm.

Of course, once the essential ingredients of competent assessment had been identified, it became possible to create bureaucratic mechanisms to check whether they had been properly carried out. These procedures soon became ends in themselves (Howe, 1992) and, despite a growing recognition that dangerousness was, in fact, extraordinarily difficult to predict (Dingwall, 1989), social work practice was subject to managerial and judicial scrutiny as though it were a straightforward process. So, if things went wrong, there must be a fault in the procedures or in the social workers' assessment.

Children continue to die at the hands of their parents. The response still seems to be to create more procedures and more guidelines.... Simply adding new procedures in the wake of yet another tragedy merely compounds the problem.... Once the powers-that-be have written the rules and established the routines, all that the wary social worker and her supervisor have to do if blame is to be avoided is 'go by the book'. Responsibility for failures cannot be attached to the worker if she behaved correctly and ensured that all that should be done was done. 'Defensive' social work may not be effective but it can be 'right' (Howe, 1992: 507).

Howe's comment remains highly relevant to this study. The routines and practices in which social workers engage are often explicitly accounted for as exercises in 'watching their backs'. However, it is erroneous to argue that this *modus operandi* has superseded the certainties of 'child welfare science', since it relies on the pervasive assumption that the 'right' answers are available and hence that a child death must be due to the failure of an individual practitioner or of the 'child protection system'. Indeed, were this not the

case, it is inconceivable that judicial scrutiny would be brought to bear in the first place. Thus, I am in agreement with Parton (1996), when he asserts, after Beck (1992), that the very notion of 'risk' depends on the constructions of 'science',

Risks in effect only exist in the formulae, theorems or assessments which construct them....Risks can thus be changed, magnified or minimised within the knowledge of them and to that extent they are particularly open to social definition and social construction (Parton, 1996: 111).

I am, however, perplexed that he should go on to argue that increasing managerial control and judicial scrutiny of social workers is evidence of a declining faith in the capacity of science to deliver results- the reverse is more likely. For example, the Children Act 1989 uses the notion of 'significant harm' to differentiate between children who are 'in need' of family support services and those who require protection. So, for instance, in relation to an application for a Care Order, the Act decrees that 'a court may make a care order or supervision order if it is satisfied that the child is suffering or is likely to suffer, significant harm' (section 31(2)). 'Harm' is defined as follows,

'harm' means ill-treatment or the *impairment* of health or development;  
*'development' means physical, intellectual, emotional, social or behavioural development;*  
 'health' means physical or mental health; and  
 'ill-treatment' includes sexual abuse and forms of treatment that are not physical (s.31(9) emphasis added)

'Children in need' are defined thus,

a child shall be taken to be in need if  
 (a) he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a *reasonable standard of health or development* without the provision for him of services by a local authority under this Part;  
 (b) his *health or development* is likely to be *significantly impaired*, or further impaired, without the provision for him of services or  
 (c) he is disabled,  
 (section 17(10), emphasis added)



Clearly the concepts ‘harm’ and ‘impairment’ are contestable. Indeed, they have been the subject of debate amongst legal scholars (e.g. Law Commission, 1995: 252- 256), with some acknowledging their intrinsically normative nature.

Since “causing harm” entails by its very meaning that the action is *prima facie* wrong, it is a normative concept acquiring its specific meaning from the moral theory within which it is embedded. Without such a moral theory the harm principle is a formal principle lacking specific concrete content....(Raz, 1986: 414, citation Law Commission, *op cit*.: 253-4)

So, then, judgements about ‘significant harm’, or decisions about whether a child is ‘in need’, are just that. Yet, they clearly rely upon the *assumption* that objective yardsticks exist, against which ‘development’ and standards of parenting can be unproblematically evaluated. So the categorizations which the law demands continue to depend upon the *certainties* of formal knowledge, particularly developmentalism, which have been further reified in ‘the orange book’ assessment guide (see below). The production of a ‘comprehensive assessment’, in accordance with DoH guidance, is often a requirement of the court where orders are being sought by the local authority; with the judiciary apparently unaware of the shaky status of scientific knowledge. Indeed the opacity of the terms ‘reasonable’ and ‘significant’ amplifies the role of ‘experts’ in their interpretation and definition. There is now a plethora of publications aimed at defining it, all packed with the contributions of psychologists, paediatricians and psychiatrists (e.g. Adcock *et al.* 1991). It is to this detailed and influential guidance that I turn my attention at this point.

### **The ‘Orange Book’: The Seductive Certainties of Standardized Assessment**

Whilst giving a warning about the ‘dangers’ of checklists, the Department of Health (1988), asserts,

Practitioners should be aware of the constellation of factors often associated with dangerous families...Practitioners will be aware of the characteristics of the seriously immature personality which craves immediate gratification, has low tolerance, makes superficial relationships and has little concern for others....However... it is the quiet, over-inhibited person with a serious personality disorder whose dangerousness, in terms of exhibiting unexpected violence, is often unrecognised until too late (*ibid*: 12).

The guidance offered to the practitioner is aimed at the amelioration of this risk. Indeed, the more equivocal the evidence in a particular area, the greater is the perceived need for the practitioner to undertake a detailed assessment, in order to identify latent dangerousness. The components of a comprehensive assessment are listed as follows: causes for concern; the child; family composition; individual profile of parents and carers; the couple relationship and family interactions; networks; finance; physical conditions and summary. No area of parental experience is excluded from the gaze of the child welfare agencies, for example, question 70 asks 'Can you remember being held by your mother or father to comfort you when you were a child?', whilst question 112 concerns the couple's sex life. Incidentally, there are 166 questions altogether, with further sub-questions addressing specific aspects of 'family functioning'.

### Attachment Anxiety?

I mentioned earlier that attachment theory has become profoundly significant in contemporary child care practice. A 'secure attachment' has come to be seen as one of the child's most basic needs. Vera Fahlberg's (1981a, 1981b, 1982, 1988) checklist approach to mothering has striking pre-eminence in contemporary social work with children and families. Her attachment checklists are evident in a multitude of practice guides, including the 'orange book'. The following are a sample of the 111 questions

social workers are urged to ask in the attachment section alone, which spans an age range from birth to adolescence.

### **Babies: birth to one year**

Does the child

- appear* alert?
- enjoy physical contact?....
- exhibit *normal* or *excessive* fussiness?
- appear *outgoing* or *passive* and withdrawn?....

Does the mother/father/partner/caregiver

- respond to the infants vocalisations?...
- show an interest in face to face contact with the infant?
- exhibit interest in and encourage age-*appropriate* development?...

### **Adolescents**

Is the adolescent

- aware of his or her strong points?...
- comfortable* with his or her sexuality?....
- exhibiting signs of conscience development?...
- keeping himself occupied in *appropriate* ways?....

Does the mother/ father/ partner/ caregiver

- set *appropriate* limits
- encourage *appropriate* autonomy....

(Department of Health, 1988: 39-42, my emphases throughout)

Attachment theory has undergone such revision and fine tuning that now almost any permutation of infant (and indeed adult) behaviour can be explained (and hence subject to expert scrutiny) in this way. Children who appear to be 'excessively' independent may have an 'anxious-avoidant' attachment, those who are demanding, an 'ambivalent' attachment and so forth. Polar opposites of behaviour can therefore be read as pathology,

'If the child will not settle to play some distance from her mother while she is there, the attachment is considered insecure. Conversely, this conclusion is also drawn if the child fails to protest at his or her mother's departure' (Burman, 1994: 83)

Behaviours as apparently diverse as ‘experiencing problems with logical thinking’ and ‘having difficulty having fun’ are presented as symptoms which may ‘indicate lack of a normal, healthy attachment experience’ (DoH, 1988: 43). I shall go on to show, in later chapters, that attachment theory has the capacity to act as an organizational lubricant being sufficiently malleable to allow it to be invoked to justify any number of interventions.

It is not only to the child’s attachment that the social worker is instructed to attend, but also to their ‘emotional development’; growth; immunization status and physical development (age at which they smiled, sat up, rolled over, walked or talked, became clean and dry). Against this backcloth, it is difficult to see how the ‘psy’ complex can possibly have been relegated to residual status. Rather, the ‘psy’ sciences *make possible* the ‘evidence’ on which legalism is based. They define the needs of ‘the child as a bundle of needs’, provide the normative yardsticks against which ‘the child as victim’ is identified, and (through developmentalism) decide which children are bestowed with the right to autonomous decision making. In the words of one clinical psychologist I spoke to during my fieldwork, who was referring to the increasing demand for his ‘expert opinion’ in local authority child care cases, ‘Instead of judicial review it’s review by psychologist’ (Field notes: February 1994). If social work *has* become consumed by legalism, it is *psycho*-legalism.

### **From Concern about Dangerousness to Concern about Concern?**

During the early 1990s concern about the child protection process itself began to surface. The Children Act 1989 had, in any case, been drafted with a view to providing a remedy for both professional naiveté or incompetence (Beckford etc.) and excessive zeal (Cleveland, and subsequently Orkney- see the 'Clyde' Report, 1992). It thus perpetuated the common law presupposition that parents *possess* moral *rights* in respect of their children, as well as *responsibilities* towards them (Barton and Douglas, 1995).

A number of research studies (see, Thorpe, 1994; DoH, 1995a) had concluded that, although many children entered the child protection system, the vast majority were not placed on child protection registers. Moreover, once the child protection investigation was complete, they were unlikely to receive 'family support' services, which were their proper entitlement under section 17 of the Children Act .

Although [local authority] policy statements indicate a range of children in need- from children suffering abuse or neglect to less critical concerns-...it was apparent ...that social workers still regard 'children in need' as a separate category of children with a low priority rather than all the children with whom they work. Many social workers have not yet made the intellectual shift away from categorising children according to services. Research suggests this may be why nearly half of child protection cases which did not reach a case conference received no services for support either. (Audit Commission 1994: 58).

The principle of 'partnership' with parents, which was central to the guidance and regulations issued after the implementation of the Children Act 1989, was hammered home, with practice guidance being issued on the 'challenge' of partnership in child protection (DoH, 1995b). Whilst the *raison d'être* of this practice guide was the apparent *intrinsic* incompatibility between professional surveillance (with the implicit threat of coercive intervention) and 'partnership' with parents, an explicit message

emerges - if social workers and managers follow these simple rules, the situation can be remedied. The 1988 '*Protecting Children*' guide, with its transparent discourse of dangerousness, remains the recommended format for 'comprehensive assessment', with no acknowledgement that the imperative to be seen to be sorting the dangerous cases from 'the others' means that social workers cannot possibly 'soften' their approach to child protection without risking personal culpability.

....social workers must operate with infallibility of judgement if they are to avoid being the "bloody fools" .... who allow innocent children to die or the "bloody fools" who see abuse where non exists... (Weightman and Weightman, 1995: 79-80)

The management of anticipated personal culpability is thus a ubiquitous feature of social workers' talk (see, in particular, Chapter 4). The debate about the status of preventive work became known colloquially as 'the child protection versus family support debate' and, this too, has impacted directly on social workers' and managers' talk (see later chapters).

Alongside these developments, The Home Office and Department of Health (1992) produced the *Memorandum of Good Practice*, which provides detailed guidance for police officers and social workers on the interviewing of children following allegations of (usually sexual) abuse. This too was driven by the imperatives of psycho-legalism. Firstly, the 'Memorandum' allowed for the child's evidence in chief to be submitted on video tape, which was a direct response to a growing lobby of 'psy' professionals who were voicing concern about the treatment of child witnesses. Secondly, in a number of high profile cases (notably the Cleveland Inquiry, 1987) judges had relied on the expert testimony of psychologists and psychiatrists who were called upon to pass judgement on

the interview techniques of social workers and police officers, who were generally criticized for not keeping a 'open mind'. However, the resulting 'Memorandum' is far more constraining than the 'experts' had intended, for example, even telling the child *why* they are being interviewed was (based on my observations) sometimes constructed by defence solicitors as a potentially 'leading' statement. There is also an embargo on more facilitative therapeutic work until the criminal case has been heard, because it is seen as potentially threatening to the evidential worth of the child's testimony. Moreover, whilst the child's evidence in chief may be submitted on video, they are still required to be available for cross examination at the court.

Towards the mid 1990s, then, substantial discursive shifts were taking place. Children were seen to be at risk, not only from violent, abusive or inadequate parents, but from the child protection system itself. However, in familiar fashion, the definers of 'bad practice' were the judiciary *and* 'psy' professions tied together in a powerful symbiosis, in which neither party quite got what it wanted.

### **The Socio-Temporal Consequences of Psycho-Legalism**

It is appropriate, at this point, to introduce a theme which will be developed later in the thesis. I have devoted Chapter 8 to the subject of time and temporality, where the discussion about the various 'times' relevant to social work, is expanded. My intention here is to begin to illustrate the temporal significance of developmental psychology. I have argued that contemporary child care social work relies on the legitimating narratives of developmentalism, which are so pervasive that they have been incorporated into statute as incontrovertible axioms. The division of childhood into a

number of ostensibly highly predictable ages and stages has a number of consequences for professional intervention and decision making. The passage of the child through time is marked by a number of 'milestones' and critical periods, these are as significant as the calendar time by which they are measured. Social work intervention relies on the predictability of the 'speed' of this movement from one stage to the other, as Burman (1990) notes in relation to Piagetian developmental psychology:

In terms of time, the Piagetian model functions to provide a system of categories (stages) in which to place the human ontogenetic project. Childhood is accorded a particular role and function in an orderly route to well-adjusted rational citizenship, deviations from which merit the attention of a range of welfare professionals, from statutory involvement of health visitors to educational psychologists, social workers, speech therapists to name a few (*ibid*: 54).

For Adam (1995), after Schutz and Luckmann (1973) and Heidegger (1962), time is not a simple linear phenomenon. Rather, the present is inevitably interpenetrated with memories of the past and anticipation of the future (or, in bureaucratic terms, review and planning). In developmentalism (particularly, psychodynamic thought, but also in Piaget's work as is referred to above), the past is accorded a special significance, particularly the early years of life,

The period of maximum sensitivity for attachment ... is generally accepted as between four months and up to the end of the third year of life. This is the period when the child has least capacity to understand what is happening, has most need of secure attachment figures and is most prone to develop insecure attachments which can have long lasting effects (Bentovim, 1991: 41).

This notion of irreversibility has the effect of amplifying dangerousness (and hence *urgency*) in referrals relating to young children, who, not only are at greater risk of physical injury, but are fragile vessels who must be filled with the appropriate quantity of adult attention before they wither and perish (forever). The past may also be invoked,



dragged into the present, in order to accomplish dangerousness, or indeed, to attribute causation in response to some observed deviance. Conversely, difficulties with adolescents are easily written off as the ‘normal’ consequences of that particular stage of the life cycle - as part of ‘testing boundaries’ for example (Burman, 1990).

The assumption of emotional fragility in early to middle childhood has led to the development of detailed guidance on ‘planning’ and ‘review’ in child care cases. Of course, the concepts of planning and review are, as I pointed out above, intrinsically temporal (*cf.* Adam, 1995). Within the context of child care, careful planning was intended to correct the tendency, identified during in the 1980s, for children to ‘drift’ in the public care system (Rowe, *et al.*, 1989; DoH, 1991). This may have been a noble intention, but it has had the consequence of reifying particular periods of time (for example, six weeks, see Chapter 8), during which certain changes will have been expected to take place (or ‘objectives’ met). The swift achievement of *change* or improvement becomes the marker of efficient and effective intervention and, crucially, it is frequently some aspect of the child’s body or mind (as judged by an ‘expert’ in child development) that is used as the measure of (parental) change. A related observation is made by Zerubavel (1979) who, in his temporal ethnography of a hospital, notes that

The entire treatment of anorectic patients....is temporally structured in accordance with their body weight, and their discharge date is usually scheduled in relation to a particular weight they are supposed to reach, rather than the number of weeks they have been in hospital (*ibid*: 94).

The reification of ‘ages and stages’ thinking is perhaps best exemplified in the Department of Health initiative *Looking After Children* (Ward, 1995). This commits

social services departments to undertaking detailed assessments on all children who are being 'looked after' by the local authority in foster or residential care (either at parent's request or as a result of Care Proceedings). These assessments involve the administration of one of six highly detailed, age specific, questionnaires, supplemented by additional documentation. Together, the records cover health, education, 'identity', social presentation, emotional and behavioural development, and self care skills. All measured against the universal yardsticks of developmentalism. If a child is found to be deficient in any of these areas, time scales are set for the achievement of *change*. Indeed the temporal dimension of the records is made explicit by the research team (from the Dartington Social Research Unit),

It was always intended that the Assessment and Action Records would be used on a regular basis so that progress made by individual children in each of the dimensions could be charted....The data can show whether a child is healthier, more confident, better integrated socially and so on, since the last assessment (Moyers 1995:175-6).

Accusations that the records set 'middle class' standards have been fought off,

They have been tried out with a community group of about 400 families. This study has refuted early criticisms that the records set middle class standards which are alien to the aspirations of many families....Almost all parents share the aims for their children specified by the records... They know for instance that if they want their children to be healthy they must make sure they have a nutritious diet, and if they want their children to do well at school, they must read to them, and make sure they have regular access to books (Ward and Davies, 1995: 18).

So, the universal child finds their universal parent and once the universal applicability of the standards set in these records has been constructed it is difficult to see how their use can be confined solely to the assessment of the quality of *public* care. There is a transparent possibility that they become, *de facto*, the norm against which all parenting is measured. Indeed the working group argue,

Evidence from the community group demonstrates that it is possible to use the Assessment and Action Records with children living at home as well as those in care or accommodation, and to good effect (Moyers and Mason, 1995: 83).

So then, the norms set by developmentalism have considerable usefulness in the construction of competent professional accounts, but they can also cause trouble. I have argued that there is a background expectancy, a pervasive professional orthodoxy, which constructs such yardsticks as objective measures of parenting ability. It is as though 'good enough parenting' were embodied, fleshed out and made measurable, in the child. However, this presupposition is difficult to maintain in cases where there the child is believed to have 'intrinsic' problems. These are problems which are open to classification and labelling by a medical practitioner (paediatrician, child psychiatrist) and which are believed to skew the (temporal) frame of 'normal' development. Under these circumstances standard 'developmental time' cannot be used as any kind of reliable measure. Which brings me to the closing section of this discussion - the phenomenon of the 'marginal child'.

### **The Phenomenon of the Marginal Child**

Having examined these practice orthodoxies, it becomes clear that some children are exempt from the dominant professional constructions because they cannot easily be accommodated within the usual artefactual semantic categories of psycho-legalism.

There is now ample evidence that children with an identified disability experience outcomes which differ substantially from those of other 'children in need'. For example, Middleton (1992; 1995), among many other commentators, notes that children with

disabilities are much more likely to be living away from home, often as a result of the provision of 'respite care', designed to relieve families from the 'burden' of care.

Similarly, concern has been voiced about the under-representation of children with disabilities on child protection registers. So, in relation to children with an identified 'disorder', it seems that the dominant 'child as victim' discourse is suspended in favour of a 'parent as victim' narrative - an 'ideology of personal tragedy' (Oliver, 1990). The response to this anomaly has been a burgeoning professional literature designed to increase the awareness of practitioners about the specific vulnerabilities of children with disabilities to various kinds of abuse, both within the home and in institutional care (see Westcott, 1993; Westcott and Cross, 1995; Middleton, 1992; 1995).

However, nothing is ever quite so simple and child welfare professionals are situated within a number of competing and contradictory discourses in relation to the 'needs' of children with disabilities. I have referred to the practice literature, which seeks to reconstruct the disabled child as a *child* (i.e. as victim, as a bundle of needs, as a bearer of rights) this aspiration appears to be broadly congruent with the aims of the disability rights movement, giving it a powerful rhetorical 'correctness'. However, there is a competing 'consumerist' discourse, in which the parents, or carers, of children with disabilities are constructed as the rightful and deserving service recipients. Parents may well demand services which the disability movement has deemed intrinsically 'abusive', such as institutional care, segregated education and certain forms of remedial therapy. The following biting polemic against the practice of 'conductive education' illustrates the point,

So, what kind of world does conductive education envisage? One in which we are all extorted to approximate to the walkie-talkie model of living, where

physical and social environments remain unchanged and unchanging....The nightmare of conductive education is unachievable because nowhere in human history have the different been turned into the normal and neither medical science nor other rehabilitative techniques or educational interventions can assist in this process. Someone else, not so very long ago, had a vision of normality associated with blond hair and blue eyes, and look where such a vision got him (Oliver, 1993: 165-6).

However, as a rejoinder, a parent produced an equally passionate moral tale, in which she defends her 'difficult decision' and blames the inadequate resources for, and low expectations of, children with disabilities in the West.

According to Mike Oliver, I am a "straw clutcher". By deciding... to take my daughter to Budapest's Peto Institute for a spell of conductive education I "contributed to the distressing sight of individual and groups of parents pursuing the latest fashionable cure for their child's....disability".....by portraying those of us who have sought conductive education for our children as unthinking lemmings dashing off to Budapest for a dose of Hungarian miracle water, Dr Oliver's polemic does us - and conductive education - less than justice (Beardshaw, 1993: 166).

Child welfare professionals must engage with and operate within and between these competing discourses (see Chapter 7). The contradictory imperatives in the Children Act do not help them to resolve the tensions between being (politically) 'correct' (child centred) and meeting parental expectations of statutory services.

However, there is a more fundamental problem. In order for children with disabilities to be constituted as 'children first', as the Children Act dictates, social workers and child health professionals would need them to conform to the predictable principles of developmentalism, which patently they often do not. Unless there were to be some *physical* evidence, or a clear disclosure of an act deemed to be intrinsically abusive, such as penetrative intercourse with a small child, or inflicted broken limbs, welfare

agencies find it difficult to operate in their usual way, since there is a fundamental difficulty in maintaining the dominant 'parent as culpable for problems in the child' discourse. It is reasonable to propose that many children whose behaviour has been 'psychiatrized' (e.g. those who have been diagnosed as having behavioural disorders such as 'attention deficit disorder' or 'hyperkinetic syndrome') will be similarly exempt from the usual constructions, since the attribution of *individual* pathology overturns the dominant 'nurture' axis of the 'alembic myth', and resuscitates the biological medium. Such children are not, therefore, 'victims' of adult carers and do not warrant the 'protection' offered by the child welfare agencies. Their needs are determined by the medical category to which they are assigned, rather than by the usual universal yardsticks. Although, clearly, the universal yardsticks retain their significance because they often form the basis for diagnostic decision making.

## **Conclusion**

I have argued that the form of knowledge in contemporary child care is best understood as a complex amalgam of legal and scientific knowledge, with neither framework being *a priori* preferred. Whilst practice has become more systematized and proceduralized, the tools and checklists in use further reify psychological knowledge about the significant ages and stages of childhood. That is to say, contemporary child care social work is heavily influenced, but not reductively determined, by the discursive formation which I have called psycho-legalism. This provides a, relatively durable, ordering framework for dealing with the contingencies of everyday decision making and is a pivotal axis for occupational talk. However, there are certain situations in which this dominant mode of ordering is routinely breached. These anomalies appear to be

attributable to the ascribed characteristics of particular categories of children, who are *ipso facto* excluded from what it is to be (discursively) a child.

This chapter concludes Part 1 of this thesis. I shall now embark upon the analysis of the ethnographic data, beginning with an examination of organizational strategies for the exercise of control.

## **Part 2**



## **Chapter 4**

### **The Limits of 'Organization': Hierarchies, Procedures, Rationales and Resistances**

The 'paradox' of governance is that [it] is called forth by the recalcitrance of objects and consists in an attempt to exert control over those objects. Yet those objects, precisely in so far as they are not constituted within any particular governing practice and insofar as they fall within the purview of many different governing practices, can never be brought under the control of any single governing practice (Malpas and Wickham, 1995: 46-7).

In this chapter, I shall examine organizational attempts to impose order and rationality, and to exert hierarchical control over the activities of individual social workers and over the social work 'process'. I argue that, although managerialist and rationalist 'Discourses' pervade policy documents and procedural guidance, the direct exercise of hierarchical control is extremely difficult for a number of reasons. The data analysed below show that 'order' is an interactional accomplishment, and that social services managers must be able to move between and strategically invoke a number of somewhat contradictory narratives as the circumstances dictate.

Before embarking on the substantive data analysis, it will be helpful to review developments within organizational theory, where, as the quotation above illustrates, the 'recalcitrance' of objects and agents has become the focus of attention. Over the last two decades 'organizations' increasingly have become redefined as 'texts' or as 'circulating discourses', or as 'sets of practices', or as 'rhetoric' (e.g. Mumby and Stohl, 1991; Linstead and Grafton-Small, 1992; Parker, 1992; Alvesson, 1993; Hassard and Parker, 1993). This marks a radical shift away from post-Weberian organizational theory, which had been concerned with 'the organization of production'; that is, with attempting to explain and to *rationalize* the phenomenon of 'organization' (Fox, 1993: 47). Empirical

work on the exercise of ‘administrative discretion’ in formal bureaucratic organizations had challenged the myth of rational hierarchical control (*e.g.* Blau, 1963; Prottas, 1979; Lipsky, 1980). Alongside this, the impact of symbolic interactionism, ethnomethodology and, later, poststructuralism and postmodernism on organizational studies, cemented the ‘symbolic turn’ (Cooper, 1989) with a new analytic focus upon the routines and linguistic practices which contribute to ‘the production of organization’ (Cooper and Burrell, 1988: 106). Analysts recognized the omnipresent spectre of *disorder*, and this realization effectively transformed ‘organization’ into a verb, capturing the living and contingent nature of institutional realities. Of course, this does not mean that ‘order’ is an illusion, rather, it is a locally produced, intersubjective *accomplishment*: a negotiated phenomenon.

Whilst, many *sociologists* seem to agree that the functionalist paradigm (the ‘orthodox consensus’) is ‘damaged beyond repair’ (Reed, 1993: 173), rationalist assumptions are alive and well within many organizations, where they are routinely invoked as a legitimating rhetoric supporting managerial attempts at control and systematization. In Habermasian terms, the colonization of ‘communicative reason’ by instrumentalism (Habermas, 1987) continues, apparently unabated by abstruse academic debate. Indeed, the ‘textual’ and ‘discursive’ readings of ‘organization’ and ‘ordering’ are transparently critical *responses* to the pervasive (modernist) presupposition that a rational order is achievable. Within the public services, the enduring and, indeed, escalating pursuit of maximum efficiency through ‘scientific management’ is well documented (Pollitt, 1990; Clarke *et al.*, 1994). There is an allied literature specifically relating to developments in health care as a consequence of marketization (*e.g.* Ashmore *et al.*, 1989; Cox, 1991;

Hugman, 1991; Flynn, 1992; Fox, 1993); a process which has also impacted upon social services departments. Within social work, alongside marketization, the seductive certainties of standardized assessment, discussed in the previous chapter, provide another example of the triumph of rationalism and instrumentalism (*cf.* Blaug, 1995).

Pollitt (1990) identifies at least two pervasive ‘managerialisms’ which have permeated the restructuring of the public services. First, ‘neo- Taylorism’, or the imperative to pursue maximum efficiency and ‘value for money’, through the rational analysis of inputs and outputs, which is perhaps best exemplified in the purchaser/provider division within contemporary welfare. As a result of this, public sector organizations have ‘found themselves trying to deliver more for less, simply because they were given less and asked to do more’ (Newman and Clarke, 1994: 15). Pollit argues that neo-Taylorism has coalesced with the second form of managerialism, ‘new wave management’ (Wood, 1989) - a psychologized managerialism; ‘person centred’ and concerned with motivation, innovation, the fostering of corporate identity, and team work (see also Rose, 1989). The goal of getting more for less remains the same, but the means differ. This version of managerialism bears some similarity to Foucauldian notions of discipline, with workers ostensibly governed by consent, rather than by direct and coercive managerial control.

Pollitt (1990) argues that neo-Taylorism remains the dominant ‘mode’ of managerialism within public sector organizations. However, Newman and Clarke (1994) dispute this and suggest that a more complex interdiscursive terrain exists. They agree that the notion of management by *consent* may be exaggerated (because, for example,

information technology has created new and relatively 'invisible' monitoring systems), however, its importance as rhetoric should not be underestimated:

the language of quality, putting customers first and valuing front-line staff represents the possibility of reasserting a value base for public services (Newman and Clarke, 1994: 21).

It is for this reason that arguments which construct changes within the public sector as *straightforwardly* imposed by the neo-liberal policies of government are flawed, because aspects of new managerialism have been claimed by public sector organizations, and particularly by their managers, as their own. They have provided a means to reconcile the two competing imperatives within contemporary welfare - the pursuit of efficiency through instrumentalism and the 'ineradicable component of care which is interactional... emotional and communicative' (Blaug, 1995: 427).

Returning to the 'paradox' referred to in the quotation at the beginning of this chapter. What neo-Taylorism, the 'new managerialism' and, no doubt, their myriad hybrid forms share is a belief in the possibility of a rational (and, by implication, hierarchically managed) order. However, the developments within organizational theory referred to above, cast doubt upon this presupposition. While the concept of power is central to these debates (and I discussed 'order' and 'power' as phenomena in Chapter 1), I do not intend to reiterate the complexities of those arguments here. Nevertheless, it is of note that the familiar duality between the internal (re)accomplishment and the external imposition of order re-emerges. Developing a theme of earlier chapters, I shall argue below that, whilst I accept the constitutive properties of particular 'knowledges', even the most 'hegemonic' and solidified institutional orthodoxies '*must* be reproduced and sustained, *can* be resisted and deconstructed, and [are] never *permanently* normalized'

(Linstead and Grafton-Small, 1992: 339, original emphasis). It is for this reason that

Malpas and Wickham (1995) argue for a 'sociology of failure', since

'governance is necessarily incomplete and as a necessary consequence must always fail....if not by its own criteria as narrowly defined, then certainly by the criteria of at least one other attempt, usually many' (*ibid*: 40-1).

However, it is easy to overplay indeterminacy and, in fact, social life is generally extraordinarily predictable. The predictability arises from the moral and symbolic order; the background expectancies and shared assumptions, which are managed and (re)negotiated by social actors in their day to day activities and which, particularly within professional settings, are reproduced through 'identity talk'.

These apparently contradictory assertions (that order and control are precarious whilst social life remains predictable) are not necessarily incompatible, as I shall show in the data below. For example, it appears to be perfectly possible for managers to continue to invoke the language of neo-Taylorism and the new managerialism, whilst simultaneously recognizing that their actions and attempts to control often have unintended and unpredictable consequences, may be ineffectual, or may simply be ignored. Similarly, the 'managed' often transparently transgress directives and dictates and explicitly define them as unworkable, whilst continuing to invoke them as potential solutions to organizational failure. However, all parties generally continue to play the language game as though these contradictions did not exist, particularly in situations where some 'failure' (*e.g.* to follow procedure, to prevent a child abuse tragedy) is being investigated. The coexistence of different and competing 'accountabilities' in 'public sector' organizations has also been noted by Sinclair (1995), who illustrates how chief executives of such institutions in Australia are able to sustain both detached references

to managerial accountability (*e.g.* the imperative to manage budgets and ensure the appropriate and efficient deployment of resources) and a more ‘personal’ discourse which ‘functions to admit the risks and failures, exposure and invasiveness with which accountability is experienced’ (*ibid.*: 224) (see example of ‘frontier talk’ below).

Some of the difficulties in exerting managerial control within social work are clearly attributable to its hybrid status as a semi (or bureau) *profession* (Toren, 1969, Parry and Parry, 1979; Satyurmurti, 1981). Whilst the location of social work within large local government bureaucracies limits the professional autonomy of workers, the nature of the work renders traditional managerial control highly problematic. The data below show that, whilst the structures of accountability within the Department are typical of a local government bureaucracy in the 1990s, they are complicated by the amount of delegated discretion afforded to the social worker, because of the invisibility of the client encounter (*cf.* Pithouse, 1984; 1987). For example, because of the social worker’s status as a witness of events in spaces/times inaccessible to management, any account they give of their work will have powerful rhetorical force. Therefore, it will rarely be challenged except when the constructions offered are palpably invalid or unreasonable. Indeed, in this respect, social workers are very like ethnographers (White, 1997, in press).

Pithouse (1987) has described the skillful interactive work involved in establishing managerial relations under such circumstances, highlighting the particular significance of team leaders within the hierarchy. It is worth quoting an extract at some length, because these observations bear a striking similarity to my own:

[Team leaders] engage in a delicate blend of reciprocal dependencies....This supervisory discretion does not simply occur because of close relations between leader and team but because of dependencies that derive from unobserved practice. The team leaders are forever reliant upon the members to provide an account of their interventions and this, they consider, will be most reliably forthcoming if the workers can anticipate a helpful and unabrasive response. The supervisory relationship does not entail the instrumental use of concern as a means of obtaining deeper insights into unobserved practice. The genuine sympathy for the workers stems from the supervisors' own experience of doing the job....The team leaders assiduously maintain a sentiment of diffuse concern for the workers. They are available throughout the day and can be observed hovering by the team, talking, encouraging, eager to listen to any difficulties....(Pithouse, 1987: 64-5)

This artful practice is valued by senior managers who are willing (or who *must*) leave the matter of 'good practice' in the hands of team leaders.

Before proceeding to the substantive data analysis, it is important to describe the department, and to examine the standard operating procedures in more detail. There are aspects of policy and procedure which I have omitted from this chapter, because they relate specifically to the assessment and 'ordering' of cases and are thus included in Chapters 6 and 7 (see also Appendices 9 and 10). Similarly, some aspects of organization and ordering are returned to in Chapter 8, where their socio-temporal implications are developed further. I recognize that such classifications inevitably do some violence to the intertextuality and layering of day to day institutional realities. However, I contend that this is both necessary and unavoidable in any attempt to transcend description in order to draw specific analytic connections.

### **The Department: A Descriptive Interlude**

The subject of this ethnography is a relatively small metropolitan social services department in the North West of England, serving a population of 284,395 (1991 Census). The area is characterized by polarities of poverty and affluence, with some pockets scoring high on indices of deprivation. There is a 'non-white' population of 6,754.

During the late 1980's the department was reorganized, in response to local political pressure, to provide services which would, in theory, be more accessible to the population. Area teams, which had been located in the town centre, were thus moved to new 'neighbourhood' offices, corresponding to local government wards. However, the geographical dispersal of teams resulted in increasing difficulties in maintaining consistency across the Department and in ensuring even an illusion of middle management oversight of the work of social workers and first line managers (see below).

### **From 'generic' to 'specialist' services**

In 1992, following the implementation of the National Health Service and Community Care Act, 1990 and the Children Act, 1989, the department underwent a further reorganization. In line with national trends, services were bisected according to whether they were intended primarily for 'adults' or for 'children and families'. There were a number of antecedents to this. The aforementioned legislative changes cemented a specialization which had begun as a pragmatic response to the increasing need for social workers to claim specific expertise in the area of child protection (following the various



child abuse inquiries discussed in Chapter 3). This pressure had led to piecemeal specialization at the practice level, whilst middle and senior managers retained a generic focus. A report to Social Services Committee of 17 September 1991, seeking to remedy this situation, gives the following rationale,

The proposal to have one Head of Service for Services to Children and Families, with clear lines of accountability for all staff working with children and families and similarly one Head of Service for Services for Adults, has received general support. The vast majority of staff and teams are specific to one or other service, and it has been recognized that the confusion within the current structure is not helpful.

In addition to the bisection of services discussed above, a clear distinction was created between the functions of 'purchasing and commissioning' and the provision of services. Within 'children's services', the social workers based in fieldwork (area) teams were defined as 'purchasers', whilst residential, day care and family placement services were located on the provider side of the organization. Both sides of the partition, however, were to be accountable to one of two operational Heads of Service (for either adult or child care services). Other hierarchies were created for 'Policy and Staff Development' and for the financial management of the department. In this context, the separation of purchaser from provider differs substantially from arrangements within the health service, with 'purchasers' in social services retaining contact with service users. This is particularly the case in child care settings, where the 'investigative' nature of the work has proven impossible to mould into the 'care management' model, which the NHS and Community Care Act, 1990 explicitly demands of 'adult' services.

### Lines of accountability and Sites of Formal Decision Making

As the interest here is in children's services, I have omitted any detailed discussion of other management structures within the organization. I have also concentrated on the 'purchasing' arm of the department, which is the subject of this research. That is not to say that the 'provider' services are irrelevant and, indeed, certain aspects of their organization have a powerful impact on fieldwork staff. I shall deal with such issues as they arise.

The department has a relatively 'flat' management hierarchy and, indeed, has claimed that it spends a smaller proportion of its total budget on central management than any other authority in the North West of England, where it is located (Social Services Committee Report, *op cit.*). A chart detailing the management structure of 'Children's Services' is provided in Appendix 5. Nevertheless, in order to contextualize the data below, it is worthwhile briefly describing the hierarchy and official lines of accountability.

Access to a social worker can be obtained through a 'duty system' in any of nine 'area teams' or, indeed, the hospital based service. There is substantial variation across the department about the hours during which a duty officer is available. Some offices operate with a 'mornings only' arrangement (official policy as detailed in the Children's Services Plan, 1994-5, discussed below), whilst others provide this service throughout the nine-to-five working day. These and other aspects of the organization of 'bureaucratic time' are discussed further in Chapter 8. In addition to the area teams, there is one hospital based team covering the main paediatric units, child and adolescent

mental health service, the child development unit, maternity and neonatal unit. This team, for which I was the manager during most of the fieldwork (see Chapter 2 and Appendix 1), is accountable to a service manager (purchaser). A specialist team deals with youth crime and the youth courts, but is similarly accountable to one of three service managers (purchaser).

The nine area teams are located across five geographically dispersed office sites. Social workers are organized into teams, which also include unqualified staff - Family Resource Workers (FRWs). 'Children and Families' teams staffed to establishment levels contain between 4 and 7 social workers, with 1 to 3 FRWs. Specialist staff such as Family Placement Officers (FPOs) who are *managed* separately (within the 'provider' hierarchy) are attached to particular teams in the area offices. Social Workers and FRWs are accountable to team leaders, who are responsible for decisions about 'allocation' of work and 'closure' of cases, as well as most aspects of day to day decision making. These responsibilities include the supervision of child protection investigations, decisions as to whether to proceed into other formal arenas such as the multi-agency Child Protection Case Conference and whether emergency protection for a child is necessary. They thus occupy a highly strategic position within the hierarchy.

In turn, team leaders are managed by one of three (Purchaser) Service Managers, who are attached to one of three 'Districts' and thus will have supervisory responsibility for team leaders dispersed across different sites. As I mentioned above, this causes considerable (if not insurmountable) problems in achieving any significant oversight of

work undertaken by social workers or of the decisions of team leaders. There are no routine and regular systems for internal 'audit' of case files or of work undertaken. The hierarchical arrangements thus rely on the assumption of team leaders' competence, and the structure makes little sense without this tacit presupposition. The relative autonomy of team leaders has led to considerable confusion about the decisions for which they are deemed *less* than competent, with lines of accountability clarified only after some perceived 'failure' in the system. There is some agreement that service managers are granted delegated authority to make decisions where legal proceedings (usually application for a Care Order or Emergency Protection Order under the Children Act, 1989) seem to be indicated and yet they can only do so on the basis of information presented to them by team leaders and social workers. Formal, multi-agency planning meetings are *usually* an expectation (although this too is contestable terrain), making unilateral action unlikely, except in emergencies. Service managers are also responsible for the allocation of significant monies from budgets delegated to their areas. In practice, it is the team leaders who decide on much day to day expenditure.

Service managers are accountable to the operational Heads of Service (now redesignated Assistant Directors), who are managed by the Director. Reports to the Social Services Committee of the local council are compiled at service manager level or above. Service Managers and Assistant Director meet weekly (Children's Services Management Group) to draft and review policy and deal with aspects of operational decision making.

Social work is a feminized occupation and, in this department, women are over represented throughout the hierarchy, except at service manager level. This inverts a

reported tendency for men to occupy posts at managerial level (Lupton, 1992). All but two of the team leaders are female, as are both of the Assistant Directors (for adults' and children's services). The Director is male. The gender of the managers is referred to in talk within the organization and I shall discuss this further in Chapter 5.

The department is the lead agency for child protection. Child Protection Case Conferences are chaired by a Child Protection Manager who is accountable to the Assistant Director. The Conference has the authority to make decisions about placing children's names on the Child Protection Register. It can, however only *recommend* other action to social services, or indeed to any other agency. Substantial deviations from recommendations, however, in theory, must be accounted for through the multi-agency child protection system.

### **Bureaucratic Hierarchy or Division of Labour?**

#### **Performing Rationality: Corporate Face Work**

During 1994, a detailed 'Children's Services Plan' was compiled by senior staff within the department (with help from a private consultancy), in accordance with a directive in Department of Health Circular 92 (18). This plan is constructed firmly within a neo-Taylorist 'Discourse' of managerialism, and, indeed, its rationalist rhetoric is boosted by the incorporation of a taxonomy of levels of 'support' and 'prevention' which is directly reproduced from the research of Hardiker *et al.* (1991) (see Appendix 6). However, there is also reference to the priorities set by elected members, who have powers of ratification, and indeed veto, in respect of local authority service

developments and thus require careful ‘wooing’. The Children’s Services Plan describes the imperatives thus:

Successful management of the child care service is increasingly dependent upon maintaining an overall vision of the system, while being able to discretely manage its constituent parts. Child care services are increasingly being seen as a service of discrete, yet overlapping, subsystems each of which has its own priorities, objectives, strategies and outcomes. Within [name of town] the development of the Children’s Services Plan has provided the opportunity to realign the various component elements of the child care service so that this may more effectively meet the policies and objectives of the Social Services Committee.....there is a need to ensure that what has previously evolved in a piecemeal and pragmatic way becomes more systematically and strategically pursued. Given the priorities of the Division it will be vital to ensure that organizational arrangements are in place both to ensure appropriate referrals find their way into the service system and are responded to by way of a professional evaluation of the needs and risks in the case (Children’s Services Plan, 1994-5: 1-2).

The Plan is intended to guide ‘strategic developments’ until 1997, with an intention ‘to review progress on implementing the Plan at six monthly intervals’ and to update ‘annually over the three year life of the Plan’ (*ibid* : 2). As well as incorporating statements on ‘Values and Principles’ and ‘Anti-Opressive Practice’ (see Appendices 7 and 8, and Chapter 5), it details aspects of current practice and future strategy under the following headings; Information Publicity and Advice; Screening and Assessment; Family Support; Looked After Children and Continuing Care Services. The process of ‘Screening and Assessment’ is singled out as in urgent need of greater proceduralization and systematization. The aim being to ensure,

consistency of approach and clarity of purpose [and]....that systems are established which provide for accountability and management of the assessment process (*ibid*: 18).

The pro-forma produced by a subsequent working party is discussed in detail in Chapter 6, but I shall now move on to examine the data relating to managerial scrutiny and individual discretion in more detail. In so doing, I hope to challenge the myth of systematic ‘management’ and to argue that, for the most part, the hierarchical

arrangements within the department could, more properly, be conceived of as a division of labour.

### Performing Management: Rationality as a Contestable Phenomenon

#### SM3: 1-8

IV: Right, the first thing I want to ask is, if you were asked to talk about what the major issues are for you as a manager, what takes up your time? What are the major issues in your job at the moment? What would you say they were?

SM: The major issues as of *today*?

IV: Well, however you want to interpret it?

SM: I think the major issues would be something around about trying to manage the amount of work, about trying to determine how to prioritize the work that the teams do and make some sense of the framework of that. To determine how to decide which work we can do and which we can't, and that's a *bit* subjective because I feel over the next few months it's become quite pressured. In terms of the amount of work I see people doing. The increase in the volume of care proceedings, child care statutory work has significantly increased, I think, on a couple of years ago, a couple of years after the introduction of the Children Act when the work decreased to begin with and didn't maintain what had previously been a relatively high level of Place of Safety Orders. But now I think, we've, certainly in the last couple of years, it's been a steady increase in care proceedings and probably alongside that, the amount of work in more detailed assessments and comprehensive assessments, which might not result in care proceedings and oddly enough whilst the child protection figures have shown a marked *decrease* over the past year, that's the numbers on the register have decreased, that's been because we've got another person to work alongside [Child Protection Manager], and to chair review conferences so that cases that have been on the register for ages have a better chance of being deregistered. So it probably reflects better the actual number of children on the register. But, within that, there is quite a lot of detailed assessment work involved. There's been an increase in child protection work around very young children with very serious injuries, but that might just be a blip. We've got 2 cases going through care proceedings at the moment erm where the injuries have been explained by the parents but they were very severe injuries, last year that didn't happen whereas this year we've got two very serious ones. Erm so it's things about work load that is the main issue.

IV: How do you do that? How do *you* manage that task when most of the day to day allocation is done by team leaders?

SM: Manage, erm, I'm not really, I'm not sure what the word manage means in this context?

IV: How do you do it?

SM: How do I do it, erm, I'm not quite sure that I do actually, you know apart from er, apart from acknowledging the pressures that people are under. I don't think up until very recently- that's what I was trying to say at the beginning - erm, trying to actually manage the work erm in relation to the resources that we've got, because since last year it's certainly felt like we've been under pressure and I've got to attempt to manage that in some way. We tried, I mean there are all sorts of systems stuff that you could look at in terms of not referrals actually, but collation of statistical information about referrals across the division is not a agreed one. There's no consistency. So there are issues there.

The extract above is the opening sequence of an interview with a service manager. In the response to the initial question, the managerialist 'Discourse' is transparent. Some of the statements on lines 6- 30 are carefully qualified which amplifies their 'reasonableness' and hence defends the speaker against anticipated challenges (*cf.* Antaki, 1994b). For example, on line 9 the phrase 'that's a *bit* subjective' serves to affirm the factual status of surrounding claims and, similarly, on lines 20-22 the manager is able to display his healthy mistrust of statistics, thus validating his own assertions. The claims are fluently and confidently delivered throughout this reply. However, in response to the probe at lines 30-1, the rationalist discourse is abandoned and the talk becomes markedly less fluent (it is likely that my status as an insider amplified the need to retreat from some of the earlier claims). The informant concludes with an essentially moral assertion 'I've got to attempt to manage that in some way', and a reference to the inadequacy of current information 'systems'.

This hits at the heart of the problem: managers are employed as just that, and yet to be able to 'manage' they must show themselves able to exert control and exercise judgement over the activities of employees. This is particularly problematic at the interface between service manager and team leader. Whilst the latter is based in an office with a team of social workers and is thus privy to day to day 'case talk', the service manager is spatially and temporally separated from both the encounter with the client and the evolving narrative of the case, which is produced through the social worker's discussions with team leader and colleagues (see Chapter 6). The manager must thus rely on what he (in this case) is told in relatively formal settings. Although team leaders do 'consult' managers about decisions (see below), the pivotal role and



relative autonomy of the former means that challenging their decisions is a risky business and is rarely attempted. However, (usually polite) disputes *between* team leaders from different teams, about allocation of resources or transfer of cases are more common.

The 'competent' senior manager must, therefore, carve out other areas of monopoly expertise. For example, by invoking the language of disinterested and objective policy maker, service managers can display their competency as 'strategic planners' on the increasingly significant multi-disciplinary network. Thus, the 'zone' of relevance (Schutz, 1970; Atkinson, 1995b) for service managers shifts into the policy arena.

#### SM1: 1-3

SM: I think, in political terms, we are actually being asked to spread our resources into a preventive children in need model. So we actually look to maintain children in a safe environment in their families, maximize potential and that we do that on an inter-agency basis, so it's very much a holistic approach, that's what I think we are being asked on a political level. I think what we are actually undertaking on a agency level is much closer to the child protection crisis led model, and I think we focus very heavily on protecting children and much less, by nature of limited resources, on preventive side of things.

IV: Is that what stops that, what stops the, is there something else that might be stopping people from feeling that the service is more holistic, or is it a way of rationing resources that don't go far enough?

SM: It's obviously very complex I think it is a way of rationing of targeting, there can be no doubt about that, whether we have judged correctly how we should be deploying our resources is a whole different question, my feeling is that we've been led, certainly through the 80s, into the position where most local authorities are extremely nervous of major inquiries, child abuse inquiries, so consequently because of the media image that goes alongside that. Political fall out, the financial fall out that comes from that, they deploy resources to try and prevent that, so it is reactive in terms of avoiding tragedy if you like, I think we would like to have the more holistic approach, in fact I think in [town] we are now beginning to make in roads into that.

In the above extract, which is typical of the responses given by senior managers, the display of strategic acumen is clear. The manager is demonstrating his ability to take a

wider and more dispassionate view of the activities of the organization. Moreover, the language used in the account is shot through with references to the kinds of materials (e.g. Department of Health publications, child abuse inquiries, the law) discussed in Chapter 3. However, the shift to disinterested political animal can never be complete. Through their talk, managers must achieve a (precarious) balance between a caring commitment to staff and objective detachment from practice. A shared professional identity means that it remains imperative for the manager to continue to display 'caring' values (*cf.* Pithouse, 1984; 1987), if they are avoid the accusation that they have become an unfeeling bureaucrat and have forgotten 'what the job is about'.

Nowhere is this tenuous balance more crucial than in the supervisory encounter. The management and conduct of 'supervision' in social work has generated much academic interest. It has generally been depicted as a control strategy, underscoring social work's semi-professional status as a managed occupation (e.g. Toren, 1979). However, it may equally plausibly be described as part of a ceremonial order, forming part of an occupational rhetoric of legitimation, and affirming social work as a 'therapeutic' activity. Supervision is promoted as a means by which the worker can 'explore' their practice and how it is affected by their own life experiences. It is both a bureaucratic requirement and a fundamental right bestowed on social workers by their (benevolent) managers. Depriving social workers (or, more generally, subordinates in the hierarchy) of 'supervision' is considered to be the most cardinal sin, a blatant abrogation of managerial duty.

However, there have been attempts to control and standardize even this most private and sacred of encounters. In March 1994 a 'supervision policy' was produced, in which each supervisory dyad was instructed to draw up an annually reviewed 'supervision agreement'. The policy prescribed the frequency and content of supervision sessions and instructed supervisors to 'show sensitivity to barriers which can affect communication' and to put 'power and how it is used on an open agenda' (Supervision Policy and Procedures: 3) - clearly reproducing the view that power is a contaminant, rather than an omnipresent feature of social interaction. The manager and training officer who worked on the policy told me that they had anticipated a warm welcome for their work at all levels in the hierarchy. However, the response from social workers and team leaders was very mixed. Some social work teams refused to implement the policy, casting it as a blatant attempt at managerial control, whilst others gave it scant attention or spoke of 'meaningless' form filling. There were only piecemeal attempts to resolve these difficulties, and thus the supervision policy *exists*, but is effectively unenforceable. This is by no means a unique 'resolution', similar acts of resistance to direct control are not uncommon within the organization. In fact direct 'orders' are rarely attempted by managers. They are very much a last resort. By invoking the 'financial squeeze' or 'budgetary crisis' (a shared enemy) managers can mitigate such attempts, but even under these circumstances team leaders and social workers, because of their monopoly on intimate knowledge of individual cases, are often able to resist.

To illustrate this point, the extract below is taken from a discussion between a team leader and service manager following a 'memo' from the Assistant Director instructing team leaders to avoid 'accommodating' children unless there was evidence of

‘significant harm’, and informing them that they could not use ‘external placements’ for *any* children. These are (usually expensive residential) placements provided by other organizations for which the department is charged on a case by case basis.

**TL.** Stopping all external placements, it’s mad [statement directed to author]. Do you remember when they told us all to bring them [children in external placements] back before and it was an unmitigated disaster? It also says that we are not to provide accommodation for anyone unless there is evidence of significant harm. We’re not bothering with the Children Act in [town]. What about the kids who self-harm and stuff? That’s not significant harm under the Act, but it looks pretty significant to me.

**SM.** I know, we’ve been here before. Children *will* be accommodated, that’s the reality, they will be accommodated, but it’s about being seen to be controlling that budget.

(Field notes, August, 1995)

Here, the service manager, who, as a member of ‘Children’s Services Management Group’, would have been party to the decision, responds to the team leader’s account by reaffirming that children will continue to be accommodated in spite of the directive. The team leader invokes both statute and child welfare in her account, which is directly challenging to the managerial directive. The service manager is invited to take sides and opts for the caring and committed role eschewing, on this occasion, the competing rationalist/managerialist rhetoric.

I explore the imperative to care and other aspects of the professional *habitus* in more detail in the next chapter.

### The Team Leaders: The Art of Retrospective Ratification

I have argued above that the hierarchy of the department depends on a fundamental presupposition about the competence of team leaders to act as guardians of good practice. Of course, there is an intrinsic tension between the illusion of traditional

hierarchical management and this amount of discretion. Team leaders' knowledge about the unpredictability of the 'job' has made them skillful in obtaining retrospective ratification for their decisions, a process unanimously dubbed by all those interviewed as 'watching your back'. Thus, the hierarchy is maintained with service managers *told* about many decisions, sometimes, but not always, under the guise of consultation.

**TL3: 76**

**IV:** The whole issue about management is interesting because, what sorts of decision do you make that you think you have to speak to somebody else about?

**TL:** Do you mean I should or I do (laughs). I share them, no I suppose it's a bit like watch my back, when I say I share them I tend to share them after I've made the decision to protect myself. A lot of the time I don't really think they know what to do. I think I know better, so I tell them what I've done to cover my back. I might ask them their opinion about something I've really already done.

All of the team leaders interviewed made similar statements, although some connoted the consultations with their service manager more positively. There is clearly a rhetorical flavour to team leaders' claims to be best placed to make 'practice' decisions and to know what is 'going on' in cases. However, the ubiquity of these assertions and my own observations suggest that team leaders are presenting an accurate picture of the nature of their relationships with their 'superiors'.

Moreover, whilst there is general agreement that some major decisions, notably the compulsory removal of children from home, should not be made alone, it is 'common knowledge' within the organization that there is substantial variation between teams, and indeed within teams, about the sorts of circumstances under which such action is taken. This is partly attributable to the infinite variability of cases. Despite the ability of practitioners to render their situations knowable, through the use of categorizations and classifications, case narratives remain malleable (see Chapter 6). Thus, however vigilant

the team leaders are in seeking ratification for their decisions, the danger of 'error' always remains, particularly in the early stages of the case management process. For example, a decision not to allocate a case may subsequently be proved 'wrong' because of a future event, like a complaint being made, a child being injured, or in the extreme, a child death (the department dealt with two such deaths between 1993 and 1995 - a grim reminder, if one were necessary, of the existence of a material reality).

Thus, despite the fact that decisions are given a rationalist, scientific gloss (see Chapters 6 and 7), the exercise of discretion is recognized by team leaders (and indeed service managers) as a hazardous activity. This is a fundamental paradox, in claiming expertise in 'risk assessment' social workers and managers create an omni-present danger that they will be hoist by their own petard. If danger is predictable, why didn't they predict and prevent it? The disquiet is dealt with through what I have termed 'frontier talk' - a form of talk which explicitly defends 'practice' from colonization by 'management', and which reinforces occupational identity by constructing those who cast doubt on decisions, or make 'unreasonable' demands, as 'the enemy within'. The following extract is a particularly explicit example, which also introduces rational time (person hours) as a finite resource, a theme to be developed in Chapter 7.

**TL1: 71**

TL I think I've got delegated authority as long as things are going smoothly, so I'm left to make all the decisions and get on with it. I'm left to be the one that signals a complicated or dicey situation, so everybody is very happy for me to go on doing the lot here for my area. It's when things start going wrong and somebody makes a complaint that then you find out you haven't got the authority, well 'who did you check that out with? When did you inform service manager?', and it's that kind of questioning, 'why didn't you have a planning meeting about that?'. I have said, I have signaled and they know I've been working with 50% of a team, a long list of supervisions and referrals I'm flagging it up all the time perhaps not that specific one because I don't know which one is going to complain and I can't take everything and it's usually the ones you don't know about. The dicey situations, the legal situations, you take back to the service manager. I cover my back. I'm not stupid in those kind of things. It's the one's you don't know about that are

getting into this complaints culture and although questions are asked about why you didn't do this, why you didn't do that, very rarely is it, I know you're struggling. Individually I like the management, it's everybody is into covering backs, and everybody is into justice must be seen to be done and relationships go out the window and nobody is safe. I subscribe to Advice and Representation [British Association of Social Workers] I'll subscribe to that until the day I die. I've only called upon them once, but it is a safeguard because I don't believe anybody will protect me, except my own professional association. I think social workers are in a better position, because I do protect them, they are one of my priorities. I will stand by them if they go down, I'll go down with them and I think as long as they are doing a good job and let me know what they are doing in the same way that I can't let my manager know everything they can't. As long as motivation is there I've got a very strong loyalty to my team and I will protect them. I will not say it's them, they didn't tell me and I will stand by them and I think they all know that, and I will go with them as far as I'm able to. Apart from that I don't think anybody is protecting us up there and they are very vulnerable and it doesn't feel very good.

**IV:** And what do you think a senior manager would do?

**TL:** Well, I think they want to deny the problems, that's one thing, if you say 'I'm struggling', they say, 'well you'll have to prioritize', they don't tell you what to prioritize and as soon as they get a complaint they ask you to allocate it, as soon as somebody complains you haven't given them what they want and they seem to have a good case they will authorize it, so they are undermining and that should not be the case. From my manager we get regular supervision and in the main a lot of support a lot of personal support. He will take it on board but the pressure that he's got in his job limits how much he can give and while on a personal level he will understand where we are coming from he does have to make demands which are totally unrealistic so I had [name] saying yesterday, you will this morning give us these figures, it doesn't matter what else you have on, this must be done before dinnertime. He wasn't in until 11.30am. I had somebody with me at the time I got that message there was no way I could get them in half an hour and it feels very much as though you are being set up to fail, plus the tone that these things come through in. It's the paper bits you can't go onto the next stage until you've done, filled in this form and then you fill in that form and they tell you that form is not right we changed it 3 years ago and never told you, so you have to fill in another form, so it feels as though (...) and you see things going on so that posts are filled with projects, that has to happen in an organization but it's without sympathy for the area, its sort of, oh do what you can, without any, I don't really feel they take on board how that feels, cases you've worked with and you've put a lot of investment in and they say it's not an emergency anymore they expect you to leave it and so all your good work over the years, because it's not a priority case, goes to pot, so they quickly become so. It's not a very rewarding job, the message we are getting from above is quite authoritarian it doesn't give us - well I speak personally - I don't feel the competence of the team leader is recognized. It is when the going gets tough and they haven't got anybody to do it then it's, 'oh we've got some very good team leaders who can get on with it', but in terms of formally delegated authority I think the big worry is you've got the service managers name on everything and the team leader is doing it all, so that when you ask for regrading or taking the authority to make some decisions they have always got the excuse that if they don't like them you actually haven't got authority to do them. So it feels like we've got a lot of responsibility without authority which is a recipe for disaster and so this authority is living in a very very risky environment, because you just can't, if you delegate you've got to be responsible and we are responsible, the team leaders as a group are, in the main, a very responsible group, if it was formulated the responsibilities that we have it would be a lot safer..... we need to be a lot clearer about what the tasks are and how we link in with one another so we can value and respect one another as competent professionals.

This is an essentially moral account of struggles against adversity, and of the leader's responsibility towards the team (which replicates Pithouse's observations, quoted earlier). Displaying team loyalty remains a crucial part of team leaders' identity talk and it has been reinforced by the vilification the occupation has received, particularly over the last decade. The sentiments are powerful and are reinforced through the rationalist modes of ordering favoured by those involved in the retrospective scrutiny of casework. That is to say, 'failure' is generally attributed to errors in following, or deficiencies in, standard operating procedures. This tendency has escalated since the introduction of the 'complaints policy', a statutory requirement under the Children Act 1989. I examine some of the formal organizational responses to 'failure' in more detail below. The team leader's account serves to assert her competence and reliability as an experienced practitioner. Her own attempts to 'watch her back' are contrasted with those of senior managers who 'want to deny the problems'. The moral correctness of the team leader's position is amplified by the statement:

Individually I like the management...

The 'system' is invoked to take the blame. However, somewhat paradoxically given assertions about the intrinsic unpredictability of some cases, the team leader concludes with the essentially rationalist statement:

if it was formulated the responsibilities that we have it would be a lot safer..... we need to be a lot clearer about what the tasks are and how we link in with one another...

Bureaucracy, hierarchy and accountability are thus invoked as both problem and solution, serving to depersonalize attacks on management, to 'rationalize' the phenomenon of disorder, and to neutralize the emotive content of the team leader's account.



Similarly, in relation to accessing resources, another team leader states,

[TL5: 66]

I think the allocation, or getting resources in the Division is pretty haphazard, there are very few systems set up to prioritize requests, so its mostly about how well you know the system that exists, how well you know the people running the system, how friendly you've been with them over the years, how, how, how many favours they owe you really and erm... and I've been around in [the department] quite a while so I know the people and er feel *fairly* comfortable trying to access stuff and can kind of do that informally, but I would imagine that someone who didn't know the system would find it a pretty frustrating business. And I'd say I find it frustrating at times as well. Using your contacts and calling in favours doesn't always work.

So, the system, as it exists, is deemed imperfect, with the calling in of personal 'favours' presented as more fruitful mechanism for accessing resources. However, it is clear that further rationalization (*e.g.* a system for prioritization) is being implicitly presented as a solution. Thus, within both of the extracts above, bureaucratic accountability is presented simultaneously as 'an oasis and abyss' (Sinclair, 1995: 232).

### The Team Leader and the Social Worker

I have argued that the interface between team leader and service manager presents particular problems for the maintenance of formal bureaucratic (hierarchical) scrutiny. However, the relationship between team leader and team is not without its difficulties. The team leader's displays of loyalty, and particularly the invocation of 'frontier talk' of the kind illustrated above, help to reinforce cohesion and to 'endorse the team assumption that practitioners are the cornerstone of the organizational service and too often unappreciated' (Pithouse, 1987: 65). However, the team leader is also charged with ensuring that practice is competent and thus must manage the fine balance between concealing the minor misdemeanors of her team from senior managers (display of loyalty) and exhibiting her own competence as a skilled evaluator of practice. Moreover,

she must construct team members as autonomous self regulating professionals, whilst allocating their work to them and making decisions about case closure. Like the service manager, she is dependent on the social worker for an account of the client encounter, although she may well be privy to more informal 'team talk' through which colleagues share problematic, unanticipated, or humorous aspects of their cases with each other. Team leaders will often use the language of staff care when raising concerns about the competence of team members with their service manager, or with other team leaders, for example,

[name] is really struggling at the moment, her father's got cancer and the treatment's not working and she's really distracted. She's not pulling her weight, but I'm just laying off until she feels better. This job's bad enough as it is without me piling more onto her (Team Leader to Service Manager: Field notes, 25 March 1995).

This makes it very difficult for more senior managers to respond in anything other than a sympathetic manner, since, as I stated earlier, the imperative to 'care' is a fundamental aspect of collective identity. Of course, this policy of benevolent oversight, becomes difficult to manage in situations where a social worker's under-performance is not easily attributable to some aspect of their personal biography. Under such circumstances, the team leader will often rely on the team to censure the offending the worker and will then confront the individual with the reassurance of team consensus and a clear mandate to act on their behalf for the common good.

### The Art of Allocation: You Can Take a Horse to Water .....

Pithouse (1987) argues that the team leader, with her knowledge about the specific competencies and shortcomings of individual social workers, is able to make strategic decisions about the allocation of cases. These strategies, Pithouse argues, allow her to

protect the team from unfavourable external scrutiny, by allocating high profile cases to experienced and competent team members. Whilst this (functionalist) observation retains some of its validity, my own data suggest that the allocation process is a good deal more arbitrary and precarious than this.

Social workers operate a 'duty' system, with individuals assigned to particular days of the week. In the team involved in the meeting transcribed below, a 'duty officer', appointed solely for the purpose, operates 'generically' dealing with referrals relating to both children and adults. However, 'child protection' referrals (deemed intrinsically more complex and risky than others) are 'investigated' by workers on the children and families team, who are placed on a rota. This is referred to as 'being on bleep'. 'Child protection investigations', are routinely 'co-worked' and thus on each 'bleep day' there will be a 'back-up' social worker available. The practice of joint visiting serves two purposes, first, it was instigated as a response to feelings of personal vulnerability expressed by social workers who were sent to interview 'hostile parents' and second, it provides a witness to the events in case of any future complaint. The team leader thus has limited control over who deals with which case at the point of initial referral. She is, however, able to ensure that *somebody* responds, without having to undertake the careful acts of persuasion described below. She may also make strategic choices about which workers she places on the rota together, balancing the levels of skill and expertise.

The individual who handles the initial stages of the referral may not continue to work on the case. Any referral requiring further work is discussed in an 'allocation meeting',

where the case is formally assigned to a worker who, thereafter, assumes ‘case responsibility’. My analysis of transcripts from eight of these meetings strongly demonstrates that however skilled the team leader may be at constructing a case as ‘urgent’ and important, she is reluctant to use her (ostensible) formal power to insist that members of the team take the case. The allocation meeting becomes a carefully orchestrated, and rhetorically sophisticated act of persuasion, designed to tempt team members to volunteer to become involved with the case. When an individual does respond it is rewarded explicitly with expressions of gratitude from the manager. Thus, whilst team leaders may *report* that they decide who takes which case, they seem unable to ensure that this actually takes place. In informal talk between themselves, team leaders will openly acknowledge the difficulties which arise when they attempt to allocate cases to a reluctant team:

‘It’s really bad news when you start to read out a case and they all look at their feet’ (Field notes, July 1994).

Another describes an allocation strategy thus:

I just try and make eye contact with either [name] or [name]. They always volunteer if I can just catch their eye. I know that it’s unfair, but with some cases it’s the only way to get them allocated (Field notes, October 1994).

I transcribed audio tapes of allocation meetings in two teams in which the team leaders had very different levels of experience (one was newly promoted and the other had nine years experience at this level). This did not appear to affect the negotiations taking place in the meetings. The extract below is unremarkable: it is a brief example of the processual features of case allocation, which conventionally proceeds through the team leader’s narrative account of ‘the case’ followed by a carefully negotiated attempt to

'give' the case to an individual worker. Some conversation analytic transcription symbols have been used in an attempt to reproduce the more significant moments.

**AL3: T1: April 1994**

1 TL ... I said to that we would look at an allocation of a short term piece of <work>. She very  
2 much wants Denise to talk to Lisa but I have explained that you would have to have a  
3 social worker involved. Lisa is at [school] and is now (3.0)

4 FRW 14, 15?

5 TL That sort of age, (0.4) parents divorced, Mum recently remarried, been a lot of ups and  
6 downs, Mum gets quite *emotionally high* rings up saying I must have something  
7 *instantly*, which is how she got put through to me in a panic the other day. Erm, saying  
8 that [name] had kicked her and what was she going to <do>. And she talked about  
9 putting her to bed after dinner every night so I advised against <that> but then she  
10 backtracked and said it would be just for one night. I think what it <needs> is Denise  
11 perhaps to see Lisa again, if you're happy, but then Denise and the social worker to go  
12 and visit the Mum, because, what's happened before is each time you've *tried* to get  
13 Mum more involved in these things she says its better or she's backed off a bit, hasn't  
14 she. You were meant to go and give Mum a session. I think she thinks if Lisa's sorted it  
15 will be all right and trying to change or reframe that's quite difficult isn't it? I don't  
16 know, I think at the moment you should be in your *sick* bed, but is it *possible* that I  
17 could say that you might be able to see Lisa next week .

18 FRW Yea, yea =

19 TL =And we could perhaps come up with er-

20 FRW =See her at school

21 TL See her at school and how things are for her, cos there've been a lot of issues for Lisa (0.1)  
22 Would that be all right? Erm and I don't know if somebody could actually, I *think* we  
23 could probably do this as a one off to go and see Joan [mother] with, with Denise. I  
24 *just* feel it's very important that Joan is seen really, so I think I need a social worker to  
25 offer a one off hour, two hour (0.2) if possible (pages flicking over) (0.6)

26 SW I can do it next week ( )

27 TL Denise 's got quite a lot of history  
28 (pages flicking over)

29 FRW ( )I'm going to be in [city] (6.0) I've got a session with Kelly [another client] here, I can  
30 do it Monday afternoon.

31 SW That's fine, do you want to see Mum before we see Lisa or-

32 TL I think either or really (4.0)

33 FRW Well if we meet first at one and go at two (5.0)  
34 (6.0)

35 TL So is that all right, just drop Joan a line and say you're going round, Lisa Edwards and Joan  
36 Holsten, H,O,L,S, T, E, N.  
37 (2.0)

38 TL That's fine, thankyou, both of you, that's great, that's lovely. Now here we've got Leanne  
39 Davies, who I'm sort of *holding* for Jane [social worker ]. Leanne had been self  
40 mutilating, Jane had been doing some individual work (phone rings) simply as a  
41 chance to give this young woman some space. She then had a sort of crisis about two or  
42 three weeks <ago>. She's ended up in Thornbrook [residential unit for over 16s] and  
43 she's moved to supported lodgings. I think there needs to be some sort of work done  
44 with the family about building bridges (0.3) (coughs) and its not really appropriate-I  
45 think I mentioned in a team meeting two or three weeks ago about somebody taking the  
46 work on from Jane. INITIALLY co-working with Jane and then hopefully taking on the  
47 work done here. I just don't know (coughs) how short or long term that will be, cos I'm  
48 not sure what's appropriate (answerphone in background) It's difficult to know isn't it,

that may not be appropriate, because they, she needs support through until, aftercare will also be getting involved (0.4) I don't know it may not be one that erm (0.9) I think Paula [social worker] wouldn't mind taking it but she's got one that's almost identical who lives nearby and she's got a *very* high caseload for a part-timer at the moment, <so> but your involvement's fairly limited isn't it (3.0). RIGHT I'll have to put that one on *hold*, that's Leanne on hold (3.0).

RIGHT Jamie Brooks that needs going out <on> at *some* point we've had anonymous <referral>, or at least it isn't anonymous, but it's a family member who wishes to be *known* as anonymous if you see what I mean. If I just <read> it. I *think* it's one where I didn't think it was justified sending people out on bleep but what it needs is two team members to go out and visit and talk to mum or write and invite mum in and then see the children. (0.8) Erm right Ellen has two children, erm Jamie and Sarah to her previous partner stroke husband Greg and two children to her current partner, Martin Green. Greg's *mother*, who's the anonymous referrer telephoned to express concern about the care of her grandchildren by Ellen and Martin. Concerns are as follows, [reading] Jamie and Sarah are supposed to go to school unattended across a very busy road erm (0.3) sorry I can't read Peter's [duty officer] writing, go home and something (0.7) in bed looks like mum can't be bothered when they get put to bed erm, when Ellen goes out to work which is most evenings the children are looked after by Martin Green who doesn't offer them proper tea before sending them to bed at about five thirty (0.5) erm Mrs Durdle is *fearful* of her son's name being mentioned as she fears Ellen will stop his contact. LATER the kid's dad rang to say he spoke to his mother. He wanted the referral to be treated as confidential as he feared Ellen's reaction. He expressed concern regarding the children going to school by themselves ( ) sometimes the current partner does escort them, and being put to bed so early. He wanted to remain anonymous. Peter spoke to Mr Watson, head of [school] who wasn't aware of any concerns. He said he'd speak to the teachers and call back and he hasn't yet . It appeared to me, like, as I say this isn't like mega mega blue light, I think you know it's WORRYING when the kids are going to school unattended, but an awful lot are. I don't see that as our mega concern and it is worrying if they're you know, perhaps it may be worrying if they're put to bed every night at five THIRTY, particularly if they may or may not be sort of stuck in their bedrooms all the time, BUT you know I don't think it's something I'd want to come down heavy on. But I do think when a referral's been made we have to say to a family, we've had this referral. You could see we'll get another one next year and we'll have to go to a conference and they'll be saying why the hell didn't you tell us about this one. So I think what it needs, I think it's up to whoever is going to do it, how to do it really. I mean they could either write and say come in and then usually the family panic, like the one Carole [social worker] did last week when she and Jane [social worker] had to go out late that EVENING (0.8) erm or whether its about sort of, you know, writing and saying we're coming that day and going that day which would probably have to after school time cos mum works all day, or it looks as though she may work in the evenings too. I mean really I'm *easy* about that bit. What I'm, clear about is it came in on the second of March and think we ought to see them next week to say we've had this referral, are there any worries you have and the social worker can do a check to see whether there's anything from the health visitor . So it's really about maybe somebody who's on the second bleep one day going out with another member of the team or *something*. You know, cos obviously being on the bleep would have (0.2), would have to predominate. As I say it's not like a life or death one at all and I always feel a bit iffy on these, but I do think I'd like to know erm..(4.0) Could anyone, I mean has anyone got a sort of bleep day coming up (phones rings).

Clearly, there are many noteworthy aspects of this transcript, and similar extracts will be considered in more detail, particularly in Chapters 6 and 7. Concentrating simply on the

aspects of negotiation between team leader and social workers, on lines 16-17 the team leader, having delivered the case narrative makes the following statement,

I don't know, I think at the moment you should be in your *sick* bed, but is it *possible* that I could say that you might be able to see Lisa next week .

This is directed at the Family Resource Worker (FRW) and appears to me to serve two rhetorical purposes. Firstly, the team leader's demand is mitigated by her display of concern about the health of her team member and secondly it makes explicit the 'sacrifice' this team member is making in coming into work and serves to coerce other members to display their willingness to help this person out. This is amplified by the request for a social worker to help out the (unqualified) FRW with 'reframing' the situation for the mother. A similar tactic is used on lines 52-4, where the team leader makes the following statement,

I think Paula [social worker] wouldn't mind taking it but she's got one that's almost identical who lives *nearby* and she's got a *very* high caseload for a part-timer at the moment...

These strategies draw on the team leader's practical knowledge of the ritual significance for social workers of displays of mutual concern. However, the tactic fails in the latter instance. The team leader pushes the case a little further on lines 54-55, but the request made to a specific social worker is softened with

'<so> but your involvement's fairly limited isn't it (3.0)'.

A three second pause is left, but no social worker volunteers, leaving the team leader with no way out,

RIGHT I'll have to put that one on *hold*, that's Leanne on hold (3.0).

These pauses appear to be ‘attributable’ silences, in that the speaker’s utterance is implicitly constructed with recipient design, that is in the anticipation (or hope) of a response (Sacks, Schegloff and Jefferson, 1974).

When cases are accepted by team members, the team leader displays her gratitude

That’s fine, thankyou, both of you, that’s great, that’s lovely.

Another tactic is used on lines 97-102 where the team leader ‘sells’ the case as a quick one off encounter which isn’t life or death and can easily be dealt with on a ‘bleep day’.

The negotiated and ceremonial nature of the allocation meeting stands in contrast to managerial rhetoric about ‘prioritizing cases’. The team leaders in the two teams studied did not appear to read the cases in any order of priority. So, for example, when they fail to allocate a case, they move onto the next one in the hope that this will elicit a response from the team. When team members volunteer to take cases which are read out later in the meeting, no questions are asked by the team leader, nor any account offered by the social worker, about why they offered to take this case and not an earlier one. Any attempt to prioritize would, in any case, be compromised by the fact that the rate and complexity of future referrals is entirely unpredictable. Thus the specific temporal location of a particular allocation meeting will influence what is constructed as ‘urgent’ or ‘priority’ work.

One of the team leaders I interviewed had attempted to rationalize the process of allocation, using a ‘caseload management system’, which involves assigning a



complexity score to every case held by each social worker in the team, thus revealing which workers had the greater capacity to take on new work. However, this is not a straightforward process as social workers are able to successfully redefine cases as events evolve and can thus argue that the score assigned to the case by the team leader fails to do justice to the amount of work involved. However, whilst there is little to suggest that caseload management systems actually achieve ‘control’ over the prioritization of work or of the allocation process, their rhetorical significance is considerable, as they enable team leaders to construct rationalist accounts of their allocation decisions.

Despite the somewhat arbitrary nature of allocation decisions, there is no evidence that cases in which there is *prima facie* evidence of injury to or serious abuse of children are not allocated. These would be dealt with through the duty system and are, in any case, so integral to the social work *habitus* (see Chapter 5) that it is rare for social workers to ‘look at their feet’ when such cases are narrated by the team leader. The vast majority of referrals, however, do not fall into this category. The accomplishment of deviance, of ‘caseness’, relies on the (transformative) gloss which is added by the social worker who takes the initial referral and by the team leader, through their narrative accounts in the allocation meetings. The nature of this transformative gloss, or, in Goffmanian terms, ‘primary framework’ (Goffman, 1974: 21) is explored in Chapter 6.

Thus far, in this chapter, I have emphasized the the difficulties involved in exerting hierarchical control over activities from which managers are spatially and temporally separated, and which intrinsically involve the exercise of discretion. However, in the

extract below a service manager describes his experience of his decision making being subject to *ex post facto* external scrutiny. The predictable logic of such inquiries reinforces the centrality of procedures of policy, which *must* be invoked in order for practitioners to avoid individual culpability. Thus, despite their displays of scepticism, members must learn to rhetorically invoke the formal bureaucratic hierarchy when necessary. Moreover, the process of external scrutiny takes place against the background expectancy that administrative solutions to 'error' exist and thus are likely to spawn still *more* procedural guidance.

### **Recalcitrant Objects: The Predictable Logic of External Scrutiny**

#### **SM3: 16-18**

SM.....we've been involved in complaints, or we've been party to the process of complaints being made about workers .... it feels as though it's made workers feel quite vulnerable to criticism and placed them in very difficult positions, being expected to respond to concerns about child care and conduct an investigation, and at the same time being subjected to very very close inspection after the event. I think it's tended to immobilize them effectively in some situations. Maybe they don't handle situations in the same way, they won't be so child focused. The complaints mainly revolve around the parental response, the response of parents to the investigation, the actual, and I agree, the central purpose is the paramountcy of the welfare of the child which is the basis for the worker. That's what we are out there for, but it feels like there is no fairness of representation, so I feel workers have felt vulnerable, and we've had one or two team members who have been subjected to the process. So it's a strange process that subjects the worker to a very intensive amount of criticism about their work. I'm not suggesting that criticism is necessarily negative, but a very critical approach to looking at what has happened, looking at expectations from outside of practice about what good social work practice is about anyway, there is a variety of perspectives. So there is that issue about individual inspection of people which means that there is an expectation that workers will be very familiar with Department of Health guidance etc, er and our Department, as much as we can distribute stuff to workers we don't do enough to ensure that we know they've consulted the documents. We've got no system, apart from our own supervisory process, but I think the work that's been done on supervision over the last few years in the department has shown that supervision in the main is focused on case load, case work and stuff. There is an emphasis that we should be looking at the use of research and bringing guidance into practice, but it's very difficult working under pressure of other demands. So you've got that workers' morale as well expectations, being held to account for what you've done.

IV: That's the way in which people are being evaluated, you think. People are judged, because that's what it is about the complaints thing some sort of judgment, the parameters within which that takes place are the kind of official procedural things the kinds of dictates from the DoH about how we ought to practice at this particular moment?

SM: Yes I don't feel there is much doubt about that given the impact of the child abuse inquiries, particularly the Cleveland inquiry which was very, erm I suppose quite damning in one

way, in the way that interviews were undertaken with children, there are a number of documents that are very clear about expectations, emotions, standards for social work child protection investigations. I think it is, I think they are the sorts of standards. In fact I was just reading the other day about the Labour party, they said they were looking to have some national standards for social work, so erm it's not far from what is happened with youth justice and the probation service and I think I can guess what is going to occur, so there are some down sides to it as well. It has potential as well, but the difficulty is all about resources and whether that sort of approach leads to a constrictive and constraining environment in terms of er, in terms of er, perhaps discretion is the wrong word, but certainly flexibility in some situations, some situations can be difficult and complicated and can't necessarily be managed with a rigid process of procedures. But I think that tension is all around, but I think in social work I still feel we ought to try and be a bit more able to say this is good professionally really and that workers can be confident that what they do will be assessed against reasonable professional standards instead of somebody trying, not necessarily to avoid but to diminish the difficulties which we get from this kind of of critical inspection of the complaints process. The complaints have a high priority for me it's a new thing that has brought additional pressures..

The above account, given by a service manager, of his experience of external scrutiny of social work decision making is typical of those given by respondents at all levels in the hierarchy. All are keen to demonstrate their ability to view criticism positively, but all refer to the difficulties involved in getting their practice 'right' and to the conflicting perspectives about what constitutes the 'right' approach. Although they invoke 'good practice' as the antithesis of going by the book, the fear of evaluative scrutiny means that procedures are a constant pre-occupation for staff at all levels in the hierarchy. This does not, however, mean that they always are followed, because many of the most fundamental decisions about cases, such as allocation and closure are aspects of the work which carry high levels of discretion for team leaders and, as I have shown above, for social workers. The skillful player will learn to invoke the language of policy guidance in their responses to external scrutiny, but, as the manager above notes, this knowledge is not evenly distributed.

The perceptions of workers and managers about the nature of the recommendations given by investigating officers (under the complaints procedure) or of 'Review Panels' (convened by multi-agency child protection committees, after the death, or serious injury, of a child on the register of children at risk- a requirement under *Working Together*, Department of Health, 1991), is borne out my analysis of such documents.

The following recommendations were given to social services by one review panel, following the death (by non-accidental injury) of a child. I have omitted the date to preserve confidentiality, as the event was widely reported in the press. The panel concluded that,

The members of staff involved have shown a high level of commitment and their work on this case has been most professional. Procedures have been followed, information shared, liaison has been excellent and recording has been of a satisfactory standard. The area in which the family lived is a very underprivileged one, but despite the pressures, a very high level of service provision was maintained.

In spite of this, however, the recommendations which relate to social services (other recommendations were directed to the health service), reproduce the pervasive view, described in Chapter 3, that such deaths are preventable if only the correct procedures are in place to guide and control the contingencies and flaws of practice.

When decisions are made to vary case conference recommendations on a child registered, an agreed written note of the decision, the reasons leading to it and the agreement reached on future action should be made, countersigned by the team leader and placed on the case files of the agencies involved.

Supervision sessions should be structured in such a way that the broader issues in a case are covered and all problems drawn out rather than those which appear to be of immediate importance. Training programmes and management development for supervisors and those supervised should take account of this.

Teaching programmes should be kept under constant review to ensure that areas of work thought to be understood by everyone do not have insufficient attention given to them. In particular training on the significance of types and patterns of bruising should be included on a regular basis.

Case Conferences should consider whether there is a need to stipulate the frequency at which core groups should meet to review progress.

The Child Protection Handbook should be amended to make it clear that in some instances registration under more than one category may be appropriate. When a child is registered under more than one category, review meetings should give separate attention to each category, particularly when de-registration is under consideration.

The first recommendation above demonstrates the capacity of services to anticipate the need to exercise retrospective rationality in the case of any future tragedy. There is an explicit directive given to social workers and team leaders to 'rationalize' their action, render it durable (by writing it down) and distribute it to interested parties. The other recommendations reproduce the dominant myth of perfect rational practice. The background expectancies which affect the work of such panels demand that they make recommendations, that they are able to 'learn' from past failures and that they can improve existing standard operating procedures. In these instances, as can be seen in the first recommendation, the formal bureaucratic hierarchy is invoked and the multi-disciplinary network cast as external arbiter of the practice of individual agencies. Furthermore, as many of the members of the panel will be senior managers from the main agencies involved with the case, there is an imperative to demonstrate care and concern for the staff who have been affected by the events. Thus the familiar tension re-emerges - the situation requires a procedural remedy, which must be delivered without overtly ascribing culpability to staff for 'getting it wrong'. Hence the transparent contradiction between the conclusion of the inquiry and the associated recommendations.

## **Conclusions**

This chapter has demonstrated that, although policy and procedure are drafted with the assumption that bureaucratic hierarchical control over social work practice is possible

and desirable, much of the day to day decision making stubbornly evades managerial scrutiny. This said, it is important to note that in exposing rational hierarchical control as something of an institutionalized ‘myth’, I wish to avoid exaggerating the phenomenon of ‘disorder’. The *anticipation* of the need to account (at some point in the future) for actions taken serves to ensure a certain orderliness to everyday encounters (cf. Mills, 1940; Campbell, 1996), as social workers self-consciously undertake activity and make decisions with a view to whether they could produce a credible justification if asked to do so. Thus, taken-for-granted beliefs about the ‘right’ way to *talk* about a particular phenomenon may function as ‘rationality-surrogates’ (Alvesson, 1993). Managerial ‘control’ is an intersubjective accomplishment, a product of collective action.

Of course, competent accounts are chosen from a finite repertoire, and what is remarkable about institutional life is not its indeterminacy, but its predictability. Social work is predictably unpredictable and, as with any other occupational group, a ‘natural attitude’ has evolved to deal with this. Social workers have become the practical mistresses and masters of unpredictability. For example, talk of cases ‘blowing’, which Pithouse (1987: 58) evocatively calls the ‘volcanic metaphor’, serves to mark these anticipated, but quite random, eruptions in a recognized way. Occupational strategies ensure that, in the words of one team leader, ‘there isn’t as much inconsistency as there could be’.

Despite the ‘recalcitrance of objects’ referred to above, the presupposition that control *is* possible is continually reinforced through (actual or anticipated) external evaluation

of action and decisions. The ‘predictable logic’ of these reports ensures that policies and procedures retain a cultural significance as both friend and foe, and are a preoccupation for staff at all levels in the organization. However, the ‘implicit lawyer at the side’ (Deertz, 1992: 40), is not simply a force of constraint: their potential ‘judgements’ may also be artfully invoked by managers in order to justify and mitigate their own attempts to systematize and control, and to reconcile these attempts with the imperative to display caring and commitment. This imperative and other aspects of the social work *habitus* are discussed further in the next chapter.

## **Chapter 5**

### **Occupational Liturgies: Representing Aspects of the Social Work Habitus**

This chapter explores the ways in which social workers routinely display and reproduce a professional identity through their talk. The term ‘liturgies’ in the title is chosen quite deliberately, to convey the consecrated and ritualized correctness of certain utterances. In the previous chapter, I discussed the (humanist) imperative to display caring and commitment, which is performed throughout the hierarchy in the department and sits uneasily, but not apparently incompatibly, alongside rationalist managerial discourse. I should like to introduce a number of other themes here, which, for the sake of analytic clarity, I have grouped under several headings. It will be clear from the data extracts, however, that no such simple purity exists in social workers’ talk. Like the other narratives I have discussed in this thesis, these stories are complex, textually layered and, indeed, sometimes intrinsically contradictory. In fact it is this ‘normal ambiguity’ (Meyerson, 1991) and malleability which allows them to work so well as an institutional lubricant.

The idea that culture ‘speaks itself’ (Reissman, 1993: 5) is now well established. For example, in their work on the peace and justice movement in the USA, Hunt and Benford (1994) describe how collective identity is literally talked into being through a variety of associative and disassociative claims (*cf.* also Travers, 1994 on ‘radical’ lawyers; Rawlings, 1981 on a therapeutic community). This chapter will explore similar processes within social work and I begin the discussion with an exploration of what



Webb (1990) has called a 'new morality' in contemporary social work. Webb argues that a censorious anti-racism and anti-sexism has pervaded social work and my data show that there is, indeed, a certain moral absolutism displayed in the Department. However, the emancipatory and essentialist lexicons Webb describes have concatenated with the 'child as victim', 'child as a bundle of needs' and 'child as bearer of rights' discourses discussed in Chapter 3, reinforcing the rationalist scientific preoccupation with risk and adding a moral absolutism about the imperative to practice with a 'child centred' perspective. This absolutism is best exemplified in the occupational litany 'believe the child', to which I referred in Chapter 3.

Although transgressions of the anti-racist and anti-sexist order are not infrequent, the competent individual ensures they take place only in the company of 'safe' colleagues (other heretics). It is even easier to shake off the older liberal or left field orthodoxy as I shall show below. Resistance to the discourse of child centredness is, however, extremely unusual amongst competent child care staff and can be a very risky business. This observation is of importance in its own right, but it also has material consequences. It directly impacts upon decision making, as I shall show in Chapter 7, effectively contributing to the construction of a hierarchy of accounts in those situations where the versions of events given by different family members conflict.

The 'new morality' is interpenetrated by a 'subjective-intuitive' rhetoric (Alvesson, 1993). This discourse of the self, in which the personal characteristics of the social worker are invoked, often compliments 'atrocious stories' (Baruch, 1982; Dingwall, 1977; Stimson and Webb, 1975) about cases which further help to differentiate the

social work identity from that of allied professions. Together, the personal narratives and the atrocity stories reinforce and reproduce the occupational *rite de passage* - 'baptism by stress' (Pithouse, 1987: 57). A competent social worker is a 'stressed out' social worker. This is not, of course, to deny, or to seek to minimize, the distressing and emotionally charged nature of a good deal of the work (see Appendix 1). Rather, what is significant is that stress is not hidden, but *carefully* displayed. That is, the social worker must appear stressed and over worked, *without risking* being defined as 'burnt out' (no longer able to care, irrational, dangerous). They will, therefore routinely talk about ways of 'keeping sane', as if sanity were a precarious state under constant threat because of the nature of the work.

### **Displaying an Oppositional Consciousness: The Impact of the 'New Morality'**

Webb's (1990) account of the new morality in social work, was delivered to an academic audience and has had little direct impact on most social work practitioners. However, his arguments sparked an angry response from one conspicuous academic critic of 'racist' and 'sexist' social work practice (Dominelli, 1991) who responded to the article by reasserting the (dominant) discourse (of structural oppression) and hence inevitably claiming *a priori* privilege for her own account, in exactly the way Webb had described. My own data strongly suggest that Webb has correctly identified a discursive trend influencing contemporary practice, which he dubs 'the vocabulary of puritanism' and defines as follows,

The shift - in the very broadest of terms - is from an individualism in which self determination and non judgementalism featured as reference points for an ethical neutralism.... to a more recent certitude and orthodoxy about the direction to be taken by social workers in constructing their own, and their clients', moral universe....The qualities follow on inevitably from the requirement: the anti-racist or the anti-sexist is self consciously and deliberately censorious; to them

the mundane is made serious, and the reassuring and comfortable 'sharedness' of the assumptive world is assaulted. Others become subject to judgement, and the exception-taker is set above those who are found wanting; an element of uprightness is embraced by the accuser, and the behaviour and sentiments of the tainted are held up as morally deficient (Webb, 1990: 147-151).

However, in undertaking an essentially Foucauldian analysis of this new censorious 'discourse', Webb ascribes the familiar totalizing hegemony to 'the vocabulary of puritanism', concealing scepticism and resistance amongst some social workers (particularly those who qualified some time ago, when the humanist, psycho-social discourse was dominant). Moreover, continuities, such as neo-Marxist concerns with poverty and class, which were in the ascent during the 1970s (for a review, see Rojek *et al.* 1988: 45-76) remain significant and can hardly be described as 'new' (Smith, 1992). Webb also glosses over other aspects of social work rhetoric, such as the critique of the 'medical model', which, because of its 'stigmatizing and labelling' (member's terms, but obviously imported from social science) effects, is explicitly discarded as inferior to social workers' ways of understanding. Nevertheless, there is some support for Webb's broad assertions that a new censorious certitude based on structural notions of power has permeated social work discourse. The nature of this new morality will become clearer during the data analysis below.

### Official Documents and the New Morality

In the last chapter, I referred briefly to the policy on 'Anti-Oppressive Practices' (see Appendix 8), which is incorporated into the Children's Services Plan and is thus resolutely part of mainstream policy. Some bold statements are made in the policy and a clear commitment made to 'ensure that further oppression does not occur', to 'identify,

promote, evaluate and further develop anti-oppressive practices’ and to ‘identify and challenge all oppressive practices’.

Similarly, the Supervision Policy prescribes the following ‘non-negotiable’ aspects of supervision (negotiable issues for discussion in supervision are listed as career development, the context of welfare and the impact of personal issues on the job and vice versa)

The overall purpose is to ensure the quality of service provision through

- a) the monitoring and evaluating of an individual’s work practice and,
- b) provision of support and assistance in achieving competence.

This will be achieved by discussion of:

- i) their understanding and implementation of Divisional value statements and the Division’s Position Statement on Anti-Oppressive Practice in relation to their work with children, young people and families and their behaviour in the work place....(*ibid*: 1).

‘Understanding and implementation of the relevant legal framework’ is included only *after* this clear commitment to implement and enforce the policy on ‘oppressive’ practice. The centrality of notions of oppression is further reinforced as follows,

There may also be differences arising from sexual orientation, disability, class, race and gender. Workers who are members of oppressed groups have the right to supervision which recognises and challenges the different forms that oppression can take within the team and the organisation (*ibid*: 3).

Under these circumstances, the rhetorical force carried by an accusation of racism or sexism (or any other ‘ism’) is clear.

Social work has undergone its own peculiar linguistic turn, with language identified as the vehicle of ‘oppression’. Certain expressions have become outlawed and the shared knowledge that ‘we don’t call people that any more’, or that a particular expression is ‘racist’, becomes a powerful component in associational claims, through which social

workers affirm their exclusive occupational identity and hence underscore the differences between themselves and other occupations. For example, a poster, displayed in the main office, bearing the following cautionary words greets visitors to one area team.

People are reminded that racist/sexist behaviour, which includes language, jokes and the display of literature, artifacts and/or the writing of racist/sexist graffiti is contrary to the objectives of this department and will not be tolerated.

### Keeping the Faith and Spreading the Word: Hunting Down the Signifier Within

What the puritan grasps then is the part played by 'deconstruction' in the moral crusade. Whether the puritanism is of the old or new variety, it detects the devil and all his works in the seemingly innocuous: the sub-text lying beneath the surface of the everyday is always the force which is to be reckoned with. The puritan hunts down the signifier within, because to the puritan the allegorical devil's stalking presence is patently detectable, however much others are oblivious of these things (Webb, 1990: 152).

The policy documents demonstrate that social workers and their managers have learned to display an oppositional consciousness, which is often invoked to convey moral superiority to other child health and welfare professionals. This is reproduced in the oral culture of the department.

For example, during my fieldwork (in the period 1993-4), the relationship between the police 'child protection team' and (some) social workers was disrupted by a claim (made by the social workers) that the expression 'nitty gritty' was a racist statement, which the police should refrain from using. The relationship was usually fairly harmonious, as the police officers were held in reasonably high regard by social workers, because of a shared commitment to child protection. However, on this occasion, some social workers had censoriously argued that the etymology of 'nitty

gritty' had been traced to the slave trade, where it was ostensibly used by white owners to refer to the lice infested pubic hair of black female slaves. Hence the expression 'getting down to the nitty gritty' meant the rape of a black slave by a white owner.

I was unable to discover the source of this interpretation, but it soon became impossible to hear the utterance without wincing and awaiting the rebuke. Any 'unknowing' social workers were soon inducted into 'knowing' majority, either by friends who would gently tell them of the offence they were likely to cause should they continue to use the term, or because they were party to stories told by their colleagues about the mistakes made by another member of the 'unknowing'. The police were unconvinced and erected a poster in their offices proclaiming 'nitty gritty is not a racist expression'. This reaffirmed social workers' opinions of the police as 'closet racists' and the police officers' opinion of social workers as 'loony lefties'.

Although the battle was played out amongst only one or two major protagonists, the ramifications were sufficient to render the term 'nitty gritty' unspeakable within social services and, no doubt, to give it new significance as a badge of resistance within the police. On another occasion, a social worker told the staff of a resource for children with disabilities (doctors, nurses and paramedical) that they should remove their curtains with images from nursery rhymes, because the pictures of 'baa baa black' sheep were racist. During a meeting, a team leader was urged by a 'staff development officer' (responsible for post qualification training in the department) to 'please select another metaphor', after using the expression 'black and white'.

The capacity and desire to detect (or to construct) the 'signifier within' is not, however, evenly distributed. Hence, although I have yet to hear a social worker proclaim that racism and sexism do not matter, what serves as racist or sexist is a highly negotiable and hence problematic issue. For example, after the 'baa baa black sheep' incident, other members of the team in which the social worker was based questioned her about why she felt the nursery rhyme was racist. A question to which she simply replied that someone else had told her that it was. There are also differences of opinion about whether 'black coffee' is a racist statement and, although many social workers refrain from using the expression 'to be on the safe side', few are able to account for why it is considered racist. The difficulty is exacerbated by the under representation of black people amongst the work-force, because there are consequently few 'experts' (those with *a priori* ontological privilege within the anti-racist moral order) to adjudicate on the use of language. Those who have black workers on their team are able to invoke their opinions in debates on the issue. Some social workers remain highly sceptical or even angry about the new order, but *direct* challenges to those who invoke the anti-racist/anti-sexist rhetoric are rare. To challenge is to risk being branded a racist or a sexist and, indeed, this is the latent message of Dominelli's response to Webb.

Unsurprisingly, white males are particularly vulnerable to this accusation.

There are a number of nouns which competent social workers must invoke in their accounts, which owe their dominance to the discourses described above. For example, women, are to be described as *women* and not as girls or ladies. Adolescents are to be described as young women/men or, generically, as young people. Interestingly, for the most part, the boundary between 'child' and 'young person' is synonymous with the

legal concept of Gillick competence. Like the latter, the boundary is not absolutely defined by chronological age, rather it is constructed discursively on the basis of a set of characteristics, which from part of the practical knowledge, the tacit repertoire, of social work practitioners.

Paradoxically, whilst broad taxonomic groupings are invoked to ascribe ontological privilege to some groups (women, black people, 'the child'), other categories are challenged (or renamed). For example 'the disabled', 'the mentally ill', 'the mentally handicapped' have become *people with* 'a disability (or differing abilities)', 'mental health problems' or 'learning difficulties', which is intended to emphasize their heterogeneous individual qualities. Similarly, rather than use the term disabled children, 'children with disabilities' is preferred and is intended to underscore the fact that these are 'children first'. Deviation from these expressions may not provoke the direct rebukes referred to above, but it is likely to result in a few raised eyebrows and knowing glances.

#### 'My Job is About Protecting Children': Accounting for the Exercise of Control

Of course, there is potential for these emancipatory discourses to render the business of exerting control over families highly problematic. This does not, however, appear to be the case. The ascent of 'child protection' as an occupational *raison d'être* provides a means to account for coercive or authoritarian intervention within 'oppressed' families. Although I have heard social workers based in 'adult services' teams refer to child care staff as 'obsessed with child abuse', I encountered not one instance of transgression of the discourse of child centredness amongst experienced child care staff. Without



exception, these social workers and managers want to show themselves to be true believers in the 'child as victim', 'child as bundle of needs' and 'child as bearer of rights' and the 'child as (credible) witness'.

New recruits who are unaware of the need to display concern for the child and scepticism about the parent(s), are quickly inducted into the dominant mode of ordering. For example, shortly after a social worker had transferred from adult services into a child care team, she was asked to 'assess' a family in which the teenage daughter had recently taken an overdose of paracetamol. On returning from her first encounter with the family, she said,

That was hard work. That mother's got her hands full. Lisa took the overdose because her mum refused to let her stay out until 3 o'clock. Little madam.

This comment was quickly dealt with by another member of the team who said,

There's usually more to it than that when young people take overdoses. If everything was OK at home she'd never have done it (Field notes, March 1995)

Social workers display their child centredness by affirming their willingness to put (radical) politics on one side for the sake of the child and, at least in public, by ascribing truth status to the accounts offered by children or 'young people'. The following extract is typical:

SW3: 53

I think there is a hierarchy that guides our practice and the Children's [sic] Act is brilliant. And I think that, at the end of the day, the first thing is the child and I find that really helpful. I think the way to survive in this job and I can go home with a clean conscience is my job is about protecting children and trying to support families to continue to be able to look after their children. But I think the wider political questions, or things that you know are wrong you have to keep really separate and that's something you deal with away from work if you're really concerned that the real reason that a lot of these children come into care is because there parents are very poor, terrible education, being made to feel bad about themselves, being given no hope what future, it can be pretty grim out there for a lot of people and I think if you are concerned about that part then get involved in political parties or whatever outside of work. I think that in general that old cliché about care and control I think that's one of the things that has given me a clear conscience is that if you do care about children, care about families you have to do the

controlling bit and sometimes when they are not coping and the children are being really damaged within families, then you have to go in and do the controlling bit.

The social workers interviewed stated clearly and without qualification that the major purpose of their job was protecting children. In the following extract the response is rather more mitigated than most, for reasons I explain below:

**SW4: 1-6**

IV: The first question is, what do you think social work with children is about? What is the main thing, if you had to say what your job is, what do you think your job is?

SW: It's to keep children with their families wherever possible, and working towards that and I suppose it's about maintaining some stability. I suppose that's what it comes down to really, it's certainly about helping people or supporting people to look after their children.

IV: And when you get referrals, and you are obviously given referrals directly in this setting particularly, what sort of things make you think 'oh god I'd better go and do something about that now'? What sorts of things would be on the referral that might make you think it needed urgent action?

SW: I think when, I think rather than urgent action, what I think this needs is for me to have a look at this or to get some more information about this, rather than leaping into action, and it would possibly be if there was a child at risk clearly suffering in some way, be it because of disability or the parents inability to look after them because of stress or whatever else, or things like other people saying this child was sent out of the room and he was crying, anything that would concern you about a child anyway, but other things I suppose about children with disabilities or poorly children is how long can people go on caring without, they need support and we need to give support, if it's clear to somebody else that's when I would go and afterwards I would prioritise those over somebody who was having problems handling a child.

IV: That's quite a different set of priorities that social workers in area teams talk about. They basically talk about dangerousness, that's what people tend to talk about, is there a tension for you working with children with disabilities between those things, between is this dangerous for the child is this good enough for the child and issues about parenting?

SW: I think there always has to be, and I think probably I more than other people who are not working in this setting probably wouldn't see that, I don't know, I see that as very important, if there is a child with a disability or not, if there is a dangerous or potentially dangerous situation or a abusive situation in a way I think it's more important the child can't run away from it, if people cover up and collude because they do sometimes, and I think certainly in the past, it's more to the fore now, child protection for disabled children.

This social worker held a specialist post in the hospital based service and hence was well known to me. In the interview, she is keen to display a 'family centred' philosophy, but is clearly striking a fine rhetorical balance between the dominant 'child as victim' discourse and the 'parent as victim' (or as service recipient) narrative. Having set certain priorities (to keep children with their families) in her first answer, she is, nevertheless, quick to affirm her commitment to the 'hierarchy' (with the child's needs as paramount) referred to in the first extract, so that the child as victim and as bundle of needs remain central to her display of concern for the parents,

....if there was a *child at risk clearly suffering* in some way, be it because of disability or the parents inability to look after them because of stress or whatever else.

In this account the (intrinsic) characteristics of the child are (very unusually) explicitly acknowledged as potentially contributory to a family's inability to cope. The invocation of the child as a source of stress, as essentially difficult, stands in contrast to the versions offered by other social workers, even when they have been directly prompted, for example:

SW3: 23

IV: Parents will often say, at least in my experience, that problems that children are exhibiting are to do with the child, that 'he's just like his dad' or whatever. What do you think about that explanation?

SW: I think that says more about the parent than the child and what we are most often dealing with is young parents who've been cases themselves been neglected or abused or whatever in their own, they even when they think they are doing a good job they are comparing it against their own experience, so I think those sorts of things say more about the parents.

The following response to a similar question is more 'hedged', with a note of relativism at the start. However, the social worker quickly makes her scepticism about such

explanations clear, by casting doubt on the parents' 'understanding of child development' and invoking their personal history (damage).

## SW2: 31

Well if the parents are saying that's how they experience it then it's true to the parents. Whether that is the reality is a different matter and I think it's unhelpful to poo poo it because if that is how the parents experience it then it's worth trying to understand why the parents experience the child's behaviour in that way, rather than just saying no child acts like that. So it's about understanding the reasons for the parents attributing the behaviour, often it's not about the child it's about the parents about their perception of situations or understanding of child development that is skewed or the way it is because of their parenting and childhood.

In this way, the dominant nurture axis of the alembic myth is reproduced with biology discarded and stripped of causal significance. Clearly these statements are situated accounts offered in an interview situation and should not be treated as facts. However, as noted in Chapter 2, my status as an insider amplified the imperative to offer accounts which reflected the dominant and shared professional background expectancies. What is clear from these interview data, is that the respondents were keen to display their scepticism about parental accounts. The competent social worker is a sceptical social worker, a professional doubter (see Chapters 6 and 7), *except* in those situations where an account is given by a child. For example,

## SW2:

SW: I think immediate response when the child is saying they won't go home they are very unhappy at school they are saying- actually I do think we respond to a child who says I don't want to go home and I know that differs across areas. I've been out on quite a few teacher referrals where the child is absolutely adamant that they won't go home they are saying they are scared but no signs of physical injury, perhaps beyond 8 years old, upper junior school, senior school child, I don't know why that should make a difference perhaps they are more able to.... (phone rings). So that might be something, a child who is not happy to go home.

IV: Is that something to do with the child saying it and not the parent. Do you think children saying things is more helpful?

SW: I think we do jump up a bit more when a child says it, I suppose parents express it in different ways and it may be that they say, I expect a majority of parents who cope with their children very well say sometimes I'll kill you sometimes, and I think we accept that more than if a child says that they are unhappy and don't want to go home, I think there is something about listening to children perhaps more.

A child's account is less likely to be believed if they are asserting that all is well at home, in situations where social workers' suspicion has been aroused that it is not, either by a referral or by a statement from the child. Under these circumstances, questioning whether the child has been silenced or 'forced to retract', by a parent is deemed imperative. Here the scepticism is reinstated and the child's account loses its privileged status. I deal further with the hierarchy of accounts in Chapter 6.

Since the ascent of 'the child protection versus family support debate' (see Chapter 3) in the mid 1990s, the affirmation of a commitment to child protection has become another means by which social workers and team leaders display their resistance to more senior managers who have 'lost touch' with practice. In general, the imperative for managers to display knowledge of new policy developments and their willingness to listen to new (academic) ideas, has led to more 'measured' and 'hedged' narrative accounts about child protection. However, team leaders and social workers, by and large, assiduously defend a vigilant approach to protection of children and cast doubt on the motives behind the policy directives, again invoking oppositional discourses. The following comments were made by team leaders during discussions at the 'Team Leaders Forum' (a meeting held bimonthly for team leaders to debate current issues and feedback to Children's Services Management Group) on two occasions in 1995

I wanted to take something to [Child Protection] Conference last week, that's what I would normally have done, but he [service manager] said I should keep an open mind and go and offer some family support. The government think they can soften the language and call it family support and then they'll just cut it (Field notes, January, 1995).

I think we've got to fight back. Nobody says that because the fire brigade gets called out to hoaxes they shouldn't bother going out on any calls any more (Field notes, June 1995).

### Transgressions: The Public and the Private

I have noted that social workers frequently transgress the left-field orthodoxy and sometimes breach the anti-racist, anti-sexist moral order. One of the mechanisms through which this is accomplished has been described above. Where a child's problems have been attributed to some deficiency in parenting it becomes acceptable to transgress, or to shake off the oppositional narratives. An explicit acknowledgement that this *is* a transgression (and therefore does not reflect the social worker's *general* opinion) is, however, a proper accompaniment. For example, when discussing the actions of a woman who had returned to the partner who had previously abused the children in the family, the social worker exclaims,

I know it wasn't her who did it and I shouldn't blame her for what he's done, but what is she doing? It's just beyond me how anyone can take their kids back there. We'll have to reconference, she's just not being a reasonable parent... (Field notes, January, 1994).

The phrase 'reasonable parent', derives from the Children Act and has become well used since its implementation in 1991. The extract above is a very typical display of frustration, where condemnatory statements accompany atrocity stories, and are invoked in response to action the social worker deems unreasonable (see Chapters 6 and 7).

[name] is pregnant again. She was going to go and be sterilized, but I knew she'd never get there. She can't manage as it is, without another one. [Name] just lies in the cot all day and gets no stimulation. Why the hell can't they just use contraception? God I sound like Peter Lilley (laughter) (Field notes, October 1993).

I went round and [name of two year old child] was in the road eating dog shit. I told [mother's name] what she was doing and she said 'what the bleeding hell am I supposed to do about it, they won't give me a gate'. I told her it was dangerous, but I felt like saying, 'look I know your life's tough, but you could stop your own kid from eating dog shit'. What can you do? (laughs) (Field notes, August 1994).

These story-telling sessions are public affairs, affirming collective identity and breaching the ostensibly hegemonic puritanism in, apparently acceptable, taken for granted ways. They are one of the badges of professional competence (*cf.* Dingwall, 1977).

There are some stories which cross team boundaries, becoming shared departmental myths, with which new recruits are quickly acquainted. For example, very public references to the 'sensitivity' of a particular female manager are ubiquitous in the department. Stories are told about this manager's 'sensitivity', and she is said to be 'prickly' and to 'bear grudges'. It is common for team leaders and social workers to invoke the gender of her subordinates, who are mostly male, calling them 'Barbara's boys' and referring to them as unchallenging and as 'yes men'. Whatever the 'real' personality of this manager, she has been ascribed a persona, which is resolutely *social* and deeply gendered; and which is ubiquitously invoked in ordinary talk.

In the following typical example a team leader is talking about a meeting she attended in which she was presenting proposals to senior managers, for a new model for handling 'Memorandum Interviews' in cases of child sexual abuse. It is worthwhile giving some of the history to this meeting. Proposals had been put forward by Children's Services Management Group (CSMG), for the organization of a rota for Memorandum Interviews (see Chapter 3) across the department. Team leaders had produced a collective response saying that the system was unworkable. A memo had been sent back to them asserting that CSMG was 'the decision making forum' in the department, but the team leaders remained recalcitrant and refused to implement the plans. A meeting

was thus convened with the manifest purpose of considering alternative proposals from team leader representatives.

We put our model forward and you could tell that Barbara was really angry because ours was better than hers. She looked over to Peter and John for support, but John had already told Phil [another team leader in attendance] that he thought ours was better so he couldn't support her. But Peter said [in mocking tone] 'oh yours is much better Barbara'. She won't accept ours even though she knows it's better (August, 1995).

These stories obviously sit uneasily alongside feminist discourses about the desirability of the promotion of women into managerial positions. References to the personal characteristics of the manager are therefore generally accompanied by some reference to her 'giving women in management a bad name', 'doing nothing to further the cause' or even being an 'embarrassment to women'. However, specific references to her gender are the preserve of other *female* members of staff. Men in the department are much more cautious about referring directly to the fact that she is a woman.

Whilst the examples above refer to public transgressions, which contribute to the oral culture of the department, some breaches are more risky and hence are largely private affairs. Making *general*, rather than specific and carefully qualified, statements which challenge the moral order is one example. However, it more hazardous still to dispute the truism 'believe the child'. The competent individual will whisper their doubts in corners, will swear the accomplice to secrecy. Since the mid to late 1980s (when social work involvement in cases of child sexual abuse increased), I can recall hearing this orthodoxy explicitly challenged only once or twice. On one occasion a social worker in a child psychiatric clinic questioned the mental health status of a young woman who was alleging sexual abuse. On another, a member of my own team said,



'I'd never dare admit it, and I know we should always believe the child, but this is so weird, it just doesn't ring true. She read a book last week about sexual abuse that one of the other kids gave her and she's just so suggestible. It'd be dreadful if she is telling the truth and I don't believe her but, if she's not, what a nightmare for the father' (Field notes, August, 1994).

On this occasion also, the person making the allegation had been an inpatient on the child psychiatry unit. Her 'mental health problems' were invoked, at various times, as competing explanatory frameworks, that is, as a potential consequence of her sexual abuse, or to account for her (possibly) false allegations.

The difficulty and discomfort associated with transgression is referred to in two interviews. Both of the respondents were well known to me and had to be prompted, by explicit questioning, to repeat their 'off the record' comments whilst the tape was running,

**TL4: 29**

Certainly in social work people don't talk enough I think about the dangers of just believing the child or the young person and at times you actually have to be quite brave, I think it's relatively easy to change the culture of your own team and I think I've *started* to do that and I think here we possibly are more open minded but in some settings it is difficult to challenge, and in the past I haven't at times, but I try to do so more now, some things are easier to challenge. I also think that we should be looking at our training because some of this should be coming through much earlier. I also, and this is very controversial, in social work I come across women who actually dislike men more than is healthy. We all dislike some men and we all dislike some women. I've come across one person who went on to become a Team Leader who actually said she felt that all men were misogynists and that sent shivers down my spine although that person presented as very well adjusted.... only recently in my team somebody said that is how men behave, which is in the context of abuse and that's very frightening.

Although on a slightly different note, the following extract is interesting, in that the respondent explicitly talks about 'shifting sand', referring the ways in which institutional orthodoxies change over time,

## SM3: 31- 34

SM: ....I think there's something around about if you want, sort of *slogans* really, around about child care, like oh they've been here for 6 weeks and they're still in care, those sorts of things that seem to have an influence of their own really. They continue to be sort of accepted as being *facts* or sort of truisms that must be followed and how that occurs is probably interesting in itself, but there's no doubt it's around. I, we've [Children's Services Management Group] been asking questions around adoption, the role of adoption in the future and some of the answers have been quite revealing, but what has been apparent has been people have not been very sure about plans for long term care.

IV: About whether it's ever alright you mean?

SM: Yes, about whether it's ever all right, and if you do plan for long term care, how do you decide, when do you decide to terminate contact, which is a issue from 10 years ago, when we used to talk about permanency, find a substitute parent and go for that at all costs, and now it's just turned round, so there is this issue about whether sand is shifting or whatever the phrase is and that was quite revealing.

IV: And is it quite hard, because we've talked about this before, about the issue of continuing to offer people family placements when you know you can't get them, is it hard to break out of those orthodoxies, like if you think, oh god I know I'm suppose to say this but I don't actually think it, are there times you think you maybe don't say things that you think because you know they are contrary or that other people do?

SM: There *are* times, but I'm not quite sure what the determining factor is, but there are times when I don't say it, you know break out of the orthodoxy and I suppose you feel you will be criticized or I suppose a fear of being ridiculed if you haven't got the base, the professional knowledge base to support. The other thing is about the group you are working with what they are thinking. Unless you are thinking very clearly it's difficult to challenge, to question, I couldn't question all the time you just get labelled as and nobody likes you and that's happened to me in the organisation in the past and it wasn't very nice.

The account given by this service manager refers to the changing child-care orthodoxies, which *qua* service manager, he is expected to keep abreast of. He refers to the demise of the concept of 'permanency', and his misgiving about certain aspects of current practice (that is, the maintenance of ties with birth families, even when children have been removed from home for many years) and his reluctance to reveal this because of the personal consequences. Whilst it is not uncommon for social workers and team leaders to argue that 'things have gone too far' in the favour of birth parents, and this is fairly congruent with the children's rights discourse, such a view is discrepant with managerial rationalist discourse, in which it is conventional to display the ability to keep

up to date with new ideas about practice. It is because of this that this manager finds himself in difficulty and chooses self-censorship in preference to risking being discredited. In accounting for their 'deviance' (after the interview) both of these respondents invoked their past, either the era in which they trained or their 'common sense'. However, despite these influences they remained cautious about displaying their scepticism in public.

It is clear from the above that the anti-oppressive discourse identified by Webb is far from being 'permanently normalized'. Nevertheless, it is an institutional orthodoxy, transgressions from which are rendered accountable. Moreover, these transgressions are dependent, for the most part, on the dominance of the discourse of child-centredness, which is invoked to mitigate breaches. This discourse of child-centredness is treated as an incontrovertible truth. For the most part, it is not treated as 'position taking' at all, simply as the only right and proper way to think. Transgressions are thus cast as acts of individual deviance or, at best, misguidedness. They are (almost) unthinkable. Thus, I contend that because of its high level of integration this is by far the most significant aspect of an 'ordering' social work *habitus*, because:

Each agent, wittingly or unwittingly, willy nilly, is a producer and reproducer of objective meaning. Because his actions and works are the product of a *modus operandi* of which he is not the producer and has no conscious mastery, they contain an "objective intention"..... the virtuoso finds in the *opus operandum* new triggers and new supports for the *modus operandi* from which they arise, so that his discourse continually feeds itself like a train bringing along its own rails....It is because subjects do not, strictly speaking, know what they are doing that what they do has more meaning than they know (Bourdieu, 1977: 79).

However, having identified a particular uniformity and unconsciousness in action, I do not wish to ascribe a totalizing homogeneity to 'social work identity'. Social workers

are not robotic individuals. They each have their own particular embodied biographies which affect their encounters and, no doubt, motivate certain actions and create certain potentialities. I return to this aspect of Bourdieu's *habitus* in the conclusion to this chapter.

Having largely examined data from interviews and fieldnotes in this chapter thus far, I should now briefly like to examine the ways in which occupational identity and the social work *habitus* 'speaks itself' through narration and co-narration by social workers in the cut and thrust of the allocation meeting. These and other meetings are fertile arenas for identity talk, and the data below show how this subtle 'work' is woven into the ordinary 'business' of the department.

### **'It's Very Worrying': The Allocation Meeting as Ceremony**

In the introduction to this chapter, I pointed to the significance of atrocity stories for the maintenance and reproduction of the social work *habitus*. Returning to this theme, I examine below an extract from an allocation meeting, attending, at this point, to its ceremonial features. With a manifest function of allocating and prioritizing work, these weekly meetings, along with other collegial gatherings, also have a *ritual* significance and are played out in a conventional rhetorical and, usually, narrative format. My purpose here is to explore the allocation meeting as a fertile arena for 'identity-talk'. However, I expand this analysis in Chapter 6, where I consider 'preferred' formulations for 'ordering the case'.

It is worthwhile, at this point, defining narrative a little more specifically. Mishler (1986), defines it as a particular kind of ‘recapitulation’, which preserves ‘the temporal ordering of events’. On a similar note, a concise summary of Labov’s (1972) work on the structure of narrative is provided by Atkinson (1995b),

Labov suggests that narratives consist ordered utterances that reflect the temporal order of a sequence of events, and he derives an elementary structure for narratives. The basic structural units are: Abstract (optional - a prefatory summary); Orientation (locates the story in terms of persons, places and times); Complication (what happened, expressed as a sequence of events); Evaluation (conveys the point of the narrative, and the point of view of the narrator; Result (or the resolution of the story); Coda (optional - a closing summary, or recapitulation signalling a closure of a story sequence (Atkinson, 1995b: 103)

Others (*e.g.* Reissman, 1993: 17) have argued that narratives may not proceed in this linear manner, but may be organized ‘episodically’. Useful though such definitions are, there are some dangers in using classifications of this kind to analyse narratives. For example Edwards (1997) asserts:

The temptation for analysts using [Labov’s] scheme is to start with the categories and see how the things people say can be fitted into them, and, having coded everything as one category or another, to call that the analysis, and then compare it to other findings. In that role, as a coding scheme, these kinds of structural categories impose rather than reveal, obscuring the particularity of specific details, and how that particularity is crucial for the occasioned, action-performative workings of discourse (Edwards, 1997: 276).

It is with these rhetorical, or action-performative features of social workers’ narratives that I am concerned here. I have treated narratives as the products of contingent (but not unlimited) choices (*cf.* Atkinson, 1995b), and will go on to show (below and in later chapters) how (not necessarily self-conscious, but partly habitual) decisions about ‘where to start a story [are] major and rhetorically potent [ways] of managing causality and accountability’ (Edwards, 1997: 277). This analytic focus builds upon the general

agreement that narratives, by definition, embody some sort of chronology, with certain events being presented as the antecedents of others. The related and important idea that notions of causation are intrinsically embedded in narratives is developed at various points in Chapters 6, 7 and 8.

My point here is that through case narratives social workers learn how to ‘do being’ social workers, how to do the social *work* in social work. The legitimacy of the work is endorsed and occupational identity reaccomplished and reinforced. This takes place through the telling of stories and also through the *responses* to these stories (co-narrations), which affirm that certain situations are ‘very worrying’ or ‘concerning’ and are hence a legitimate focus for social work activity. In these stories, injuries to a child (the damaged material body - *e.g.* bruises, burns) have a pivotal symbolic significance. The following extract is typical of story telling in the allocation meeting, and a comparison with the further examples analysed in Chapter 6 will serve to verify this typicality for the reader.

#### **AL2: T1**

1 TL It feels like she’s feeling things have gone down. It may be about how she feels she’s  
2 responded to it I don’t know, anyway I will be passing it to Deborah, but I just, you  
3 know , if people are aware it helps if they pick up things. The other two that are around  
4 that *may* come in people’s directions but I’m not asking for allocation. One that  
5 Deborah’s been out on today with Bev, and Deborah and Sally are going to finish it off  
6 this afternoon was a family called [name] where there’s a sort of marital conflict and  
7 where father’s made allegations about mother’s treatment of the children which [does  
8 appear to be over the top]

9 OTHERS: [uuuuurgh] laughter.

10 TL I know, I know, it’s very like something else that people have been involved in and the  
11 couple are back together. Deborah is either trying to see Mum this afternoon or she and  
12 I will try to see them together tomorrow, but it just is possible that this is one that will  
13 appear again and I just think that I want people to be aware. There are four children in  
14 the family and there’s been a marital dispute, mother left and dad said the children had  
15 made allegations which sound (0.9) a bit over the top ( ) (0.5) so that’s one that may be  
16 coming back to us I suspect, but at the moment we’re trying to deal with it very clearly  
17 as a one off and getting them to get legal advice. The other one that’s very worrying  
18 and anybody who’s on duty needs to know about is the one about the [name] family.

There's a little girl called Sarah who's two [inaudible interruption], Louise who's two and Ellen I think she's called or could be called Helen is four weeks old and they're a family who've got a [name of area] address [address] but they're actually living in a converted bus, a black converted bus that isn't very road worthy and hasn't got any heaters in it. It was parked under a viaduct at the weekend. We've had concerns from a councillor who wrote to [Head of Service] originally about the children's care via grandmother=

SW1.= In't it awful

TL We have, YES, and we have, we were involved some time ago, some time in the past when there was one child, a mother who has some limitations and a father who is perceived to be fairly controlling and possibly menacing. Now I'm quoting O.K.(0.5).The, the new referral just worried me actually. There've been concerns in the past that have never quite been borne out or there's not been enough to see (.) erm the, (.) the mother [name] took the children to to her father the children's maternal grandfather on Friday and he apparently said that the little girl, the two year old had got a nasty bruise on her arm and apparently fell into a calor gas heater in this converted bus and has had no treatment for it. She was told very strongly by the grandfather that she must take this little girl for treatment but the child hasn't been seen as far as I'm aware (.) . The family we *now* discover as we start making enquiries hasn't been to her GP for about two years (0.3). The mother gave birth to a baby a number of weeks ago. She gave an address where she was seen by the midwife in the first ten days and since then has been in the bus. So nobody has seen this baby. We then get another referral, they all start to come at the same time=

SW1. = Is it still under the viaduct?

TL. We don't think it is because it was under the viaduct on Friday when L. went out with the police on Saturday it had moved. There was a report that it was parked on waste ground in G.M. on Saturday or Sunday. It then had moved by the time the police got there. We were under the understanding that the police were trying to track it and would let us know. J.'s been in daily contact with the police but I rang the police today and there was no sign of it on their computer. So J's been across for me and filled in an incident form and the police have promised that they'll try and find this bus. I wouldn't have thought it was too difficult to find an enormous great ( ) bus

SW1. You'd think they'd fall over it

TL. That's right. A.s [duty officer] very kindly sent a fax out to every other social services office in the area saying if you see it let us know. Because in the end there's no fixed address so ( ). It is one that we would want to go I *think* ideally with the child protection police and they were quite sympathetic to doing it because I think it would probably given the nature it would make more sense ideally we'll do that. But because of the unknown nature of the [interruption]. We think it's a long black single decker. Another social worker spotted a mini bus yesterday and rang night duty who rang me at home to say a mini bus had been spotted  
[laughter]

So I've got social workers all round the country now looking for it=

SW1. =So it's like a black coach ?

TL Yes I think so. But we are concerned, we want to be sure this child gets treatment and to check out the other one. The other concern was the last person we know apart from the grandfather, to see the child was the neighbour of somebody who works for education who is ( ) and this neighbour of grandfather's was very concerned because both children were brought to her in an appalling rain storm with no protection ( ). The three week old baby was soaked to death, absolutely drenched, to the neighbour. So this mother hasn't got a lot of idea and isn't being seen by the health visitor anyway. So there is, there's a *worry* about whether she really is able to care and when she lived before at a fixed address I think there was a lot of input from the B. Health Visitor and now she's not known to anyone (0.9) . So I don't want to *raise* the thing cos I realise it's the sort of thing where we get really jumpy, but I *do* feel quite strongly that as soon as we get a report on this ( ) we need to liaise with the police and at least go and meet this family and try and reason with them about the child being treated ( ) (1). O.K. so it's just so that people are *aware* and they don't say what the hell's that.

77 SW2. Was it a burn or a graze?  
 78 TL They say a query burn and mother said she'd fallen against whether the dog had pushed her  
 79 ( ) against this calor gas heater=  
 80 SW2. = It was a burn?  
 81 TL =and that may well be the truth. The problem is that if the child has got this thing described  
 82 as a bad burn at two we should be taking the child to hospital to have the child seen=  
 83 SW. = ( )  
 84 TL That's right, so I yeah (0.2) ( ). Just so people are aware of that. it may or may not need  
 85 allocating eventually. But I just thought I ought to alert you (3.0). That OK?

Most of the extract above, takes the form of a narrative which is somewhere between an atrocity story, and a mystery, or a thriller (*cf.* Atkinson, 1995b on doctor's stories). It is laden with thick description, and its narrative features are transparent, with temporal markers used to delineate the passage through time, for example,

....on Friday,  
 ....we *now* discover,  
 ....on Saturday or Sunday  
 ....spotted a mini bus yesterday and rang night duty, who rang me at home...

Although the team leader is the primary storyteller, the social workers 'co-narrate' (Eder, 1988) by asking questions (lines 42 and 62), about the bus, its location and the nature of the injury to the child. This signals concern and reinforces the sharedness of the task of responding to this particular case (see Chapter 6 for further discussion on co-narration).

The use of humour is important, serving to affirm that, although they are all 'concerned' and 'worried', they are able to retain a sense of perspective, this is one case amongst many. The exclamation on line 9, in response to the team leader's reference to a case being 'a sort of marital conflict and where father's made allegations about mother's treatment of the children', is another example of the use of humour to convey professional 'savvy'. By the collective exclamation 'uuuuurgh', followed by laughter,



social workers display their shared knowledge that allegations of abuse made by estranged partners are problematic.

The team leader frequently invokes the child's material body and the family's material circumstances in order to accomplish 'caseness' (see Chapter 6),

...the two year old had got a nasty bruise on her arm and apparently fell into a calor gas heater in this converted bus and has had no treatment for it...

The need for professional skill is signalled by the use of the term 'query burn' (line 79), a burn which requires careful assessment and because of which 'we should be taking the child to hospital to have the child seen'. Collective professional concern is artfully accomplished through the use of the pronoun 'we', with the insertion of references to making the team 'aware' and 'alert', and by the use of 'tag' questions, such as 'OK?', which invite responses from the listeners (Jefferson, 1978; Eder, 1988). I have more to say about the ways in which cases become ordered through such narrative accounts in the next chapter.

## **Conclusions**

In this chapter, I have described and illustrated the various ways in which a collective identity is locally produced in the routines and linguistic practices of the department. Social workers' typifications depend on the invocation of rationality, often in the form of 'psycho-legalism', but their 'identity-talk' consists of more than this. Some of the other crucial components of the social work *habitus* have been explored in this chapter.

I have argued that the imperative to display ‘child-centredness’ is central to the dominant mode of organizing in the department. By invoking the child, and particularly the injured child, social workers are able to mitigate their more coercive interventions, thus maintaining the integrity of their ‘altruistic’ and ‘oppositional’ *dramatis personae*. Moreover, it is through such ubiquitous rhetorical devices that everyday encounters within the department are rendered manageable and predictable. Thus, despite the ‘recalcitrance of objects’ referred to in Chapter 4, a relative orderliness is maintained. These orderings are sustained, however, only through the steady playing out of certain rituals and ceremonies: the ‘occupational liturgies’. These liturgies are the artful accomplishments of individual social workers and their managers, but, in selecting a competent account, social actors inevitably draw on imported materials. Thus, attention to ordinary talk and the identification of available vocabularies can illuminate discursive trends in other ‘fields’, working *a minori ad majus*, as it were.

However, if one is to account for the phenomenon of transgression, the notion of individual difference must be retained. This is always a tricky business in sociological texts, since it inevitably involves an acknowledgement of the existence of an internal (embodied) psychological state (now often fashionably dubbed ‘desire’<sup>1</sup>, see Deleuze and Guattari, 1984), which escapes ethnographic analysis (although, the discipline of psychoanalysis is itself increasingly troubled by its own attempts to access and map this ‘inner world’ e.g. Kaye, 1995; Russell, 1994) and is inevitably relegated to residual importance by an analytic focus on the action-performative and self reproducing aspects

---

<sup>1</sup> Used in various ‘sociologies of the body’ not only to denote ‘lack’, in the Lacanian sense, but to refer to a material presence or productive force - a potential motivator for transgression and resistance.

of discourse. In terms of the concept of *habitus*, individual difference is analytically accounted for (albeit in a rather more prosaic form than Deleuze and Guattari's discussion of 'desire') precisely through the centrality of biography and a recognition of the inescapability of 'organic individuality'. Thus, the *habitus* is a 'way of being' (Bourdieu, 1977: 214), which is both social and individual, in the sense that it incorporates the embodied experiences of different and shared *pasts*. Thus, whilst I have outlined the nature of a social work *habitus*, I do not wish to exaggerate uniformity and homogeneity. There clearly are possibilities for both 'invention within limits' (Bourdieu, 1977: 96) and for frank transgressions (*e.g.* caused by ignorance or 'desire'), although the latter will usually be sanctionable.

In Chapters 6 and 7, I build upon this discussion to examine how social workers assemble particular stories in the face of often ambiguous and fragmented referral information. In so doing, they are literally *making* a case for social work involvement in the most intimate of family relations.

## **Chapter 6**

### **Ordering the Case: Forms of Rhetoric and Reasoning in ‘Case Talk’**

In Chapters 4 and 5, I discussed the ways in which institutional realities are supported, and a certain orderliness maintained, by the ceremonial nature of social workers’ identity talk. I argued, for example, that the imperatives to display caring and commitment, and an oppositional consciousness, sit alongside the standard operating procedures of the department, and often interpenetrate the managerialist discourse which supports these formal systems. Many of these ceremonies and rituals, despite private transgressions, have a liturgical quality, with certain utterances having an almost consecrated correctness (‘believe the child’, ‘in the child’s best interests’) and a highly performative character. However, unlike the religious liturgy, which has a fixity, occupational ‘liturgies’ must be worked at and reproduced and can never be permanently ‘solemnized’ (Fenn, 1982).

The discussion in Chapter 5 culminated in an analysis of the ritual significance of the allocation meeting as a weekly forum in which collective occupational identity is reaffirmed, often by the invocation of the child’s wounded, damaged or precariously endangered body. Clearly, however, the stories told and accounts given in the allocation meeting do other important work within the organization. For example, they manifestly enable the team leader to allocate some of the outstanding work, which itself requires deviance and risk to be referenced in the case narrative, using a variety of conversational devices. Drawing on conversation analytic, ethnomethodological, and socio-linguistic work on the sequential and rhetorical features of talk, I have undertaken a detailed analysis of these devices later in this chapter and in Chapter 7. I argue that ‘ordering the

case' depends on certain techniques and linguistic practices some of which have been identified in various analyses of 'common sense', and of explaining and arguing. These forms of reasoning have often been contrasted with the 'scientific' ways of ordering and, certainly in the past, have been (normatively) cast as inferior.

My data suggest a more complex reading is necessary which, in keeping with more recent work, eschews this simple dualism. It is possible to identify a number of preferred 'modes of ordering' (*cf.* Law, 1994) or strategies for 'sense-making', which exist as resources variously drawn upon by competent practitioners. These modes of ordering often take a more explicit form in the social workers' and team leaders' subsequent *accounts* of their ordering practices and, in Chapter 7, I go on to analyse written records and interview data in more detail, treating both as examples of 're-ordering' activity.

Before undertaking the analysis in this chapter, it will be informative to examine the *formal* ordering systems in use in the department. That is, the priority groups identified in policy documents, the categories comprising the computerized 'client information system', and the standardized assessment pro-forma produced by a departmental working group. This standardized format was intended to achieve the 'consistency of approach' discussed in Chapter 4 (page 153). Throughout this analysis of formal procedures and categorizations, I examine some of the unintended consequences of these systems. This is not an attempt to expose 'error' *per se*, for I am making no judgements about the efficacy or otherwise of these systems. My point is that agents tend to invoke materials in ways quite unintended by those responsible for their design.

However, these transgressions themselves have a certain orderliness and a predictability. They are ways of getting the job done and form part of the tacit knowledge of practitioners and managers who occupy particular positions in the hierarchy. Nevertheless, however strategic these actions may be within their own context, they reverberate in other spaces with particular, and often unintended, results.

### **Formal Systems for Ordering the Case**

#### **Defining ‘Children in Need’**

The Children Act 1989, whilst creating the discursive category ‘children in need’, does not explicitly define ‘need’. Upon implementation, the fluidity and potential universality of the definition forced local authorities to set about drafting their own definitions. In order to ration resources, some tried to make the category ‘children in need’ coterminous with ‘children at risk’, but this was quickly deemed unlawful at judicial review. In the department in which I conducted my research, the Children’s Services Plan (see Chapter 4) sets a number of priority groups for the allocation of resources (including social work time) to children and families, stating,

The overall purpose of the Division’s activities is to work with other agencies to promote and safeguard the welfare of children in need. The priority for the Division is to provide services and work with children and families in greatest need. For the purpose of this Plan the children and families in greatest need are as follows:

Children and young people in situations of potentially significant harm or neglect.

Children and young people who have been harmed or maltreated by a parent or carer.

Children and young people in families where there is a severe risk of breakdown of the family’s ability to provide adequate care.

Children and young people in families where there is evidence of severe emotional and behavioural problems.

Children and young people who abuse other children.

Children and young people with inappropriate caring duties.

Children and young people with a disability.

Children and young people who require to be looked after outside of their own homes in order to promote their welfare.

Children who are cared for by others away from their own home.

There is no official *order* of priority ascribed to these categories, and neither are they explicitly invoked in decisions about case allocation, as I shall show below. However, despite the absence of explicit references to these criteria in ‘case talk’, they do embody and reproduce the child centred discourse referred to earlier and below. For example, ‘families’ become one of the places in which *children* live, almost an environmental factor. There is no doubt that most of the children and families receiving a service from the department will fall into one of the categories listed above but, as I shall show below, there is a preference to construct new referrals within the parameters of one of the first three classifications listed. I do not intend to imply that social workers create or imagine abusive or risky situations, rather that fragmented and ambiguous information is routinely ordered in such a way that a *prima facie* risk is accomplished through the talk. These narratives may subsequently require modification so that ‘normality’ can be ascribed to events and persons rendered dangerous in previous accounts. This tendency is, in part, attributable to the nature of referrals received and the gloss put upon events by referrers- a point developed further below.

### The Computer: Shortcuts and Circularities

Between 1992 and 1993, the department installed a computerized ‘client information system’. This contains the basic information on referrals received and on the action

taken by social workers and team leaders in the routine processing of cases. Major decisions, such as to convene a child protection case conference, admit a child to local authority accommodation (previously voluntary care), or change a child's 'legal status' (such as after adoption or obtaining a care order) must be entered onto the computer. This has obviously increased the level of 'invisible' surveillance (*cf.* Newman and Clarke, 1994) of social workers and team leaders. For example, payments to foster carers are activated automatically by computer after the social worker inputs the relevant information. This means that failure on the part of the social worker to 'move the child' (enter changes onto the computer) will quickly be noticed. Thus, calls from administrators based at headquarters, asking for a particular action to be entered, have become a commonplace trigger for office jibes and groans about the 'brave new world' and the 'bloody computer'.

However, in relation to the range of case categorizations recognized by the computer, which are intended to reflect the (diverse) reasons for referral, allocation and closure of cases (see Appendix 9), team leaders openly acknowledge that they use only a small fraction of the available categories and tend to have their 'favourites'. These are selected simply because the particular individual happens to remember them and thus does not have to look up the relevant code in the manual. Moreover, because there is considerable competition between teams about who is busier than whom, some team leaders have adopted the strategy of classifying as many referrals as possible as 'child protection' investigations (or other high priority work - see below). Should they subsequently decide to proceed no further, the computer will still count each instance as a completed investigation. That is not to say that these team leaders are performing a



cynical act of dishonesty, because so many referrals are compatible with the category 'child protection', *broadly conceived*, and this gloss is often already in the referral when it is received from another professional, family member or anonymous referrer. Rather, such action (and I have taken it myself) is what competent individuals do to display their worth, and that of their team, to the department. If this has functionalist overtones, then that is because it *is* a strategic and (locally) functional activity (*cf.* Blau, 1963). It is part of the tacit knowledge held by team leaders, and it is often talked about in humorous collegial banter. Through this banter novices are inducted into the game. However, the information stored in the computer is used in strategy documents by management where it is treated unproblematically. Indeed, there is no other way to treat such data, since if its more arbitrary features were explicitly acknowledged it would cease to have any usefulness (rhetorical or otherwise) in the policy arena.

Moreover, it appears that these actions operate across space and time in a circular fashion. Based on my observations and discussions with team leaders, it is apparent that they adopt a *preference* (but not an exclusive one) for classifying cases as 'child protection' and, similarly, for categorizing their reasons for allocation as either 'serious risk of loss of life or limb - 24 hrs', 'high risk of falling into cat.1 - 72 hrs' or 'statutory work requiring action within 14 days', thus avoiding categories like 'preventative work with families/individuals' (which everybody (tacitly) knows 'never get allocated'). Thus, these 'high risk' activities, are recorded on the data base in the form of statistics, which become available to managers and must, therefore, inform decisions about the allocation of resources. Thus, despite managerial displays of scepticism about the usefulness of the current model of service delivery, the view that child protection is a

pressing and under-resourced activity (which, thus defined, indeed it is) is maintained and reinforced and appears to preclude any change in focus because other work is (obviously) lower priority. This circularity is a wholly unintentional and, in my opinion, unconscious consequence of individual *strategic* action, which *reproduces* the dominant discursive formation, whilst neither determining, nor being determined by it in any simple linear sense. Giddens refers to such social phenomena thus,

Repetitive activities, located in one context of time and space, have regularized consequences, unintended by those who engage in those activities, in more or less ‘distant’ time-space contexts. What happens in this second series of contexts then, directly or indirectly, influences the further conditions of actions in the original context. To understand what is going on no explanatory variables are needed other than those which explain why individuals are motivated to engage in regularized social practices across space, and what consequences ensue. The unintended consequences are regularly ‘distributed’ as a by-product of regularized behaviour reflexively sustained as such by its participants (Giddens, 1984: 14).

Thus, the ‘client information system’ exerts a degree of control over the activities of social workers and team leaders and, indeed, it appears to render certain aspects of their activity available to managerial scrutiny. However, it is also clear that team leaders follow their own strategies and shortcuts in entering data onto the computer. This ‘strategic’ data is subsequently invoked by managers operating at a policy level in the organization. In these situations, despite managers’ apparent awareness that information systems may be flawed (see extract from interview with Service Manager, Chapter 4: ), data generated by the computer is generally treated as an unproblematic reflection of what is ‘really’ going on.

### ‘Assessment in Children and Family Services’: A Standardized Assessment Model

The standardized assessment pro forma,<sup>1</sup> implemented in November 1995, is a further attempt to render uniform the content of the social work encounter with the client. One of the explicit purposes of this standardization is to facilitate the exercise of *prospective* rationality. That is, to ensure that social workers and team leaders document and rationalize their reasons for acting in particular ways in relation to cases, thus protecting them from some of criticisms which might ensue from a subsequent evaluation of decision making and intervention. The fearsome spectre of external scrutiny is invoked in the documentation launching the new format, with quotations inserted from the variety of Department of Health publications which have cast doubt on the quality of social work assessments. For example,

““Sound assessment of the problems and strengths of individual children and families must be based on clear, sufficient and well recorded evidence about past and present functioning. Decisions can only be as good as the evidence on which they are based and, if evidence is ignored or distorted or not weighed up accurately, this decision will be flawed”” (citation from DoH, 1991b, no page number cited)

‘Assessment’ has particular symbolic significance within social work and has been core to its (semi) professionalization,

The focus on assessment as a key stage in the social work process emerged in the casework literature of the 1960s and 1970s in a concerted attempt to imbue social work with a greater professionalism....Central to the framework was the claim that human beings possessed a significant capacity for change. Stripped of its Freudian underpinnings, it was argued, the old forms of casework were markedly similar to the *ad hoc*, well meaning interventions of family members, neighbours and friends, whereas social work should entail a complex task requiring skill and ingenuity in its performance (Lloyd and Taylor, 1995: 693).

---

<sup>1</sup> The forms are included in Appendix 10, the supporting documentation is not included simply because of volume. I have, however, analysed this material later in this chapter.

Assessment refers to the business of gathering and *making sense* of information, usually undertaken early in any involvement with a family, but in which regular ‘review’ and ‘reassessment’ are also considered to be of importance.

The ‘skilled’ nature of assessment is affirmed in the introduction to the departmental format as follows,

Assessment is a skilled activity. Staff should be supported through supervision, should receive training in assessment work, and provided with the time to plan and undertake assessment work

and further,

The model most widely used for assessment is that of social services staff taking the lead, with assistance from other professionals and, in terms of direct social work intervention, this model would imply that area social work staff, with their aces responsibilities would be the prime ‘assessors’ (Assessment in Children and Family Services: Introduction)

The ‘purposes’ of assessment are defined in the language of legalism, for example ‘to establish whether a child is “in need”’, ‘to fulfil legal responsibilities and expectations identified, in order that the best possible individualized response may be received’.

The model adopted by the department comprises a ‘three stage process’ with the three levels of assessment described as follows,

Initial Assessment provided [sic] a vehicle for identifying problem areas with the ‘user’ gathering relevant information interpretation and agreeing conclusion of assessment with the ‘user’ and action plan.

All Duty referral work coming to the notice of the Division would be addressed by the Initial Assessment and only when situations were more complex and requiring more than a very short term involvement would a Core Assessment be undertaken. Consequently, the majority of on-going social work intervention would be subject to a Core Assessment.

Cases of a ‘high risk’ nature (Child Protection, returning a child to a vulnerable family) would be subject to a more Comprehensive Assessment on the lines promoted by the full ‘Orange Book’ Assessment format (original emphases).

Clearly, this format reproduces the pervasive view that cases can be sorted into ‘high risk’ and ‘other’ on the basis of a set of defining characteristics. These characteristics are, I suggest, largely derived from the discursive formation which I have termed psycho-legalism. However, they also depend on other (common sense) notions about consistency in stories told by different family members and congruence between the family’s story and the social worker’s perceptions (or assessment). The importance of this test of congruence is revealed in the explicit requirement in the Initial Assessment (see Appendix 10) for the social worker to document separately the views of ‘the child or young person’ and the ‘parent/carer’ alongside their own ‘assessment’. The ‘consistency’ test has also been shown to be important in the validation of court room testimony (Brannigan and Lynch, 1987; Barry, 1991).

The Initial Assessment document ends with the ‘team leader’s comments/decisions’ which forces the team leader to rationalize their actions, hence helping to protect the department (and the individual practitioners) from future criticism about the basis on which decisions were made. The Initial Assessment document is based in the here-and-now and provides a means to document *current* problems and concerns.

After the Initial Assessment stage, the Core Assessment takes an historical turn, with an explicit shift away from the here-and-now and towards the past. A flow chart is included to enable the social worker to document chronologically the ‘significant events’ in the child’s life. There is close attention to the child’s medical history and specific questions asked about ‘visits to the GP’, ‘developmental delays’, ‘dental problems’ and ‘hospital admissions’. The Assessment form includes an ‘Educational Assessment’, to be

compiled by, or in consultation with, the child's school. At this stage, the family's views and perspectives become secondary to the opinions of statutory child welfare agencies.

'The child', whose opinion on the problem had been sought in the Initial Assessment, is no longer a 'party', but becomes an *object* of assessment, whose 'sense of self', 'social presentation', 'self care skills' and 'emotional and behavioural development' require exploration and evaluation. The guidance on the assessment of the child's 'sense of self' and 'emotional and behavioural development' draws heavily on the attachment checklists referred to in Chapter 3. Indeed the framework for the Core Assessment is derived from sections of the 'Orange Book' (DoH, 1988) which, thus, are deemed pertinent to *all* 'ongoing' work in the department.

The Core Assessment culminates in qualitative and evaluative professional judgements on 'the extent of identified need' and on the 'risk or likelihood of significant harm'.

Detailed guidance on the assessment of risk and significant harm is included. The tenor of the Core Assessment document, in short, is that of assessment of risk of, or 'harm' to, the child. Thus, the view that the child is the fragile product of (potentially dangerous) parenting behaviour is manifestly reproduced. There is an almost exclusive emphasis on interagency working and on the *professional* (disinterested and scientific) evaluation of the child's physical and psychological health, and social adjustment. There is a turn away from a service delivery focus, as in the Initial Assessment, and towards a sceptical professional orientation in which routine 'checks' on the family and child are to be undertaken.

The theoretical models in use in the assessment documentation are significant to other aspects of social workers' sense making and causal accounting. Attachment theory in particular, as I noted in Chapter 3, has a pliability such that it may be invoked to justify polar opposite actions or to explain a wide range of apparently unrelated sets of behaviours. For example, when a child is placed with a family, on either a long or short term basis, their 'attachment' to these and to previous carers will be discussed. Indeed, the British Agencies for Adoption and Fostering have incorporated attachment checklists into their standard forms, which purport to 'measure' the child's attachment and thus to inform (scientific) decision making. However, if the child is deemed to have made a 'good attachment', this can be used to account for a decision to either move the child to a subsequent placement, or to argue that they should remain where they are.

The following example (one of many in which attachment theory features) is taken from my field notes. A planning meeting was being held in order to consider whether a young person (Rebecca, aged 14) should move from a foster placement where she had been living for nine months. Rebecca was happy there and did not want to move. The foster carers did not want her to go either. However, they had only been approved to look after young people 'short term', and the fostering officer needed Rebecca to move in order to release a valuable placement for another child. She made this quite explicit before and during the meeting, but was clearly aware that this sounded like a very hard bureaucratic line to take, when the social worker and team leader (myself) were arguing that she should stay where she was and that the carers should, if necessary, be re-approved as a 'long term' family. The fostering officer invoked attachment theory as follows,

She's made a good attachment here. That's good, a lot of kids don't have that. It will help her when she moves. She needs a forever family now (December 1993).

This statement is highly counter-intuitive; the young person should move because she has made a good attachment to her current carers. However, to those ‘in the know’ about attachment theory, this is not a wholly implausible suggestion, as it is alleged that the ability to form one good attachment will facilitate others in the future. Nevertheless, it could equally be argued (and it was) that since she was happy where she was and had made a good attachment, why should she move? Within the context of decisions about the removal of children from home and making changes to their current placements, attachment theory provides a supple lubricant which can both rationalize, and inject ‘caring’ narratives into, decisions which may be driven by quite different imperatives (such as the shortage of short-term foster placements).

An examination of ‘case-talk’, particularly during allocation meetings, reveals the tacit use of a similar set of presuppositions to those underpinning the assessment pro-formas discussed above. In particular, ‘competent’ social work is marked by scepticism and doubt about parental stories. The agenda is one of child concern, with complex narrative work taking place to accomplish this version of ‘caseness’.

Before moving on to the examine the data *per se*, it is important to discuss my own analytic framework in more detail. I have said that I intend to draw on a variety of ethnomethodological, conversation analytic and socio-linguistic material in the analysis of case-talk. It is worthwhile, therefore, examining aspects of these ‘modes of ordering’ before embarking on my analysis of those used by social workers.



### **Forms of Rhetoric and Reasoning**

At this point, I intend to give a condensed summary of some of the work on lay reasoning, common sense, argumentation and explanation. The literature is vast, and the current fashion for studies on 'rhetoric' and 'argumentation' (of which this study is a part!) means that I can only scratch the surface of what is now a swiftly moving target. Some of the detail of relevant concepts will, however, be developed further alongside the data to which they relate.

Bull and Shaw (1992), urge researchers to pay attention to the mechanisms for 'causal accounting' used by social workers and ask the question,

do social workers engage in kinds of 'mundane reasoning' which, in the face of what may appear as contradictory testimony, holds fast to its suppositions and regards the objectivity of the world and a shared intersubjective experience as 'incorrigible propositions' (Pollner, 1984; Pollner, 1987)? Do social workers hold to a prototypical causal *gestalt*? (*ibid*, 640).

Whilst acknowledging the importance of the work of Pithouse and Atkinson (1988) as one of the few studies of social workers' collegial talk, Bull and Shaw accuse the authors of a relative neglect of social workers' *causal* accounts. They argue that a re-reading of Pithouse and Atkinson's data reveals the presence of a variety of causal attributions. I find Bull and Shaw's arguments convincing, but that is not to say that the narrative structure of social workers' moral tales is in some way less relevant than their attributional features. On the contrary, causal accounts are woven into these moral tales as narratives embody a 'consequential sequencing: one event causes another ... although the links may not always be chronological' (Reissman, 1993: 17).

Bull and Shaw suggest that causal accounts may be used in ‘excuses’, ‘justifications’ or ‘exonerations’, given either retrospectively or prospectively to explain actions (see, Lyman and Scott, 1970; Semin and Manstead, 1983; and, for a review of the literature on ‘exonerations’, Antaki, 1994a). The anticipation of the need to ‘account’ in the future, particularly in dealing with situations of risk, means that *prospective* exoneration (Nichols 1990) or ‘anticipatory justification’ (Bull and Shaw, 1992: 642), is particularly important and is woven into narratives which, not only invoke the past, but ‘predict’ the future.

However, I part company with Bull and Shaw over their suggestion that causal accounts are likely to be mobilized in response to, or in anticipation of, things ‘*going wrong*’. My data show that such accounts are invoked in response to the *ordinary* and everyday because, in order to construct a case as a *social work* case, certain work must be done in the account, in which causal attributions are central. The category ‘referral’ already contains the implicit proposition that ‘problems’ exist (*cf.* Hester, 1992) and, in seeking to respond to ‘problems’, some notion of causation (be it ‘lay’ or ‘scientific’) is essential. Work on therapeutic encounters suggests that the negotiation of blame and responsibility is unavoidable in the early stages of work with families (*e.g.* Slater, 1980; Heubeck *et al.* 1986; Stancombe and White, 1997). My data show that ‘blamings’ (by this I mean ‘attributions of responsibility’, *cf.* Pomerantz, 1978) can begin *before* there is any contact with the family and that blamings are inseparable from acts of causal attribution (see also Chapter 7).

Thus, social workers are not only ‘telling the case’ (Pithouse and Atkinson, 1988), but are routinely ‘making a case’, that is, they are constructing an *argument* based upon certain premises. On this note, Antaki (1994b), notes that speakers generally want to be seen to demonstrate some form of procedure which leads them through to some sort of conclusion, which will usually incorporate a demonstration of ‘considered rationality’ and ‘self monitoring’. I shall say more about narratives, exonerations, causal accounts and argumentation alongside the data analysis.

Bull and Shaw also note that social workers often have been accused of lacking explicit (scientific) formulations about their cases. Without arguing that lay reasoning is inferior to scientific reasoning, Bull and Shaw postulate that the accounts given by social workers may have more in common with lay theorizing, of the type analysed by Furnham (1988), than with the formal application of a specified body of knowledge.

However, as Furnham himself notes, the ‘trickle down’ effect of social and psychological theories, means that no easy distinction can be drawn between what is scientific and what is not (*cf.* Giddens, 1984, on the double hermeneutic). Nevertheless, whilst some of the concepts used in lay theories may be identical to those in scientific theories, Furnham argues that there *are* distinguishing characteristics associated with ‘lay’ reasoning processes. He suggests that lay theorizing is rarely explicit and rarely consistent; relies on verification rather than falsification; inductivism rather than deductivism; often confuses cause and effect; is often concerned with content rather than process; tends to underestimate external factors; and tends to make general rather than specific statements (Furnham, 1988: 183). Furnham is quick to point out the

simplifying tendencies which inhere in any attempt to create taxonomies of this sort but, nevertheless, it is clear that he believes such classifications have some validity and analytic utility. However, it is increasingly clear that drawing even a dotted line between science and common sense is potentially a good deal more problematic than Furnham and others appear to suggest. Indeed, it is precisely this kind of distinction between science and common sense that is being questioned in the 'rhetorical turn' (Billig and Sabucedo, 1994) and specifically in the sociology of science, where scientific knowledge has been portrayed as a product of everyday practice and argumentation within scientific communities (e.g. Gilbert and Mulkay, 1984; Woolgar, 1988).

However, another danger inheres in some of these accounts, in that they appear to reduce everything to uncertainty, flux and indeterminacy. On this note, in his recent ethnographic work amongst a group of haematologists in the United States, Atkinson (1995b) notes that,

It is undoubtedly the case that medical students and practitioners make frequent appeals to matters of opinion, or judgement that cannot be validated unambiguously by scientific knowledge. But personal knowledge and experience are not normally treated by practitioners as reflections of uncertainty, but as warrants for certainty....Distinctions between theory and practice, or between science and experience are not drawn in order to contrast feelings of certainty and uncertainty, or to justify alternative ways of problem-solving. *Both* are ways of warranting knowledge for practitioners' practical purposes (*ibid*: 114-5, original emphasis).

Atkinson urges analysts to pay attention to the ways in which certainty and uncertainty are marked during talk. These markers are available to social actors in their situated encounters, the important analytic task, here, is to examine how they are utilized in their talk.

Thus, the analysis below will seek to understand the routine ordering frameworks in use by social workers, attending to how deviance, risk, certainty and uncertainty are marked in the talk and to the nature and artfulness of causal attributions. For example, the work of Pomerantz (1978; 1984; 1986; see also Jefferson, 1985 ) shows how participants introduce or formulate blamings by first introducing ‘unhappy incidents’ and also how ‘extreme case formulations’ can be mobilized for rhetorical effect. Such observations collapse the easy distinction between ‘facts’ and ‘rhetoric’ since, far from factual reporting being a contrast to rhetoric, it becomes an indispensable feature. Sacks’ (1972a) early work on ‘membership categorizations’ and Smith’s (1978) work on ‘authorization procedures’ and ‘contrast structures’ have also been used below, to analyse the ways in which deviance, blame and facticity are referenced through talk (see also, *inter alia*, Watson, 1978; Jayusi, 1984; Hester, 1992).

However, it is important to remember that common sense itself is historically situated because:

the resources of common sense should not be treated as givens, whose unproblematic existence provides the resources for everyday thinking. Instead, the contents of common sense and their historical nature should be treated as topics for rhetorical study, for it can be assumed that, as people use common sense, they are using resources that have a contingent history (Billig and Sabucedo, 1994: 126).

Thus, alongside the very local conversational items referred to above, it is important to consider that some of the preferences revealed in social workers’ talk are neither arbitrary nor neutral, but are historically situated. I shall say more about this in the concluding paragraphs of the chapter and during the data analysis.

### Case Talk in the Allocation Meeting

In order to try to reproduce for the reader the rhythm and flow of the allocation meeting, I have selected two substantial extracts from meetings which took place in two different teams with no 'shared' personnel, however, I shall divide the extracts into smaller sections below in order to facilitate the analysis. The similarities between the two extracts are apparent even to a novice reader and, indeed, from my own 'seasoned' perspective their ordinariness is overwhelming. The extracts, then, have been chosen for their typicality, rather than for any unusual features, although both contain highly complex narrative accounts which provide a rich source of data. I have already used extracts from allocation meetings in the previous chapters and the analysis below should serve to reinforce some of the points I made earlier about the process of allocation and the reproduction of occupational identity. However, because these features were discussed at length in Chapters 4 and 5, I have omitted any detailed reference to them here.

#### Extract 1 - AL3/T1

1 TL. Can I just discuss the one that came in yesterday. Somebody's going to have to pick it up in  
2 confidence I think. I'm conscious not everybody's here, erm (0.3). Joseph is fourteen  
3 months old mother moved over the last few months to Cromer Street, [town], erm (0.1)  
4 Rebecca's mum. No previous history, basically Joseph, we had a call night duty had a  
5 call rather from erm ( ) on Monday night. Joseph had been admitted earlier that day  
6 with a condition called ( ) which is where the foreskin appears to have been pulled  
7 back and gets stuck and it becomes very swollen and sore. When the referral came  
8 through, we were told it was impossible for the child to have done this to himself, or to  
9 happen spontaneously. I have subsequently had a number of *other* medical opinions  
10 which has been one of the difficulties. The original referral said there were other  
11 bruises that Joseph had on his cheek on his frenulum and which is clearly torn, she *said*  
12 a pinch mark although it was quite old. His mum is she's quite upset at the mention of  
13 NAI but she's co-operative. She has a boyfriend but he doesn't live there. She says  
14 she's always present when he's with Joseph. They'll be keeping him in for observation.  
15 She's very very woolly about the story, there seems to be lack of clarity about whether  
16 it's accidental or non accidental. I've spent most of the day trying to pin down senior  
17 medics. It was getting to the point where I was getting put through to theatre to find  
18 people who were doing all sorts of dramatic things. The surgical registrar was saying  
19 it's not impossible but it is unusual and children of that age can pull back their foreskin,  
20 but it seems unusual. I spoke to the consultant who was more concerned in a way about  
21 the bruises and the mark on the thigh. It was also the history of being seen in the clinic  
22 in [town] in July and having a small bruise on the ear then ( ) last night the

grandmother was quite angry and threatened to discharge Joseph and Anne [consultant paediatrician] did a good job of persuading, but we did have to contact the police who were *very* helpful, the child protection police in [city] were actually going to take a police protection and we felt we would be very negligent to let him out last night. There've been further *very* detailed conversations this morning and the consultant was perfectly happy for us to get a second opinion and Dr Jones who's a consultant at [regional children's hospital] ....Anne went up today and saw the .. and she's saying that there are clear concerns, but the gran's said that the child falling out of the water bed he slept in could have caused this injury, so we'll have to look at this waterbed. SHE [consultant paediatrician] feels the condition of the penis would be very difficult for the child to have done himself at his age, but it is not totally impossible. So what she's saying is there are some very suspicious things, but the three she's most worried about are the penis swelling, the mark to the thigh and the mark on the ear. She thinks the bruising on the cheek which is right in front of the eye *could* have been caused by falling on a coffee table which is what grandma and mum said. He's falling a lot he is very active and all the consultants seem to agree that those things may or may not be. The frenulum could have been torn in a fall, cos apparently children of that age do get those sorts of injuries from falling and probably are not aware. Mum says she thinks he did it again when he was on his water bed, which if course is not impossible. We need to go and look at that. The long and the short of it is Joseph has gone home we're going to follow it up with the police, do more visits make more checks erm because it isn't *totally* and *absolutely* clear this must have happened this way it is actually quite difficult for us to remove the child and it has made it harder him not being at [local general hospital] where we have our own social work department. So Paul and Sally are going to pick it up and work with it and we hope to conference next Wednesday, but it obviously then has to come to the [name] team and it's a difficult one. They will do what they can but I suspect we're into a comprehensive assessment looking at everybody in this child's family. If Jane is back in time I think she would be happy to pick that one out but if not I *may* be having to look at other people and a holding operation and unless someone is going to offer which looks unlikely. It's to alert you. Cos I don't want it to be conferenced and then we have a great gap with nobody seeing the family.

SW. So you think a comprehensive assessment?

TL. I would expect that, I would expect it. In which case we would need to find somebody to do it anyway, it may be Jane and another to try and do some *sort* of comprehensive assessment really.

SW What was the involvement at [local general hospital]?

TL. She was referred by maternity for being quite distressed and I met her on a couple of occasions. She needed somebody to talk to but=

SW1. =When did the injury happen?

TL. I don't know we'll have to do some more checks. It seems she was at her boyfriend's house in [nearby town]. She *hates* being in [town] so she spends a lot of time round at [nearby town] at her boyfriend's flat.

SW1. Why did she go to [other hospital]?

TL. Because they were in [nearby town], they were in [nearby town] she saw it she says when she picked him up in morning took his nappy off and there was this great swelling erm boyfriend's mum said oh I've never seen that before so she took him straight to hospital at [town] and they transferred him to [children's hospital], which is a pain because when you're trying to co-ordinate it's very difficult. There have been rumours he's going to be discharged today and *unfortunately* the family have left without their discharge address. So it will depend when Jane comes back ( )?

SW2. I'll take it

TL. thanks Ruth I'm really grateful

( )

SW2 Would it be worthwhile us coming to the Conference? Do you know when it is?

TL. That would be good. It's next Wednesday, but I'll have to check that. I think it's going to be 2-30 cos that's the only time [child protection manager] could fit it in next week.

SW2. It's just I'm seeing Kayleigh at 4-00. I think if I'm going to pick it up I'd rather be at the Conference.

TL. I would much prefer it

SW2. What's he called?

TL. Joseph Potter. There have been one or two different names but he's *become* Joseph

SW2. Why?

TL. I don't know, I don't know

SW2. So he's got injuries under another name (laughs)

TL. I don't know any more. I know we have other worries but I don't know

SW2. Right OK

TL I'm very grateful thanks, thankyou that is super (0.8). Right, I'm really quite concerned and the difficult bit is getting a concrete medical opinion ( ). Right, moving on to pornographic videos, it makes a nice change, they are a family called (0.3) Thornton

FRW. Oh I don't know those (laughs).

SW. No I think you do know about pornographic videos and are pretending you *don't* (laughs)

TL. Right, basically the long and short of it is the obscene publication police-

SW. ( )

TL I don't know. There's a 9 and a 7 year old child in the family, obscene publications were given a tip that this man, the children's father, is distributing naughty videos. What is worrying is that when they went to the house and looked at the videos they were all stored along with the Postman Pats, which is worrying. They are in with the children's family videos which is very worryi=

SW. =They were in the lounge or?

TL. Yes in a box easily accessible with a number of catalogues containing sexually explicit pictures (0.7) erm you don't really need to know but they were nasty videos <right> Erm he's going to be formally interviewed and probably charged with it, but *he* said the children don't use the video recorder. The officer said that basically there was nothing to stop them and I don't know many nine year olds who don't switch on their family video I mean perso[nally]= you what?]

SW. [They know how to] work things better than us

TL. Well exactly. I just spoke with Peter Hampshire [sergeant, police child protection team] and they don't actually think there's a terrific lot to be gained from going in with a child *protection*, but what we need to do is ensure that this family *know* that this is obviously totally inappropriate very worrying and we will have to ring the children's school to check that they haven't got any concerns about the children. We don't have any evidence that these children have been damaged by, but the police are going to charge him and we will, have on file our concern. But we do need to see them. I think it's about probably inviting the into the office together Mr and Mrs following the referral and go through it with them cos I think it needs, I mean I don't know who's got, is somebody on duty on bleep next week who could do it with another team member erm has anybody got any time next week ( )

SW. I'm taking some time at the end of next week

TL= What about at the beginning of the week has anybody got any time then (5)

SW. Monday's out, Tuesday's out, Wednesday I'm booked up, Thursday I'm ( )

TL. not even half an hour?

SW. Not on Wednesday

( )

TL. I'm just trying to think

SW. The conference is 2-30 ( )?

TL mmmm.

SW. We could get them in on Friday

TL. This Friday? mmm sorry?

SW. Can we get a letter out?

TL. We can get a letter out today

SW. Send a first class

TL Send a first class letter OK

( )



TL I don't know what do you think. We could just talk to the parents with one social worker on this one. Cos we're not, we're not saying you've hit your child and we need to get the evidence down. We're saying we know from the police that there is this issue and we need to know how you protect your children.

SW. I'm on duty this Friday=

TL. =Oh that'd be lovely. Well in that case that's possible

SW. I'm on duty so=

TL =OK

( )

TL The trouble is when you've got everything on computer it's actually quite difficult to keep track of where it's gone, cos you allocate and then it's gone there's no record and I get quite worried sometimes thinking where did this one go so I'm trying really hard to keep some record so at least I know. I don't think this will be anything other than a one off. We need to check with school it's not going to be popular but=

SW. =Don't we need to check with them first, seek their permission?

TL I don't know, it's a grey area really.

SW. I mean when you said we're not saying you've hit your child. We're saying it's

inappropriate to make videos available and I was saying it is a child protection issue=

TL=YES=

SW= so therefore I think we should make some inquiries *beforehand*

TL. OK yeah, that's fine OK. I'm just desperately trying to work positively these days at the moment, that's fine.

SW. I mean if the school said the children had sexualized behaviour we'd be thinking ooooh, do you know what I mean?

TL. Yeah, I mean it's too late to ask parents' permission and if they complain well.

SW I mean there's a police investigation

TL. Yeah that's fine, just check school and NSP [CC].

## Extract 2 - AL1/T2

TL. Right date of birth 22/6/87, that makes her seven, eight. Hannah Bradshaw, actually it was actually taken by Gail Brotherton at the police child protection unit. Right, (reading) Hannah had made allegations of child sexual abuse against a neighbour. Hannah recently told her mother that last year she was playing with her friends and their father in their house. They played hide and seek and the last person to be found could ask Mr Brown, and I'll tell you about Mr Brown in a minute, to do anything. Hannah told him to be a crab and he allegedly wore his underpants and acted like a crab with a visible erection, I don't know where he wore his underpants (laughs)

(Laughter)

TL. He allegedly opened the door in his pants too. Hannah's parents were separated at the time of this incident and Hannah said nothing at the time. However, they are back together and it is thought she is beginning to feel more settled now. Also she saw Mr Brown's children recently and this appeared to prompt her to tell her mother. What we know about Mr Brown is (0.8) we don't know his date of birth, but the police have received a report that Hannah had told her parents that Mr Brown had exposed himself. Police erm, cos it's stranger abuse, police will obviously be conducting their own memorandum interview and will inform us of the outcome. Mr Brown has three daughters and one son. Once we have more information from the police it may be necessary to conference etc. (still reading). Note there was a previous allegation re Mr Brown, made to the police when a relative had been staying with the family and alleged that Mr Brown had shown blue movies and touched her on the leg, this was a female relative (0.4) adult. This was not proceeded with following a CPS decision that it was not in the public interest to do so. (0.9) What I *understand* is, and it needs chasing up, is that *originally* Gail Brotherton was going to go and see and speak to Hannah in the Easter holidays but given (coughs) according to Mum, Hannah's distressed, Gail

Brotherton should have done that on Thursday obviously it's dependent on what the outcome of that was ( ). We're looking at somebody to presumably speak to the Bradshaw family obviously depending on the outcome of that Memorandum thing. Sounds a bit worrying and they live (address) (10). This is one we probably won't do anything with but it's er Nicola Richards who's 14 request for social work assessment which came from Matthew Green, welfare rights officer [general hospital in nearby city]. Social Work assessment for help with the cost of fares for the parents visiting Nicola in hospital. Child has a very serious heart complaint, defect sorry, and spends most of her time in hospital. Nadine has been ill since birth heart defect and chronic asthma. She is in receipt of continual treatment and surgery at present she attends two or three hospitals, [names nearby hospitals] sometimes in the same week. Her education has been seriously disrupted. Nadine tends, NEEDS, to be driven everywhere and the constant (0.5) can't read Dave's [duty officer] writing (3) the constant journey to and from school and hospital by car, er petrol (4) there's a lot of financial expenses the family are finding it hard to meet. Mr Richards works full time and Mrs Richards part time if possible. Matthew Green has advised and completed application for DLA, I don't know what the hell that is=

SW. =Disabled living allowance?

TL. Fine, until now his benefit has been , up to now *no* benefit has been paid. I advised Mrs Richards that there was no financial help available from social services and suggested she spoke to hospital social work regarding charities

SW. We need to refer to welfare rights=

TL. =WELL this IS welfare rights in, well it must be the welfare rights officer attached to [hospital].(3).

SW She should be in receipt of Disabled Living Allowance=

TL.= Is that something that can be backdated?

SW. Yeah

TL. Is it worth somebody just phoning Mrs Richards and maybe suggesting she speaks to our Welfare Rights as well.

SW. I'll do that

TL. Would you, it seems a bit tough

( )

TL. This is really worrying and I've had some discussion. Sophie Byrne which is one I think Jan and Dawn picked up. I don't appear to have the write ups. If I read what I've got here can you sort of bring us up to date with it. I'll chip in I know bits of it. Have you got it or Dawn?

SW. I think Dawn's got it

TL. Right. Sophie Byrne is ten she lives [address] and it was referred by, people will probably *remember* the referral cos it was referred by Kate Cross [education welfare officer] which is a bit of a convoluted referral but we get there in the end. Kate had been talking to the Head of Year about Mike Brooks, about Mike's absences from school. During this conversation it transpired that Mike's course tutor had been told by two other pupils at the school, that Mike was shagging a ten year old called Sophie. There's an asterisk here which doesn't go anywhere, but anyway (0.9). Kate rang the local school and located Sophie Byrne at [name] School. Staff at [the school] told Kate that three teenage boys collected Sophie from school one day last week. *Recently*, Sophie's mother went to pick her up from school and Sophie wasn't there. Sophie's mother in the past has requested ed. psych's help for Sophie and Mum finds her behaviour very difficult to deal with. One morning last week, which is now about three weeks ago, Sophie's parents found her wandering around the precinct at 2am. Kate had no further details. Mike is actually staying with the Anderson family. Nobody knows why he is staying there. Kate managed to identify the child as Sophie Byrne through statements the children made and by reference to the accounts from [school] of Sophie being met by older boys from school. Actually, it looks as though from the onset Kate put 2 and 2 together from what the pupils at [secondary school] said and spoke to the Head of [school] and she confirmed accounts of Sophie being met by older boys (0.9). This had happened the week before last, which as I say is about three weeks ago. Sophie and her

brother Oliver returned to [town] last year they'd lived previously in Staffordshire in Newcastle.... The children often arrive late for school and are not really collected. Oliver is (0.6) 7 is he ?? (0.4). Apart from incidents of Sophie alleging she was bullied, when she started at the school there were no other major concerns at school. Dave then checked with the *previous* school and er they said that they were pretty sure that social services were not involved, which was verified. There were no major concerns at the previous school. however, there had been one incident outside school where Sophie had been with a group of older boys who were smoking. That was when she was about 8. So what happened as a consequence of this, after all the checks had been done, it was allocated to Jan and Dawn was on the child protection bleep on that <day>. You can take it over now Dawn.

SW. We wrote to erm Mrs Byrne cos we weren't sure whether Mr Byrne was around or not=  
TL. =Its's not mentioned at all is it?

SW. So we wrote to Mrs Byrne and asked her to come into the office on Wednesday I think it was, cos that's when Caroline and I were on bleep and on that day she didn't turn up. So we telephoned the shop and asked, and told them we needed to speak to her and we got Mr Byrne who was quite erm irate that we hadn't written to him as well. So I told him we didn't have that information coughs (0.4) and he came in and he said he (....) and he came in straight away and we discussed the concerns with Mr Byrne. Mr Byrne initially said that he felt it was just boys talking, the concern about Sophie being shagged was just play ground chit chat and he had no concerns about Sophie

TL. He also explained didn't he the 2 am precinct thing=

SW= Yeah we talked to him about the 2 am precinct thing and he said that had happened but what he had said was that erm they were unaware that it had happened because she had gone to sleep on the top floor. Sophie came downstairs with Gemma [friend] at 1-45, cos they've got er a camera in the shop so they can actually see the kids coming downstairs. At 1-45 Gemma and Sophie went out the shop to meet 2 other friends.

TL. Boys or girls, or do we not know?

SW. I don't know, nobody's saying Sophie ;... the first they knew about Sophie going out was the following morning Mrs Anderson [Gemma's mother] telephoned Mrs Byrne and said Sophie., said she's kept hold of Sophie this morning cos the police brought Gemma home and Sophie [and they]

TL [How WEIRD] that the police didn't go to the Byrne's strange.

SW. No the police didn't go to the Byrne's and when they talked to Sophie, Sophie said that she was staying at Gemma's

TL AAAA!

SW. So anyway they didn't know that the incident had happened until the following day. So they grounded Sophie for the week and basically banned her from playing with Gemma ever again. That's the sort of erm. that [was the erm]

TL. [I MEAN HE CAME ] ACROSS didn't he basically in your view as being fairly <reasonable>, dealt with things <appropriately>, didn't have any major concerns. It then moved on to some debate between Jenny [other team leader] and myself about whether we should or shouldn't see Sophie. I felt that, whilst it would have been difficult to justify not seeing a child when there'd been concerns, Jenny felt there was nothing specific, you see father hadn't raised any concerns for us to raise with Sophie and it then moved on very quickly on the same day with Mrs Byrne

SW. Yeah, we then went out to see the mum

TL. No we contacted the GP after that

SW. =That's right (0.9)

TL. [MRS BYRNE ] went to the family GP

SW ( ) Mr Byrne went home and told Mrs Byrne of our concerns and she, he said social workers had said that Sophie was possibly being shagged

TL. ( )

SW. Mrs Byrne got straight on to her GP and said I want Sophie examined, because if Sophie has been touched then I want the ( ). I got a telephone call from the GP, to say, to say that their contact with Mrs Byrne and he pointed out that if social services had a procedure to follow if they felt that was necessary and it wouldn't be him it would be probably be [( )]

TL. [That's ] very sensible because at the end of the day, if she'd presented the girl at the GP that would have been abusive in itself, so I was quite impressed by the GP

SW. He was very good (coughs) erm so after discussion with=

TL.=ME=

SW =Yeah Trish [team leader] we went out to talk to Mrs Byrne who gave quite a completely different view of things and basically is very worried about Sophie erm mainly around the Gemma Anderson family erm because she says that it's notorious round their way and she doesn't want her daughter mixing with them but it's very difficult because they=

TL. =It's quite interesting because the potential perpetrator is a boy who also lives with the Anderson family. There are lots of bits of connections there.

SW. You know that the Andersons live two or three doors away from the [another family]

TL [Oh right]

SW and there's a little lad who plays with all these teenage boys

TL. and he's started exposing himself (joking) all right (laughter)

SW. ( )

TL. *fine*

SW. Well anyway Mrs Byrne is obviously quite upset that Sophie is mixing with these children.

TL. Didn't she say something about Sophie's had some kind of physical symptom which is=

SW= Yeah she said that Sophie's physical care had deteriorated over the last few months, well we went through the whole lot. She still wets the bed at, what is she 10, two or three times a night and because it smells so much she insisted that she had a bath and in fact marched her to the bathroom and stripped her all down and she had all red legs at the top of her legs and everything, which could have been lying in urine, but she said she was worried enough to go and get some cream and it's gone now. She said with regards to her relationship with Sophie, that it wasn't very good she said she'd just lost her Dad five weeks ago and Sophie was very close to her granddad and when we spoke to Sophie she was very emotional about that. She said she didn't think she could talk to anybody now cos granddad's gone

TL. Well the suggestions Jenny made, I think Jenny has had a conversation with Mrs Byrne and I haven't got the details, was that maybe for some kind of reassurance, assessing whether there's been any abuse, it might be that one of the options might be asking Anne Palmer [consultant paediatrician] just doing it in a very low key way. Obviously if Sophie wants an examination there's no harm in asking Anne to actually examine Sophie. I think that's quite difficult really the apparent soreness has gone and Sophie isn't actually *saying*, well it was a very brief interview=

SW. =It was a very brief interview with Sophie Basically Sophie erm wasn't giving any information over at all.. She was still maintaining that Gemma felt unwell (0.7) erm so she took her home and we said that left her on her own to come home and that's very dangerous etc. etc. and she said erm she said oh yeah but she said she didn't meet any friends erm (0.9). She says, she was very emotional because she thought we were there to tell her off and erm the usual and erm it was quite obvious erm she did say she can't talk to anyone, she didn't have anyone to talk to. But with regards to the older boys playing with her she's going to be told that they don't collect her from school. But Mrs Byrne maintains that she takes and collects her from school

TL. =Which is not what the school says if I remember rightly. I mean to just to give it some other context. There has been another child protection investigation, which ironically I did with Vicky Smith which was probably about (0.5) five years ago when there were two presenting what appeared to be really nasty injuries on the little boy in the family. They were like *burns* at the top of his leg, *two*, one on each leg, one of which was kind of festering and unpleasant and it was quite a difficult interview because it allegedly happened when Oliver was in the company of his Dad who works very long hours and neither Dad nor Oliver could offer any explanation and Anne Palmer saw Oliver and said that in her opinion they were not of an accidental nature and were probably caused by something very (0.6) hot that'd been actually held on the legs for some time giving the kind of festering around the wounds, round the cut. It was like deep welt (0.9) but then what happened was the family at the eleventh hour came up with an explanation which was that Sophie had actually pulled the skipping rope whilst Oliver was

undressed, very quickly across and Anne had to agree that that *could* have been consistent with the injuries and on that basis there was an explanation that fitted, although the explanation had as I say been given at the eleventh hour and we discussed it with [child protection manager] who felt there wasn't sufficient to have a conference, but it's quite worrying at that point this family (0.9). And a general picture of kind of DIorganisation and sometimes perhaps inadequate child care arrangements (7.0). Since then I understand that Mrs Byrne has been quite anxious about somebody speaking to Sophie and trying to resolve this and obviously it's hung about. Originally I approached Mary, but she's got another girl the same age and she didn't think it was appropriate. I've actually had some discussions with [service manager] because I actually think we don't allocate, because I think there's actually other stuff that's more worrying and [service manager] was talking about approaching NSP[CC] who apparently now are doing *wider* than just kind of therapeutic interventions. However, a, it will cost money because now apparently the NSPCC are charging for their services and b, I'm not sure whether they'll have the capacity to take this on and I am actually quite worried about it.

SW. I think I should carry it on, I mean she's already had one massive big loss in her life and I mean me goin-

TL. =I'm not sure though whether this is a long term piece of work

SW. I'm quite prepared to keep [hold of it]

TL. [I would think] that's what needed initially is some, I was going to talk to you about this in supervision about Dave taking the Williams and that should give you a *little* bit more space. I would have thought initially it's about trying to make to some sense of what's happened to this little girl as opposed to a long term piece of work. I mean obviously we don't know what will come out of it. The other thing is on the *Friday* there was a mess up. Kate expressed lots and lots of concerns about the Andersons primarily about Gemma Anderson, two kind of strands to it one is obviously Kate's bag, about irregular attendance at school and the other is being in school and recurrently presenting with tummy aches. You know an extraordinary amount of tummy aches with no clear physical explanation. *Plus* I think it's quite difficult for Kate she's known Gemma a long time as an apparent failure to thrive

SW. That's a long issue isn't it

TL. Yeah. What happened was Kate asked for a strategy meeting which was put in on a certain day and pulled out by [child protection manager] because he had to take leave, *put* in again, pulled out and unbeknowns to me Kate went to [child protection manager] and had it without me. This is a strategy meeting on the Andersons which might throw up a massive amount of work= it seems to me that (3) you know there's quite a *strong* link between the two families ( )

SW. I'm quite happy to keep hold of it ( )

TL. I think its, I mean I appreciate what you're saying about losses, but at least you're familiar to her now, whether it's about, I don't know, it might not go anywhere or it might go into a completely different mode which would mean obviously god forbid if this child made some kind of clear statement about something that was happening to her it might then have to be a Memorandum anyway. I'm not presuming anything I just think it's worrying.

SW. It is worrying, yeah it's really worrying.

TL. I mean obviously if it looks like it's going to be long long piece of work, before you go you can bring somebody else in. As long as there's some kind of continuity. OR, I suppose if nothing heavy comes to light, it might well be Dawn can do some, keep it there might be several potential.

SW. There's potential for work between Sophie and the rest of the family group as well=

TL. =Yeah some family work. Dad and mum have completely different understandings of=

SW. =but I would say that there are relationship difficulties between her and him as well

TL. I wonder where Oliver fits into the picture, because the only thing that worried me is it's very low key and the range of things I mean Oliver's 7 and its a blumin' long way. I mean you know where[school] is, I mean [school] it's through the precinct and *if* Sophie is being picked up by older boys, then who's taking Oliver home at 7?

### **Constructing Caseness: Making a Case**

Beginning with some general comments, it is clear, as I stated earlier, that allocation is composed of a number of carefully constructed case narratives. These narratives are delivered in such a way that ‘concern’ and ‘worry’ (about child welfare) are powerfully conveyed. However, these stories are interspersed with humour which could appear rather inappropriate in other circumstances. For example,

....They played hide and seek and the last person to be found could ask Mr Brown, and I’ll tell you about Mr Brown in a minute, to do anything. Hannah told him to be a crab and he allegedly wore his underpants and acted like a crab with a visible erection, I don’t know where he wore his underpants (laughs)

These humorous interludes are not only a routine feature of case talk in meetings, but form part of office banter more generally. They serve to reference the workers’ detached familiarity with the dirty and dangerous as well as affirming their mandate as protectors of children. In this sense, the talk shares some of the features of ‘contrastive rhetoric’ (Hargreaves, 1981), which is defined thus,

An important feature of contrastive rhetoric....is the sometimes humorous but always dramatic definition of normality by reference to its opposite, deviance; and thus the demarcation (albeit a hazy one) of the outer limits of existing practice (*ibid*: 312).

In contrast to Hargreaves example, in which teachers affirm their identity by the use of contrastive rhetoric about a neighbouring college, these social workers are invoking the disorder ‘out there’ in contrast to the caring, but street wise, concern ‘in here’. Of course, as Hargreaves also points out, the interpretation of laughter is always difficult, as it can indicate a range of ‘heightened emotional responses’, including tension. This, it has been argued (Zidjerveld, 1968), is particularly likely for categories of joke which derive their humorous potential from the speaker deviating from traditional emotional

responses to particular phenomena. The sexually explicit nature of much of the joking amongst social workers may suggest that it serves to create a degree of 'role distance' (Goffman, 1961) for the speaker when she is dealing with referrals of a particularly sensitive nature. It is important not to bracket out entirely such 'psychological' factors (*cf.* Archer, 1995) and there is no doubt that humour does make allocation meetings and case discussions more bearable and, indeed, enjoyable for the participants. However, because cases with a sexual component are routine or, rather, ubiquitous, my inference is that sexual references are *invoked* to facilitate the display of tough professional 'savvy' rather than them being the *cause* of personal discomfort (and hence joking). This suggestion is supported by the fact that the jokes are plainly heard as 'jokes', despite their potential to be treated and responded to as indirect means to broach matters of 'serious import' (Emerson, 1969).

### The Ethnopoetics of Risk-Talk

The story is constructed by the worker as an act of *bricolage*. That is, bits and pieces of family life are picked out and reassembled into the narrative format of case-talk. The 'case', indeed, is an occasioned assembly of whatever fragments of evidence and evaluation the worker weaves together into a plausible story-line (Pithouse and Atkinson, 1988: 194)

Pithouse and Atkinson (1988) apply the term 'ethnopoetics' to social workers' case-talk, referring to its character as skilful oratory and recital. In the following analysis, I examine some segments of the extracts above with a view to illustrating both their artfulness and their situation within the dominant 'parent as culpable for problems in the child' discourse.

## Extract 1

Can I just discuss the one that came in yesterday. Somebody's going to have to pick it up in confidence I think. I'm conscious not everybody's here, erm (0.3). Joseph is fourteen months old mother moved over the last few months to Cromer Street, [town], erm (0.1) Rebecca's mum. No previous history, basically Joseph, we had a call, night duty had a call rather from erm ( ) on Monday night. Joseph had been admitted earlier that day with a condition called ( ) which is where the foreskin appears to have been pulled back and gets stuck and it becomes very swollen and sore. When the referral came through, we were told it was impossible for the child to have done this to himself, or to happen spontaneously. I have subsequently had a number of *other* medical opinions which have been one of the difficulties. The original referral said there were other bruises that Joseph had on his cheek on his frenulum and which is clearly torn, she *said* a pinch mark although it was quite old. His mum is she's quite upset at the mention of NAI but she's co-operative. She has a boyfriend but he doesn't live there. She says she's always present when he's with Joseph. They'll be keeping him in for observation. She's very very woolly about the story, there seems to be lack of clarity about whether it's accidental or non accidental. I've spent most of the day trying to pin down senior medics. It was getting to the point where I was getting put through to theatre to find people who were doing all sorts of dramatic things. The surgical registrar was saying it's not impossible but it is unusual and children of that age can pull back their foreskin, but it seems unusual. I spoke to the consultant who was more concerned in a way about the bruises and the mark on the thigh. It was also the history of being seen in the clinic in [town] in July and having a small bruise on the ear then ( ) last night the grandmother was quite angry and threatened to discharge Joseph, and Anne [consultant paediatrician] did a good job of persuading, but we did have to contact the police who were *very* helpful, the child protection police in [city] were actually going to take a police protection and we felt we would be very negligent to let him out last night. There've been further *very* detailed conversations this morning and the consultant was perfectly happy for us to get a second opinion and Dr Jones who's a consultant at [regional children's hospital] Anne went up today and saw the ( ) and she's saying that there are clear concerns, but the gran's said that the child falling out of the water bed he slept in could have caused this injury, so we'll have to look at this waterbed. SHE [consultant paediatrician] feels the condition of the penis would be very difficult for the child to have done himself at his age, but it is not totally impossible. So what she's saying is there are some very suspicious things, but the three she's most worried about are the penis swelling, the mark to the thigh and the mark on the ear. She thinks the bruising on the cheek which is right in front of the eye *could* have been caused by falling on a coffee table which is what grandma and mum said. He's falling a lot he is very active and all the consultants seem to agree that those things may or may not be. The frenulum could have been torn in a fall, cos apparently children of that age do get those sorts of injuries from falling and probably are not aware. Mum says she thinks he did it again when he was on his water bed, which if course is not impossible

The extract above begins with statements of fact (lines 2-6). The team leader reports the events, which are temporally marked as occurring on 'Monday night'. However, with her assertion,

When the referral came through, we were told it was impossible for the child to have done this to himself, or to happen spontaneously.

the speaker begins to mark the 'hearsay' nature of the evidence and hence a lower degree of reliability ('we were told'), whilst also constructing the case as the proper concern of a child-care social work team. Social services are, to borrow Callon's (1986)



term, an ‘obligatory passage point’ for other professionals dealing with non-accidentally injured children and, thus, with the statement ‘it was impossible for him to have done this to himself’ the case is claimed as ‘ours’.

After the speaker has described the child’s injuries, first factually (in relation to the penis) and then with a degree of uncertainty (in relation to the bruises), the mother’s story is retold with the insertion of phrases such as ‘she says’, ‘she was very very woolly’, which mark scepticism. The impossibility of the team leader’s task is then referenced throughout her slightly comic narrative account of her attempts to contact doctors and to grapple with and reconcile competing explanations.

I’ve spent most of the day trying to pin down senior medics. It was getting to the point where I was getting put through to theatre to find people who were doing all sorts of dramatic things. The surgical registrar was saying it’s not impossible but it is unusual and children of that age can pull back their foreskin, but it seems unusual. I spoke to the consultant who was more concerned in a way about the bruises and the mark on the thigh. It was also the history of being seen in the clinic in [town] in July and having a small bruise on the ear

The story then takes a dramatic turn,

last night the grandmother was quite angry and threatened to discharge Joseph, and Anne [consultant paediatrician] did a good job of persuading, but we did have to contact the police who were *very* helpful, the child protection police in [city] were actually going to take a police protection and we felt we would be very negligent to let him out last night

This serves to reinforce the professional mandate and to amplify the risky nature of the referral. The social workers become detectives *and* lawyers, with accounts of the opinions of both medics and family laden with linguistic codes which mark the speaker’s scepticism about such ‘hearsay’ evidence, and which convey ‘degrees of (un)reliability’ (cf. Chafe, 1986; Atkinson, 1995b). For example,

SHE [consultant paediatrician] *feels* the condition of the penis would be very difficult for the child to have done himself at his age, but it is *not totally impossible* (emphasis added)

In using the adverb ‘totally’ in the phrase ‘it is not totally impossible’, the speaker, in fact, signals that she believes it is *probably* impossible for the child to have injured himself. Thus, a referral characterized by equivocation amongst medical personnel is artfully presented as a risky child protection case.

The long and short of it is Joseph has gone home, we’re going to follow it up with the police, do more home visits, make more checks erm because it isn’t *totally* and *absolutely* clear this must have happened this way it is actually quite difficult for us to remove the child

Here the emphases, within what superficially appears to be a ‘hedge’, - ‘it isn’t *totally* and *absolutely* clear’ - serve to amplify the rhetorical force of the team leader’s construction of ‘dangerousness’, rather than to mark its uncertainty. Thus, subtle and carefully hedged attributions of causation are woven into the account, and reluctance to accept ‘accidental’ explanations is powerfully conveyed, with doubt, and a certain canny ‘pull the other one’ scepticism displayed.

These techniques are even more explicit in the discussion about the ‘pornographic videos’ (lines 91-166) Firstly, the parental account is quickly discredited by a common sense proposition delivered in ironic tone,

TL.....*he* said the children don’t use the video recorder. The officer said that basically there was nothing to stop them and *I* don’t know many nine year olds who don’t switch on their family video I mean perso[nally= you what?]  
SW. [They know how to] work things better than us

The specifically moral nature of social services’ role (as distinct from that of the police) is defined as follows,

what we need to do is ensure that this family *know* that this is obviously totally inappropriate and very worrying.....

In the following section, a social worker opposes the team leader’s assertion that, as the children have not been ‘hit’, this is not a child protection investigation as such. In

drawing upon *competing* maxims of everyday professional judgement in order to make their account persuasive, the team leader and social worker position themselves on what Billig *et al.* (1988) call the ‘common sense dilemmatic’, underscoring the argumentative and contested nature of mundane reasoning.

- SW. I mean when you said we’re not saying you’ve hit your child. We’re saying it’s inappropriate to make videos available and I was saying it is a child protection issue=  
 TL=YES=  
 SW= so therefore I think we should make some inquiries *beforehand*  
 TL. OK yeah, that’s fine OK. I’m just desperately trying to work positively these days at the moment, that’s fine.  
 SW. I mean if the school said the children had sexualized behaviour we’d be thinking ooooh, do you know what I mean?

The power of the transformative gloss added by the social worker is noteworthy and is readily accepted by the team leader, whose statement about trying to ‘work positively these days’ is an explicit reference to the ‘child protection vs. family support debate’ discussed in Chapter 3. The social worker’s account is anticipatory of, and speculative about the future, but it also invokes the past, in the sense that participants share the (tacit) knowledge that schools *do* quite often report ‘sexualized behaviour’. These anticipatory statements are central to the ethnopoetics of risk-talk, as the future inheres within the concept of risk: being ‘at risk’ means being ‘at risk’ in the future (either immediately or in the longer term).

The narrative structure within the discussion about Sophie Byrne in the second extract takes on an epic form. The team leader sets the tone with the statement, ‘This is really worrying’ (line 58). She continues,

- TL. Right. Sophie Byrne is ten she lives [address] and it was referred by, people will probably *remember* the referral cos it was referred by Kate Cross [education welfare officer] which is a bit of a convoluted referral but we get there in the end. Kate had been talking to the Head of Year about Mike Brooks, about Mike’s absences from school. During this conversation it transpired that Mike’s course tutor had been told by two other pupils at the school, that Mike was shagging a ten year old called Sophie. There’s an

asterisk here which doesn't go anywhere, but anyway (0.9). Kate rang the local school and located Sophie Byrne at [name] School. Staff at [the school] told Kate that three teenage boys collected Sophie from school one day last week. *Recently*, Sophie's mother went to pick her up from school and Sophie wasn't there. Sophie's mother in the past has requested ed. psych's help for Sophie and Mum finds her behaviour very difficult to deal with. One morning last week, which is now about three weeks ago, Sophie's parents found her wandering around the precinct at 2am. Kate had no further details. Mike is actually staying with the Anderson family. Nobody knows why he is staying there. Kate managed to identify the child as Sophie Byrne through statements the children made and by reference to the accounts from [school] of Sophie being met by older boys from school. Actually, it looks as though from the onset Kate put 2 and 2 together from what the pupils at [secondary school] said and spoke to the Head of [school] and she confirmed accounts of Sophie being met by older boys (0.9). This had happened the week before last, which as I say is about three weeks ago Sophie and her brother Oliver returned to [town] last year they'd lived previously in Staffordshire in Newcastle.... The children often arrive late for school and are not really collected. Oliver is (0.6) 7 is he ?? (0.4). Apart from incidents of Sophie alleging she was bullied, when she started at the school there were no other major concerns at school. Dave then checked with the *previous* school and er they said that they were pretty sure that social services were not involved, which was verified. There were no major concerns at the previous school. however, there had been one incident outside school where Sophie had been with a group of older boys who were smoking. That was when she was about 8. So what happened as a consequence of this, after all the checks had been done, it was allocated to Jan and Dawn was on the child protection bleep on that <day>. You can take it over now Dawn.

The story is heavily temporally marked (e.g. 'one day last week', 'recently', 'one morning last week', 'about three weeks ago'), with an unfolding dramatic quality as the education welfare officer, whose deductions are afforded a factual status ('Kate managed to identify', 'she confirmed'), discovers the identity of a child alleged to be being 'shagged' by an older boy. In fact, the opinion of the education welfare officer is used to 'authorize' a particular reading of the case (cf. Smith 1978). Deviance is referenced through descriptions of behaviour which breaches category-bound expectations (e.g. Sophie is ten year old child and was found wandering around the precinct at 2 am; when she was eight, she was with a group of boys who were smoking). The story is passed from team leader to social worker and the father's response reported,

.....Mr Byrne initially said that he felt it was just boys talking, the concern about Sophie being shagged was just play ground chit chat and he had no concerns about Sophie=

TL.= He also explained didn't he the 2 am precinct thing=

SW= Yeah we talked to him about the 2 am precinct thing and he said that had happened but what he had said was that erm they were unaware that it had happened because she had gone to sleep on the top floor. Sophie came downstairs with Gemma [friend] at 1-45,

cos they've got er a camera in the shop so they can actually see the kids coming downstairs. At 1-45 Gemma and Sophie went out the shop to meet 2 other friends.

Through the telling of the father's account, the risk appears to diminish, but because it conflicts with the mother's (line 148) the overall effect is the amplification of risk and deviance. The father's story is not pursued as a viable alternative to the 'child at risk' reading. Neither is the possibility that Sophie is a naughty child explored. Rather, the tenor is overwhelmingly one of concern and worry for Sophie, with the idea that she is being 'shagged' gradually achieving more a definite status with further ascriptions of deviance ('the potential perpetrator lives with the Anderson family'; 'Sophie is mixing with these children'; 'she still wets the bed'; 'she had all red legs at the top of her legs') added along the way. Contrast structures (Smith, 1978) are used, which amplify the incongruities in the story.

.....But Mrs Byrne maintains that she takes and collects her from school=  
TL. =Which is not what the school says if I remember rightly.

The past is invoked (lines 190-207) and affirms that this is a worrying family and then the team leader announces that she had not intended to allocate the case. This is difficult to interpret. Either 'telling' this particular case had some other institutional purpose (such as the reinforcement of occupational identity) or the team leader was making the statement for rhetorical effect in the hope that a team member would agree to take the case. I infer from the data that the latter is the case. In displaying for the team her attempts to 'dispose' of the case to the NSPCC, the team leader performs a prospective exoneration, which would mitigate any attempt she may make to coerce a team member to take the case. In fact, this proves unnecessary, with a team member powerfully invoking Sophie's 'big loss', as a justification for continuing with the case. The offer, if

not the justification, is readily accepted by the team leader (lines 256-259), who concludes the discussion by drawing attention to the risk involved in Oliver walking ‘a blumin long way’ home from school alone.

I am not making any judgements about the ontological status of this construction, however, what is clear is that certain interpretations are pursued whilst others are deemed implausible. The case-talk has an almost argumentative quality, although the social worker and team leader cannot be cast as opponents, rather they are ‘making a case’ together. Schwitalla (1986) has noted how social actors can argue in situations where they do not have opposing interests, and how such argumentation ‘constructs and affirms their shared knowledge’ (*ibid*: 120). The rhetorical work involved in this ‘collaborative narration’ (Eder, 1988) is complex and the account is delivered in a particular temporal sequence, so that Sophie being ‘shagged’ becomes established as an *ex post facto fact* (Shotter, 1989). That is, interactants accept one of a number of interpretations as true, and this version then permits the making of subsequent statements of a more complex nature, leading ultimately to a systematic formulation of ‘fact’:

The initial interpretation...now comes to be perceived, *retrospectively*, as owing its now quite definite character to its place within the now well-specified framework produced by the later statements...[T]he original situation has now been ‘given’ or ‘lent’ a determinate character..., which it did not, in its original openness, actually possess (Shotter, 1989: 149).

Moreover, it is clear that a preference exists to construct referrals as ‘children at risk’ cases. As I stated earlier, this is, in part, due to the fact that this gloss is already in many referrals. This is clear in the extracts above as team leaders read out the referrals.

However, even when this is absent from the referral there is potential for cases to be reconstructed as such. For example, the following referral begins with a service delivery focus and ends with concerns being raised about the 16 year old caring for her younger brother. This effectively marks the case as an appropriate referral for a children and families team.

### AL3/T1

Erm we seem to be having several at the moment women with serious illnesses caring for children. This is another one Josie Smith is a worker from adult services and that way I think this may be one who could have possible FRW input erm I think probably Carole it's not an appropriate one for you at the moment, but I think I might look at either Stella or Elaine to take this one on, but I think you need to be aware of it OK. Joyce Fenton is the mother OK. The family is known and Chris Falmer did quite a lot of work with them last year. They have two children a daughter of sixteen who's at [special school] and a little boy 7 who's at [local primary school]. Mrs Fenton's got extensive cancer so it really is quite worrying and I just think it's so depressing at the moment we've got so many of these. She's had some radio therapy she's now having chemotherapy. Mr Fenton is around but he's due to go into hospital to have his back operated on so I don't know what a priority that is. Adult service have agreed to put in home help. Josie Smith's talked to me about the possibility of day fostering and I've already spoken to and she's agreed to look at it. It's when mum's having the treatment and when dad's in hospital they just will need more backup erm district nurses are involved. I think that family aren't too sure how much help they do or don't want from children's services and I think the idea would be perhaps thinking about it an FRW could go in with Josie and sit down with them and talk about the way they want it and maybe about their fears of us may be they can get help from the family, but I think the feeling was perhaps that, for whatever reason Mr Fenton. didn't do and awful lot and that might be because of his back erm but that wasn't so clear from what Josie said erm and therefore what ever happens we've got two children with quite specific needs and I think the worry is that there's going to be an expectation on the 16 year old who's got her own will be expected to parent David, which if the family choose that we can't really do anything about, but we perhaps ought to offer which is why I spoke to the fostering officer.

A rare exception to this can be found on lines 30-56 in extract 2, where a child with a 'heart defect' is briefly discussed with a view to referral onto another agency. I could find no other examples of this kind of case amongst the data from allocation meetings ( $n = 8$ ; 68 pages of transcription). This is, in likelihood, due to the fact that such cases rarely reach these meetings. However, other 'deviant cases' are discussed in Chapter 7 where case records and relevant interview data are analysed.

## **Conclusions**

In this chapter I have analysed the formal mechanisms for ordering the case, but have also undertaken a detailed analysis of ‘thinking as usual’, as evidenced in substantial extracts from two taped allocation meetings. As Atkinson notes in relation to doctors:

For everyday practical purposes, the expert has his or her ‘natural attitude’ or ‘thinking as usual’. Its content will not be that of the lay person. It may, however, be equivalent *formally*: a stock of typifications, recipes for action that are drawn on in an essentially practical fashion. For most practitioners, for most of the time, the characteristic attitude is one of trust in ‘cookbook’ knowledge and action (Atkinson, 1995b: 116).

I have argued that social workers and team leaders routinely ‘make a case’ through ‘telling the case’, and that one can clearly detect a preferred ‘recipe’ for causal accounting. Stories about risk and danger to children are more likely to be treated as ‘true’, with the inference that it is the proper business of child care professionals to enquire and intervene into family life in order to reduce this risk. Complex interactional work goes into the construction of these accounts, which, in turn, have profound material consequences for people referred to the service (*e.g.* Sophie Byrne may have an intimate gynaecological examination). Professional scepticism, and the performance of ‘doubting’, particularly in relation to parental accounts, are badges of professional competence. These routines give an orderliness and predictability to an aspect of ‘the job’ which is not easily amenable to bureaucratization. As I stated in Chapter 4, the allocation and closure of cases is largely a discretionary activity, however, the preference to construct child-care cases in the particular way I have outlined in this chapter does not arise arbitrarily. Rather, referrals are often already constructed in this way by the public and by other professionals. Moreover, the discursive formations



(particularly psycho-legalism), which underpin contemporary practice (see Chapter 3) prefigure the local process. However, this local process involves the skilful use of rhetoric and argumentation, in which parents become cast as ‘bearers of folk knowledge’ (*cf.* Callon, 1986) about their children and social workers as ‘child experts’.

Having examined the way in which caseness is accomplished in the allocation meeting, I should like to move on to analyse the documentary data, in which the preferred formulations are further rationalized and rendered durable.

## **Chapter 7**

### **Re-Ordering the Case: Blaming, Exculpation and the Moral Order**

In the previous chapter, I discussed the argumentative and persuasive nature of case-talk in allocation meetings. I argued that social workers display a preference for a certain kind of story and that some lines of enquiry (*e.g.* children's naughtiness or unmanageability) seem to be left relatively unexplored in attempts to understand cases. Specifically, it seems that a display of scepticism about parental accounts is integral to 'competent' professional performance. Contrary to Dingwall's (1983) observation that a general societal 'rule of optimism' can be detected in child protection work, it appears that, through their talk, social workers *must* reference a willingness to accept (or expect) that children will be placed at risk by parents. However, whilst this is a clear assumptive base for case-talk, actual removal from home occurs in very few cases (*cf.* Corby, 1994), which means that risk-talk must, at some point become softened and mitigated. In this chapter, I build upon the analysis in Chapter 6 by undertaking a detailed examination of case files, paying particular attention to records compiled for 'third parties', such as child protection case conference reports and minutes, as it is here that certain tacit assumptions are given explicit form. I have supplemented the analysis of written records with some extracts from interview data, because here, too, social workers are ascribing order, *ex post facto*, to their sense-making activities and, in so doing, are rendering visible certain aspects of their occupational culture(s).

In the analysis below, I have drawn again upon ethnomethodological analytic conventions. Thus, I have not concerned myself with whether the records accord with 'reality', but have concentrated instead on what the records can reveal about the

background expectancies of social work practice and on how aspects of ‘caseness’, such as deviance are referenced in casefiles (for a more detailed methodological discussion, see Chapter 2). Drawing on the work of Garfinkel and Bittner (1967), Hak (1992) has adopted a similar strategy in relation to psychiatric records, with the following rationale,

...these records can be studied as a product of a psychiatrist’s “practical theorizing” about a given patient’s behaviour [but] a competent reading of - and by implication a competent writing of - psychiatric records cannot be completely defined locally, and the record must bear at least some relation to “ideal” psychiatric competence, for the simple reason that eventually sanctionable performances by clinic members must be evaluated by outside experts. This means that even a local meaning for present use can be uncovered - at least partially - by using ‘ideal’ procedures and theories as interpretive tools (Hak, 1992: 142)

Whilst Hak’s use of the term ‘ideal’ may be questionable, in the sense that it implies some self-conscious normative judgement is being made by practitioners, there is little doubt that the crafting of case records draws upon *dominant* expectancies and institutional relevancies.

The records analysed below (sample of case files  $n = 72$ , child protection case conference minutes  $n = 45$ , case files on children with identified medical conditions  $n = 12$ , see Chapter 2 ) are kept primarily for agency purposes, functioning as a record of work undertaken and to be undertaken, as an aide memoire and to facilitate organizational and public accountability. However, service users do have access to files on request and social workers write their records with the knowledge that they may be read by the people to whom they refer. Thus, as Hak (1992) has shown, the artful compilation of case records involves the reformulation of original accounts and

observations of others (and of the worker themselves) in such a way that professional competence is displayed (*cf.* Cicourel, 1968).

Case files are themselves ‘ordered’ in particular ways. Initial referrals are recorded on a referral sheet (see Appendix 11) and the social worker and team leader must categorize the referral according to the codifications of the computerized ‘Client Information System’ (see Chapter 6 and Appendix 9). Contact with the family is recorded in narrative format, with ‘significant’ events recorded sequentially on ‘continuation sheets’, in date order. Reports (for meetings, or for court) and correspondence are stored in discrete sections of the file. Competent ‘readers’ of case files will often turn to reports for a summary of previous involvement, thus the reformulations contained in these documents can be of considerable significance in the sense making process. Thus, through the act of reading, case records become temporally layered, as the (present) reader revisits the past as depicted in the records, in order to plan future interventions (see Chapter 8).

As I have already explained, the analysis below supports the assertion, made in the previous chapter, that social workers adopt certain *preferred* formulations when interpreting fragmented and ambiguous information about their cases. The categories used below are not mutually exclusive, but tend to blend and coalesce within the written accounts.

### **Accomplishing ‘Caseness’ and Achieving Closure**

It seems that certain rhetorical devices are used routinely in order to justify decisions to ‘open’ a case and also to ‘close’ it. These rest largely on the referencing of ‘deviance’

or of 'normality'. This can be a complex task and, as a shift from deviance to normality is usually necessary before involvement with a particular family can cease, contradictory accounts often coexist in one file. Such inconsistencies appear to be sustainable without the competence of the initial interpretations being questioned. The only other route to case closure is the ascription of 'intractability', where the account must achieve three things, firstly, it must show that everything the agency has to offer has been tried, secondly, that nothing has worked and thirdly, that risk is containable.

### Accomplishing Caseness

Within interpretive sociology, there is an established literature on the social construction of deviance in a variety of settings ( *e.g.* Cicourel, 1968; Emerson and Pollner, 1978). These studies have tended to utilize ethnomethodological and phenomenological works on common sense, practical accomplishment and mundane reasoning. However, as Hester (1992) has pointed out,

[u]nless speakers are able to produce recognizable references to deviance and, in turn, unless hearers can recognize them as references to deviance, intelligible talk about such a subject is impossible (Hester, 1992: 156)

Using a framework derived originally from Sacks' (1967, 1972a and b) work on 'membership categorisation' and also Smith's (1978) analysis of the use of 'contrast structures', Hester argues that it is possible to capture the processes through which deviance becomes referenced and recognized in 'referral talk'. I shall show below that a similar analytic framework can be applied to the study of social work *records*.

I have noted that the accomplishment of 'caseness' appears to rest upon the ascription of deviance to a family, or to individuals within a household, and there is usually some

evidence of this on the initial referral sheet. Referred individuals and families are described by reference to certain membership categorizations, such as 'mother', 'father', 'young person' or 'child'. Indeed, as is shown in the data, these terms are sometimes used in preference to the names of the individuals involved (e.g. '*Mum* was very gentle with him'). A set of cultural norms are thus mobilized and certain 'category bound activities' become expected. The person's conformity to, or deviation from, these expectations can be used as a measure of their moral worth. An analysis of the use of these devices in social work records, then, transcends description and offers clues about the tacit moral order in which professional activity is located. I shall refer to this again below.

As Hester (1992) and Jayussi (1984) have suggested, individuals and families coming to the attention of statutory agencies are, by definition, members of the category 'referral': it is thus anticipated that they will display 'a cluster of expectable features' (Jayussi, 1984: 26). In this instance the referred families are expected to have 'problems', the amelioration of which could legitimately fall within the statutory remit of the agency. The construction of an account which is consistent with the category 'referral' is dependent upon the presentation of behaviours which deviate from the 'category bound activities' usually associated with the social roles individuals occupy. So, if 'mother' is consistent with care, nurturance and 'coping', deviance can be ascribed by demonstrating deviation from this expectation. In the following example, the expectation that adults should take control of their lives, and hence of their children, is made explicit. The woman under discussion has moved to the area from another area of

the country and has a history of fleeing violence and subsequently returning to her partner.

[A/2 1.1]

...Mrs M. says she is more determined this time not to give into her husband. However, she gave me the impression of waiting for something to happen, rather choosing to be in control of her circumstances. She could give me little idea of what she wants for the future...

Developing the arguments further, there appear to be two principal strategies through which deviance can be referenced in case records, firstly, through the ascription of deviant attributes to particular individuals and secondly, through the telling of elaborate stories. The examples given below are typical and such devices were ubiquitous in the case records analysed.

*The ascription of deviant attributes*

There are a number of 'deviant' categories (*e.g.* mentally ill) and behaviours (*e.g.* drinking or drug use) available.

[A/1 1.8]

...She does, from time to time, suffer with eating disorders and depression and she has also had a lot of ill health [sic]. She has a large extended family who are supportive but critical.

[A/1 1.12]

...Since January 1994 there had been a deterioration in T's behaviour. He had been aggressive towards the teacher, experiencing mood swings, throws things, carries out animal like behaviour and sometimes crawls under the table...

[A/I 1.3]

Mr K. shows all the signs of psychopathy in his self centred approach to emotional life. Without the will to make changes he will continue to present a risk to all his children by virtue of his lack of caring. I doubt whether Mr K. is able to exercise much discrimination in his choice of friends or that he is capable of forming relationships outside an alcohol culture- this will inevitably perpetuate concerns about his children

[A/1 2.10]

...Referrer has also alleged that when the parents come home they are usually drunk (can hardly stand up)...

*Telling stories: the use of 'thick description'*

It is not only in oral accounts, such as those discussed in the last chapter, that deviance is referenced through the telling of elaborate stories. Thick descriptions of events and behaviours are also a feature of case records. Atkinson (1990) discusses a similar rhetorical device used to give legitimacy to accounts in ethnographic texts.

One of the important devices whereby the narrative contract is invited in the text is via the rhetorical device known as *hypotyposis*; that is, the use of a highly graphic passage of descriptive writing, which portrays a scene or action in a vivid and arresting manner. It is used to conjure up the setting and its actors, and to 'place' the implied reader as a first hand witness (Atkinson, 1990: 71 original emphasis).

The following are examples of this process:

[A/1 1.10]

J. [child] took her costume off and began to scratch her genital area. R. [father] immediately jumped up and told J. to lie down and "spread em", referring to her legs. He proceeded to pick grass from the genital area

[A/2 1.10]

J.W. came into the office in very agitated state. He was saying that his wife had left him this morning. He said they had rowed and he had hit her. That he thought she might come in and accuse him of raping her. He talked of being depressed and wanting to kill himself...In terms of his nervous state J. was in a bad way. He tapped his left fist continuously. His hand shook violently and his stammer was very bad at times.

[A/2 1.20]

My observations from visiting late morning confirm that up to 7 people aged between 14 and early 20s sleeping in flat. 2 children L. and a boy aged 14 months- unsupervised wandering around the flat, dressed only in wet nappies, unused matches lying on the floor etc. When visiting later in the day, children in the same condition.

In the above examples, deviance is accomplished through the demonstration of departure (on the part of the actors) from the category-bound activities conventionally associated with 'parenthood' or 'childhood'. So dominant are these conceptions, that the norms of behaviour from which the actors have deviated need not be *explicitly* stated (as they are for example in Smith's (1978) work on contrast structures), however the



behaviour of the individuals under discussion *is* sharply contrasted with cultural expectations about *normal* 'family life'. This aspect is developed further below where third party reports and records are considered in detail.

### Justifying Case Closure

I have observed that the accomplishment of case closure (the termination of social work involvement with a family) rests on an ability to deliver accounts which reaccomplish 'normality', or which ascribe intractability and/or *containable* risk. In the following examples, normality is re-established either by referring to the 'typicality' and ordinariness of the problem, or by describing a change in circumstances.

#### [A/1 1.9] [teenager thrown out of parental home]

I ascertained that N was a "typical" teenager and his arguments with his parents were also fairly typical. Difficulty with communicating. N was doing a 2 year pre-mechanics course at college. He was well presented, his clothes were not cheap and he looked well.. [outcome- case closed]

#### [A/2 1.4]

Information from school indicates that P. is attending regularly. The teachers are very pleased with his progress. The school nurse reports that P. is now growing and gaining weight appropriately. Under these circumstances the core group [appointed at a child protection conference in all cases where children's names are placed on the register] ....recommended that P.'s name be removed from the register and, as continued social services involvement is no longer necessary, the case be closed.

#### [A/2 1.5]

Visited family in new home in R.. Very happy with themselves. Thrilled with new house which looks lovely. They got £700 grant and £1000 back payment for J.'s disability premium [J. is the father and has a long term mental health problem]... J. is waiting to go into [hospital] for new injection trial. S. [child] is waiting to go to [school]. He is happy in the new home.

#### [A/2 1.17]

We saw all the children who all looked well dressed and fit. L. said without prompting that she had fallen, and I noticed a bruise on her forehead, which I thought looked normal for a fall. The flat was clean. Mrs V. said she did not need any help...

In the case extract below, the social worker invokes both intractability (Mrs K seems well aware of her husband's shortcomings...) and containable risk (....and does not leave any of the children in his care).

[A/1 1.4]

I have now spoken to both parents about the business of protecting S.. Without a doubt, the burden of protection will fall on Mrs K.. We have taken steps to reinforce her protective instincts by stressing the "rightness" of her previous efforts and providing her with information about how to access help with protection.... Mrs K. seems well aware of her husband's shortcomings and does not leave any of the children in his care. She is confident that, with the support of her parents she can take adequate steps to ensure the safety of her children.

Whilst references to 'containable risk' may exist independently of references to 'intractability', the latter cannot be invoked in justifications for case 'closure' without the former, since 'intractability' could also be seen as a trigger for the use of compulsion as in the seeking of court orders.

### **Ascribing Culpability- Blaming and Absolution**

Descriptions in case records of the accounts of others, and of the social work assessment process itself, can be read as struggles to assign culpability to a particular individual or individuals within a family. Although the child is frequently presented as the 'problem' by the referrer, there is a preference for *parental* culpability. Challenges to this preferred and privileged way of understanding rely on 'expert' invocation of the biological medium through clinical diagnosis. In cases where a child is seen to have 'intrinsic' medical problems (*i.e.* those which can be named and identified by paediatricians or child psychiatrists) accounts more frequently imply that the child is the 'problem'. In such cases, stories affirming the parents' moral worth seem to be a proper accompaniment.

Before embarking on the analysis, it is important to stress again that I am using the words ‘culpability’ and ‘blame’ to mean ‘attribution of responsibility’ (*cf.* Pomerantz, 1978). This particular definition is crucial, as social workers frequently offer mitigating statements for parental ‘failure’ (*e.g.* by invoking the past - ‘she was brought up in care and suffered dreadful abuse as a child’, ‘he’s a very damaged person’), which imply that the individual is somehow *not* to blame, whilst simultaneously preserving the rhetorical force of the ‘blaming’ (as an attribution of responsibility for causing a particular problem in the present). That is to say, notions of causation and culpability are inextricably bound together in work with children and families.

Within the records, ‘blame’ often transfers from one person to another as information unfolds, this is particularly evident in the example below,

[A/1 1.5] [Extract from original referral from the health visitor]

B. [child aged 19months] has had several breath-holding attacks and has been in hospital twice. Hospital wish him to attend playtherapy. Father works long hours . Mother has children 24hrs a day with no break

Here the mother is constructed as ‘victim’, the child as ‘difficult’, and the father as potentially culpable. However, the initial referral form was completed by the social worker as follows:

Request for financial assistance with 1x session per week childminding fees. Child with medical problems, mum needs respite. B. experiences some problems with breath holding- deliberate and manipulative catching of breath during temper tantrums. This has necessitated 2 hospital admissions because of convulsions. Father works long hours - he clearly sees his role as provider for the family and does not help out much with the children. The health visitor feels that mum is overwhelmed by the difficulties entailed in managing B.’s behaviour and desperately needs some respite...

This passage is interesting for two reasons. B. has become more clearly defined as a ‘problem child’. This is necessary rhetorical work in situations where a child is being

held responsible for family problems (see below). Furthermore, although the father has conformed to certain normative expectations (breadwinner), he is still subjected to professional censure. Textual devices are employed (describing his lack of availability at home), in order to assign culpability to him. However, as the case progresses things quickly change:

B. is now 20 months old and stronger than ever. Mum finds him very overpowering... I felt mum does not help. She is quite anxious and shouts quite a bit.... I felt a child minder was not going to help B. I felt from what she had been saying, he would feel rejected by her and it is his mother's attention he seeks. I explained that we do not just pay for child minders and asked about an FRW [Family Resource Worker].

Here there is a clear shift away from a '*service delivery*' construction, where the parent's account is accepted, to a '*sceptical professional*' position, in which the problem is redefined as mother's 'fault'. The plot thickens; the FRW writes:

Had B for 11/2 hrs. He was very good. He fell asleep in the car going home. When mum lay him on the settee he woke and started to cry. Mum tried to comfort him, but he carried on crying and breath-held. Mum was very gentle with him which proved ineffective. I took over from her. I clapped my hands really hard and shouted his name, he caught his breath and was O.K.

Through the reporting of an 'unhappy incident' (Pomerantz, 1978), in association with a contrast structure (Mum was very gentle with him which proved ineffective. I took over from her. I clapped my hands....) an artful blaming of the mother is accomplished. The child was referred for day foster care so that 'assessment' could continue.

M [day carer] says he is fine with her, yet mum said she had a few breath-holding attacks over the weekend

This is a particularly clear example of the use of a 'contrast structure' to amplify deviance. The first half of the sentence sets up the expectation, the second references a departure from it.

The very material effect of this upon the mother is reported as follows,

Next visit mother began to cry, said she was beginning to hate B., couldn't stand his breath holding attacks, feels he is doing it to get at her. Mum cannot understand why B. is good for M. and terrible for her. I have tried to explain that B. is a bright little boy who needs constructive play and discipline. While he is at M.'s he gets just that. I suggested a few ways of her changing her attitude towards B. Dad is just never around. When he is there on a Sunday he can't cope with B.

In using the expression 'I have tried to explain' the writer implies that the mother has some difficulty understanding and with 'I suggested a few ways' she adopts the role of 'child expert'. Thus, the ascription of blame clearly shifts in this case as follows:

child [and father] -> mother-> mother and father.

The example above supports my assertion that there is a tendency for social workers to ascribe culpability to parents, even when the initial referral suggests that some particular characteristic of the *child* is the cause of the problem. This illuminates the paradox (referred to in Chapter 3) in social workers' use of biological explanatory frameworks, in that the notion of development - as an absolutely age graded process - is clearly a profoundly materialist (biological) concept. However, there is, as I have illustrated above, a manifest preference for 'deviant' behaviour and/or development in children to be constructed as an avoidable consequence of individual parenting styles (nurture). In explaining a particular behaviour, or individual difference, biology and genetics have become deeply unfashionable and have come to be defined as (politically) 'incorrect' and 'oppressive' explanatory models. Biology is thus held responsible for similarity, but not for difference. The ascription of 'problem' status to children relies, as I have said, on the medicalization or psychiatrization of the presenting problem (and hence on the resuscitation of the biological/nature axis of the alembic myth).

Although there were few examples of such cases in the initial sample, I undertook a further analysis of cases involving a child with a disability ( $n = 12$ ) and, in such cases, the social workers' accounts of their involvement are overwhelmingly *service delivery* focused and tend to be accompanied by references to parental moral worth (some 'disconfirming' cases are discussed later in the chapter). However, because evidence of departure from developmental milestones is necessary for culpability to be assigned to a parent (even where social circumstances seem to be problematic in themselves), medical (or psychological) information serves a dual purpose: it can be used to *exculpate* and to *condemn* parents.

As I stated earlier, there is a working assumption that adequate parenting becomes *embodied* in the child and is thus available to be weighed and measured, 'captured' and evaluated. This measurability is treated by social work members as a self-evident trivial truth. There are several references to health and illness in the extracts above and the following are further examples of medical/developmental information routinely recorded on social work files. The use of 'scientism' as a rhetorical device is illustrated in the examples below,

[A/2 1.6]

The health visitor reported that C was a normal delivery at 41 weeks gestation, weighed 7lbs 14oz. C. is now on the 90th centile for height and weight and the 50th centile for head circumference. All are within normal limits. Her 8 week check was satisfactory apart from her hearing and she had been referred to the audiologist, but had failed to attend on several occasions and still needs to be seen. C. has been fully immunised but has been in contact with TB.

[A/2 1.7]

K. [health visitor] also said that K. [child] was a small baby and continued to stay around the 3rd centile, but was keeping up with this satisfactorily. P. [mother] does not attend clinic very often and K.'s third immunisation is still outstanding.

The following is an extract from a letter sent by a social worker to a child's mother,

[A/2 1.13]

I have spoken to the secretary at B. Health Centre and have discovered that B., K., and D. [children] all have outstanding injections required. Can you get this sorted out? It is a relatively small point but we need to confirm that they are up to date on a report recommending de-registration [removal of children's names from the child protection register].

In this case, the reason for registration had been a violent assault, upon one of the children, from an ex-cohabitee who was, by this time, off the scene. The immunization status of the children was, therefore, of no direct relevance to the original concern.

In cases where physical risk to children is suspected, or after a social worker has noticed an injury to a child during the course of their routine visits, the recording has a very evidential flavour. 'Unhappy incidents' and their explanations are recorded in temporal sequence:

[A/1 1.4]

B. had a bruise on his forehead today. He said his father told him to go to bed, B. said he had homework to do, and ran off into the kitchen. Dad chased him and pushed him. B. banged his head on the radiator. B. said his father hits him quite regularly, especially when he has been drinking. Last week L. had swollen fingers because they had been trapped in a door, again by her father -accidentally.

[A/1 1.8]

17/11/93

J. had injury to inside of mouth and said 'daddy did it'. We spoke to J. and it transpired that he had been in bed when mum left the house the previous night, but had subsequently got out of bed. He told her his daddy had thown him on the top bunk of the beds and he hurt his mouth on his sister's radio.... The children told us the cut bled and daddy did not tend to it. Mrs Y. said the incident was out of character and her husband was a 'placid man'. J. was now saying 'daddy did not do it'. Medical arranged - Dr said injury would have been quite painful and bled. Throughout the short time spent with the family several times. Mrs Y. informed us of her love for her children.

23/11/93

School reported bruise to J.'s temple. Visited L. whose explanation for the injury was the same as J.'s - slipped in the bath NFA [No further action].

In the latter case above, particular attention is paid to incongruities in the stories given.

This is a routine concern for social workers and is the principal means by which stories

are validated and blamings accomplished. This search for incongruity, by asking the same question to different ‘witnesses’ and to the same witness at different times, is similar to that used in deciding on the trustworthiness of witnesses in court room testimony (Barry, 1991; Hyden and McCarthy, 1994).

To return to and develop my point about parental culpability and children with ‘intrinsic’ problems, the following case has the typical ‘service delivery’ focus I referred to above, and contains transparent references to the parents’ moral worth.

**[A/1 1.9] [E has Down’s Syndrome]**

E. came home from school very high and noisy, insisting on being fed immediately. At first he seemed a little shy but soon came round. He constantly made demands, mostly on his father, to provide food and drinks. It appears father does not enforce such rigid boundaries as his mother does, consequently E. has learned to make more demands on him. He [E.] showed very short concentration span, but enjoyed talking about his videos. When there was not a positive response to his demands, he either cried or sulked and lashed out. He responded very positively and almost immediately when his mum made a request.

This could be read as an ascription of deviance to the father’s parenting, but the account continues as follows:

There appears to be a very caring attitude to E. by his parents, perhaps a little overprotective at times. However, he did make great demands on them and they expressed concern not only for his physical development, in terms of strengths, but also about his social networks and emotional growth.

The trend continues in a subsequent referral, dealt with by another social worker. The referral states:

The hospital had received a telephone call from J [mother]. She is not sleeping due to E.’s pump going off 8-10 times a night. Dr thinks Mrs H. [mother] is in danger of cracking up. Dr feels they should have a nurse available to sit up with E. ...

The outcome was allocation to a social worker, who arranged respite care and made applications to charities for financial support.



Of course, causation is not always easy to ascribe and, in the following case, the struggles involved in constructing causal accounts for ‘disturbed’ behaviour in children are clearly demonstrated. The account is something of a roller coaster ride, with blame settling, from time to time, upon the mother, but with frequent reference made to M.’s problems, as though the social worker could not quite make up their mind. The sections which appear to question the mother’s parenting capacity are shown in italics, and the phrases which reconstruct her as a morally worthy, struggling parent are depicted in bold. The initial referral sheet, completed after the child’s mother had made contact with the service, states the following,

**[A/1 2.7]**

Request for urgent assistance with child.

*Mrs T. brought M. [child, 9yrs] into the office threatening him with a children's home. M. attends B. school and has special needs. Headteacher told mum to come in if in difficulty. M. behaved badly in the supermarket and ran off - mum had to drop her shopping and jump on top of him to stop him. She was distressed saying she could not cope, but really was using us as a threat. She regained composure very quickly. L. goes to a childminder after school as mum works. He also goes to an aunt and father every Fri- Sun. So mum has quite a lot of respite. [Educational Psychologist] is involved. There is a special education meeting next week. I suggested we wait until that meeting to see recommendations. Mum felt sure she could manage until school began. M. promised not to misbehave in shops and not to run away.*

The difficulties the worker was experiencing in constructing a consistent account are more understandable when one considers the content of a referral made the previous month by the Headteacher.

Concern for child who is beyond parental control

M. is in a special needs unit at school - behaviour is aggressive and is deteriorating. Ed. Psych. is involved and a referral to [Child and Adolescent Mental Health Service] for assessment has been made. School feels M. is “out of mum’s control” and she is at the end of her tether. M. set fire to his bedroom on 27/3/94. “Very disturbed little boy, but very loving”. M. has drawn a picture at school showing himself watching horror films, through a hole in the door at his uncle’s home. Head teacher advised mother to contact social services and thinks she did so and then withdrew request some months ago.

This account displays similar ambivalence, and potentially leaves the social worker struggling to decide on an appropriate response. The outcome was a referral letter to the

Child and Adolescent Mental Health Service. If, as I have argued, assessment procedures rest on the assumption that parenting skills, or the lack of them, will be *embodied* in the child, the need to eliminate any possibility of an intrinsic problem becomes self-evident. So, a medical opinion can be seen as an ‘authorization procedure’ (*cf.* Smith 1978: 33), used to substantiate (or to refute) a particular view of causation. Furthermore, where an intrinsic problem appears to exist, social workers are left with only a *service delivery* response, as the dominant *sceptical professional* response (parent as culpable for problems in the child) cannot be authorized and authenticated using the standard measurements and yardsticks (height, weight, growth, development, psychological adjustment). Thus *blame* becomes central to the referral and assessment process itself. ‘Blamings’, of the subtle and artful kind referred to above, were evident in all of the case files examined, except for those with very brief, descriptive content (*eg.* parent requesting short term financial help) ( $n = 11$  - *cf.* total  $n = 72$ ).

### **A Hierarchy of Accounts?**

In constructing a competent interpretation, social workers are often exposed to competing accounts of events. It appears that there is a hierarchy affecting the attribution of truth status to a particular version, with professional accounts generally privileged over family accounts. In situations where members of a family offer different versions of events, a mother’s version is usually treated with less scepticism than a father’s, unless she belongs to a deviant category (*e.g.* mentally ill). Children’s accounts are treated as ‘true’ unless they can be discredited by the presence of ‘intrinsic’ disturbance, or by an obvious incongruity as discussed above. However, if a child

changes their story about abuse competent social workers will continue to display concern about whether they have been silenced by an ‘abuser’.

I stated earlier that certain accounts seem to carry with them some ontological privilege: they are more likely to be treated as true. Based on my reading of the case files a clear hierarchy emerges, which can be depicted as follows:

1. The child
2. Professional staff (usually, in this instance, health visitors)
3. Mothers
4. Fathers living in the household
5. Estranged fathers and other male caretakers (*e.g.* stepfathers)

I have said that the analytic categories I have used tend to collapse into one another, and clearly the hierarchy of accounts is related to the ascription of blame and responsibility, in that persons held responsible are likely to have their accounts treated with scepticism. The notion of a hierarchy of accounts does, however, merit separate consideration as the interview data confirm that the *source* of information is a matter of particular significance in deciding on action to be taken, with team leaders and social workers all stating that they are more likely to respond to ‘professional’ referrals, particularly those which refer directly to allegations made by a child.

For example, the following case was referred by the Court Welfare Service, after an application for a Residence Order under the Children Act 1989 (similar to the previous ‘Custody’ Order) had been made by the child’s estranged father. The reasons given by the father in his statement were as follows,

[A/1 2.6]

I have arranged contact and have been concerned that D. has bruises on his body and, on the weekend of 18th/19th June, had burn marks to his arm and his eyelashes.

There were further concerns expressed by the father:

Mr S. and his family believe that D. is living in an incestuous family and is in potential danger. They have no concerns about J.'s [mother] ability as a mother. She is loving and caring towards D. However if J. were to leave him in the care of certain members of the family... this may place him at risk.

The case was allocated to a social worker who interviewed Mr S. in the office in the company of his brother, who reiterated their concerns about the burns, bruises and risk of sexual abuse. Later, the social worker spoke to the health visitor and recorded the following:

Health Visitor saw D. and his mother on 21st July (first meeting), she said she was staying with her parents at [address] but due to move to [ ]. She said she had met the previous H.V. there. D. was up to date with immunisations and was up to milestones. Looked happy and healthy. Bright and intelligent and active. J. said she was having trouble with her boyfriend over access.

This was followed by a visit to the mother,

Visit to J. and D.. D. looked well and lively and cheerful. J. friendly and willing to talk. She showed me a mark on D.'s arm (an old and small scar). She said this had happened when D. was playing at her mother's in a red toy car which had fallen off the concrete path onto the garden.... She also said she did accidentally singe D.'s eyebrows when she lit a cigarette and D. was standing beside her on the couch and made a grab for the lighter. She says D. was a very active child and she tried to be careful with matches, lighters and cigarettes. She showed herself to be conscientious and careful of D. She had taken D. to the doctors the day before, he had diagnosed slight asthma and given syrup for this. She intends to visit the clinic frequently now she has registered with Dr....

This recording accomplishes the mother's moral reconstitution, but there is more work to be done to discredit the father's account,

She said Mr S. had been causing bother for her recently and had banged on the door in the middle of the night and strewn her washing around. This had worried D. a lot.

The case was closed.

To give a further example, in the following extract the social worker is recording details of a referral received from the neighbour of 'E',

[A/1 2.3]

Neighbour has befriended E. but is very concerned about her children. E. [mother] is often in bed until midday and the children have no supervision. They have broken into the electric box and damaged fuses, played with the gas cooker, left the gas on. One day recently N. got the kitchen scissors and cut off R.'s hair. when the neighbour has been to the flat she says it is in a terrible state and the smell is overwhelming.

The referrer's status as a friend serves to authenticate her account as well-meaning and therefore as 'true' (cf. Smith, 1978). The case was allocated to a social worker who contacted the health visitor who said that she had,

visited C. for the first time last week and she had no worries about the care of the children or state of the house. When she arrived E. was waiting for her mother to come to look after the children while she went to work (p/t at the Leisure Centre). H.V. spoke to grandmother, who was honest and open and appeared to have a very good relationship with her grand children. Her management skills of the children seemed fine. B.L. [Health Visitor] had no concerns about the developmental progress of the children. The home appeared clean and tidy.... H.V. said that on the basis of this visit she felt sure that there were no grounds for concern.

The social work record continues,

After consultation with Team Leader it was decided that given the H.V.'s recent visit to the family and her having no concern re. care of children or state of the house NFA [no further action] required.

In all the case files examined ( $n = 86$ ), I have found only one exception to this tendency, in which the health visitor's concerns appeared to exceed those of the social services department, resulting in an elaborate and highly 'evidential' account of a mother's inadequacy as a parent which was produced for a meeting in which decisions were to be taken about future action.

[A/2 1.26]

....Care very poor on the whole, but some good spells. Frequent colds, asthma, nappy rash (on face on one occasion when J. was left lying in a wet bed) often dirty, sometimes clean. Immunisations up to date, weight has been satisfactory, now dropping off the centiles a bit. Speech poor-few words, no phrases.....No potty training, drinks from a bottle. B. is a poor copier- sometimes depressed-sometimes hates J. and feels she is a hindrance.

Sometimes wants at least ten children. She still smokes, even though J. has asthma, and drinks alcohol. She is becoming unkempt and putting on weight. Her behaviour is erratic and unsociable. She has tried to do a menstrual chart, but just lost it. When J. was born she declared D.O. to be the father, then E.F. Her mother encourages this as she is desperate for B. to be heterosexual and not a lesbian...The flat is poorly kept and dirty. Cats and dogs are kept in a cupboard on the balcony and B. has had a letter from the RSPCA banning her from keeping animals...

This led to the case being reallocated to a social worker, however, it was closed again a few months later, under the 'intractability criterion'.

**[A/2 1.26]**

After lengthy negotiation with the housing department, following their eviction from [address], T. [mother's lesbian partner], A. [her child], B. [mother] and J. [child] were rehoused into a three bedroomed semi-detached property in H.

On 15/7/93 I accompanied B. and J. to an appointment with [paediatrician] at which he stated that J.'s development was *appropriate for her age. In view of these 2 factors and B.'s reluctance to acknowledge any difficulties or to accept help to undertake preventative work to address concerns that professionals have, a decision was made to close the case.*

It is acknowledged that the outstanding concerns include:

- inconsistent parenting, often affected by external pressures and events
- lack of stimulation within the home
- lack of boundaries and control
- lack of consistency when meeting physical needs of the children
- the nature of the relationship between B. and T. which can be very unstable and violent- and the potential effect on the children's development
- leaving the children in the charge of inappropriate carers

May result in further referrals, however, *I feel that the potential for change in B's parenting of J. is more likely to be achieved if there is demonstrable rather than potential negative effect on J.* (emphasis added).

The social worker is referring to the opinion of the paediatrician that the child's development was unaffected by all the factors which were concerning child welfare agencies. In the absence of any measurable negative consequence of poor parenting, the social worker cannot force her intervention onto a hostile family, whatever her level of concern. Social workers are dependent on medical practitioners to produce 'evidence' of harm. Clinical psychologists may also be called upon to pass judgement on deviant cognitive or emotional development, as is consistent with the demands of psycho-legalism.

### **Third Party Reports: Giving Psycho-Legal Judgements Explicit Form**

At this point I should like to develop my assertion that, in situations where third party scrutiny is likely, certain normalizing judgements, which usually remain implicit, are given more explicit form. During my analysis of the initial sample of case files referred to above, I had noted that, in reports compiled for court or for child protection case conferences, tacit assumptions about the responsibilities of parents and about children's needs were more explicitly developed. On the basis of this observation, I embarked upon a further analysis of child protection case conference minutes ( $n = 45$ , identified with the code **CP** in the analysis below). Before moving on to consider the data, I should insert a methodological caveat. The conclusions of case conference minutes are written by one of only two managers who have specific responsibility for child protection. They could, therefore, reflect the particular idiosyncrasies of those individuals, rather than the influence of 'background expectancies' as I suggest. However, since these minutes are circulated to representatives of a large number of statutory agencies, some of whom (the police in particular) attend similar conferences in other local authorities, it is clear that they are read as a competent (and typical) record of decision making in such fora. I have also included extracts from court reports which have been written by practitioners involved with the case.

The following extracts are taken from reports submitted to the court in an application for a Care Order.

[A/1 1.10a]

The Local Authority consider that L. now needs security, warmth and consistency from a family who can care for her in the long term. We believe she also needs the opportunity to put down roots and develop a sense of belonging to that family. In addition to any child's need for

stimulation, opportunities for play and positive role models. L. in particular, needs to be given permission and encouragement to express her feelings and to test boundaries [Report of local authority social worker]

**[A/1 1.10b]**

L's ability to adjust to the separation from home and different foster cares, could be an indication that her relationships are superficial, and that she has not learned that adults can remain in her life on a long term and secure basis [Report of Guardian ad Litem - independent social worker appointed by the court in Care Proceedings]

In the first of these extracts the ideal standards of parenting are held up in contrast to L's experience to date and her future needs are defined in the language of developmentalism ('put down roots'; 'develop a sense of belonging'; 'stimulation'; 'opportunities for play' and 'positive role models'; 'express her feelings'; 'test boundaries'). The report of the Guardian ad Litem, however, is slightly different. L's ability to adapt to changes in her situation could be read as a positive sign. Therefore, some rhetorical work is required before it can be read as a symptom of poor parenting. This is accomplished through the implicit invocation of attachment theory (see Chapters 3 and 6), with explicit reference to the 'superficial' relationships L. has experienced in the past.

In all of the child protection case conference minutes I analysed, some formulation of the children's needs and the level of risk is given. This is unsurprising, since the particular situational expectancies force participants to explain, firstly, why a child protection case conference has been convened, and secondly, why they have, or have not, decided to 'register' the child, or to remove them from home. These accounts were also *always* accompanied either by references to parental deviance and reluctance to accept responsibility (which obviously amplifies risk) or by reporting parental-responsibility taking (which serves to mitigate a breach of the standards of adequate parenting).



**[CP4]**

Since the last Conference, the situation in relation to D., M. and T. has deteriorated to the point where professional [as opposed to family] members of the Conference were expressing grave concern. The care, attention and control which the C. children receive is far from what is necessary for their welfare, or in accordance with what is their right. From the information from the agencies involved it is clear that the health and development of both D. and M. is being severely neglected to the point where they are experiencing significant harm. T., although in a different position [accommodated by the local authority], is also not receiving the parenting he needs to which leaves planning for his future in doubt, due to the inconsistent response from his mother to his needs. Ms C.'s excessive abuse of alcohol is a significant factor in the lack of care of the children. Mr C. does not appear to be involved in the caring and nurturing process at all. Despite a great deal of family support and help, the situation facing D., M. and T. is going steadily down hill which means that the Protection Plan must be revised and strengthened. To achieve this end, it will be necessary for the Local Authority to obtain parental responsibility [achievable only through a Care Order].

Some of the phrases in the extract above are taken directly from the Children Act 1989 (significant harm, parental responsibility). Similarly, the reference to 'family support' refers to the statutory duties of the local authority (under section 17 of the Children Act), and not to support from family members, and serves to signal that the family are unable to 'use' help. The children are powerfully constructed as victims ('...being severely neglected to the point where they are experiencing significant harm') and bearers of rights ('or in accordance with what is their right'). Deviance and irresponsibility on the part of the parents is clearly referenced.

In the next extract from another case the 'needs' of the children are made more explicit by the invocation of 'the child as victim'.

**[A/1 2.15]**

Professional concerns about the welfare of these children have continued over several years. poor standards of care have persisted and recently worsened, despite high levels of support from social services. The concerns relate to many aspects of both physical and emotional care. They include *inadequate diet, poor supervision, health needs not being met, basic hygiene being neglected and significant deficiencies in their stimulation and emotional nurturing. The children demonstrate varying degrees of delayed development and psychological ill-health and their behaviour is becoming increasingly problematic.* It has not been possible to engage effectively with the parents about these issues. Their capacity for change is unknown, but this has not been put to the test because of their preoccupation with severe financial problems brought about by

[father's] gambling which reduces the amount of time he has available to spend with his family  
[Case Conference Minutes, emphasis added].

The children in the two cases above had not sustained injuries at the hands of their care takers and it may reasonably be expected that, as a consequence, the contextual work necessary to justify intervention is of greater importance. Where physical injury is present such work is largely *evidential*.

[A2/1.2]

K.H. [health visitor] saw B. at the health centre when she was brought by her father F.M. and asked to look at the bruising B. had on her right thigh. Mr M. said he first noticed the bruising on Tuesday and it was still very noticeable on that day (Thursday). N.H. (chair of conference) read from a report by Dr C. which concluded that there were 3 linear marks on B.s right thigh consistent with a slap or finger pressure. The skin was not broken and there were no other signs of bruises or scratches. [Case Conference minutes, child aged 15 months]

The statement above is linguistically coded as fact - as *evidence* - to signal that reasoning has been *inductive* (Chafe, 1986) and not based on supposition or belief.

In the examples above, accounts are being offered in support of higher levels of surveillance, or of some legal intervention. However, when the Conference decides that no further action should be taken, it becomes necessary to mitigate *prima facie* risk (e.g. following physical injuries to children) through the use of exonerations. These 'exonerations' can be classified as 'excuses' (Lyman and Scott, 1970; Antaki, 1994a) in that they are designed to reference an acceptance of blame on the part of the parent but, by invoking exceptional circumstances, they also serve to 'excuse' the behaviour and to signal an unlikelihood that it will be repeated.

[A/2 1.13]

[referring to report from the paediatrician]

His report showed, after local examination of the legs -

Left leg: 5 pin prick marks in the front of the left leg

Right leg : 1 pin prick mark at the back of the right leg.

Comment: These marks are compatible with pin pricks- at least four of the marks on the left leg. In my opinion these are inflicted injuries.

Conclusion

S. has sustained a non accidental injury inflicted in a clearly sadistic manner. All the indications are that her mother's cohabitee was responsible. *T.P. [mother] has terminated her relationship with Mr W. and has expressed a commitment to protecting her children from him in the future.* (Case Conference minutes, child aged 1 year, emphasis added)

**[CP 43]**

P. has been the subject of a serious assault by his father. This appears to be the result of frustration with P. as Mr L. has expressed difficulties for some time in being able to deal with the problems he sees P. presenting. *The conference accepted that Mr L. was very upset at what had happened and accepted his assurance that this would not be repeated....* There are no concerns about P.'s health and development although there are some problems in the school setting, mainly relating to work rate and truancy. It was agreed that the criteria for registration were met but it was also accepted that registration should be deferred to allow work to be carried out with the family and to assess the effect of this. *It was agreed by all members of the Conference that help and support was needed and this was stressed particularly in by Mr and Mrs L. (emphasis added)*

The pivotal significance of such 'responsibility taking' was also identified by social workers and team leaders in interviews. Without exception, parents 'admitting that they had problems' was identified as the major (positive) factor they would look for in assessing risk. The admission of responsibility appears to be a powerful mitigator of culpability. This means that parents who are particularly skilled in the production of moral accounts are likely to be deemed less culpable and less 'dangerous'. Clearly, it is unlikely that the cultural capital necessary for the production of competent moral accounts will be evenly distributed (see below).

**Problematic Cases: Considering 'Disconfirming' Evidence**

I have made a number of claims in the discussion above, but the tendencies and preferences I have described are just that - they apply to most but not to *every* case. A detailed examination of the small number of 'disconfirming' cases in the samples, however, suggests that circumstances under which these routine modes of ordering are departed from have their own cluster of expectable features.

### Problems in Attributing Causation

It appears that there are problems in attributing causation (using the preferred ‘parents as culpable for problems in the child’ recipe) in two main circumstances. Firstly, as I have stated a number of times, when the child has been given some specific diagnosis of intrinsic disorder and secondly, when the child has had a number of carers. The following case is particularly interesting as a number of dominant constructions are breached. That is, the young person in question has made allegations of sexual abuse (which are not treated as ‘true’), and is also showing clear signs of emotional distress for which she has been treated by the child psychiatry service and which cannot straightforwardly be attributed to parenting because of her particular history. However, in spite of the fact that ‘blaming’ is rendered problematic, causal accounting still takes place and relies on the language of psycho-legalism (*e.g.* the past is invoked as an explanation for problems in the present).

#### **[CP 44]**

T. has made serious allegations of sexual abuse by her adoptive father, N.R.. As yet however, T. has declined to be interviewed by a police officer and social worker and the allegations have not been set within a detailed context. T. is demonstrating extreme emotional disturbance which has become increasingly evident over recent weeks although she has some previous history of difficult and apparently attention seeking behaviour. There are no relevant concerns about the health or development of any of the other children and the indications are that the children have been cared for to a high standard, both physically and emotionally. Mr R. is emphatic in his denial of the allegations and he is fully supported by his wife. They have expressed though, their commitment to T. and concern about her future needs and care. T.’s behaviour could possibly be the product of sexual abuse which may have been perpetrated by Mr R. or person or persons unknown. Equally her difficulties may be rooted in the trauma of her early pre-adoptive life.

The Conference agreed that it was not possible to reach a definitive conclusion about this matter and consequently was unable to formulate an assessment of risk to any of the children. T.’s immediate future is not a matter of dispute and it is clear that she requires care, support and an effective therapeutic intervention....

References to the child’s deviant behaviour and markers of scepticism about her story are juxtaposed with references to the moral worth of the adoptive parents. The difficulty in crafting an adequate causal narrative is specifically invoked to justify an inability ‘to

formulate an assessment of risk'. This adds considerable weight to my assertion in the last chapter that causal accounts are of pivotal significance in child care work, although they frequently remain considerably less explicitly formulated than in the minutes analysed above. It is the specific background expectancies and imperatives of the child protection case conference which forces the authors of the minutes to render presuppositions and practical judgements explicit. This supports Antaki's assertion that 'reasoning' is 'at its sharpest.... when one is asked more or less explicitly to show one's working (Antaki, 1994b: 180-181)'.

### Child Protection and 'Intrinsic' Disorder: A Moral Struggle Writ Large

From the initial sample of case files, and in the subsequent further sample of cases involving children with diagnosed medical conditions ( $n = 12$ ), I was able to find no examples of cases in which children who had received diagnoses of 'intrinsic' problems were the subjects of formal child protection case conferences (although shifts in blaming and causal attribution may be evident as social workers attempt to make sense of the situation and to 'authorize' particular accounts by seeking medical/psychological opinions). However, by asking team leaders explicitly about such cases I was able to locate four examples. One (which is illustrative of the rest) is considered below, alongside other interview data. I have selected extracts from the case file on another, a child 'W' (aged 6) who had a diagnosis of 'late onset autism'. Despite this diagnosis, however, there was a high degree of professional scepticism referenced in the file, with a suggestion that styles of parenting may be exacerbating the intrinsic problem. This construction can be traced to inconsistencies in the stories given by different family members and by the same family member (mother) on different occasions, and also to

the expressed opinions of child psychiatrist and psychologist. The accounts in the file have a powerfully moral and normative flavour. The following are extracts from letters written by the child psychiatrist,

[DIS: 1]

....I found mother to be evasive and at times I thought she was deliberately covering up information. For example she did not know anything about her husband's experiences in early childhood and subsequently let slip that paternal grandfather was a very critical man and this has influenced her husband's attitude towards [child].

.....She [child] has no speech, she does sign for some objects using Makaton. She is restless and ritualistic and does not sleep properly....She is incontinent and I was quite surprised how mother seems detached, leaving her in a smelly condition throughout the consultation until I prompted her.

I found the mother detached and flat in her mood.

Similar scepticism is conveyed in the social work files and by the clinical psychologist in letters to the social worker. The principal formulation in the file is as follows - although the child's mother had expressed concern about her husband's parenting and had accused him of cruelty, she would retract or mitigate her statements if social workers tried to intervene. Thus, she is 'blamed' for failing 'to take responsibility' for changing the situation and for 'failing to protect' the children.

Professional concern is subsequently fuelled by the elder sibling in the family who refuses to return home from a routine hospital admission, saying that she is frightened of her father. A child protection case conference is convened in respect of the elder sibling, at which the issues affecting the child with autism are also discussed. The following is an extract from the mother's profoundly moral (written) account of the difficulties the family were experiencing, in which the intrinsic problems of the child are dramatically invoked through the telling of atrocity stories,

**[DIS: 1]**

W's behaviour has become more irrational lately and it is therefore harder to anticipate her next move. She requires constant supervision in order to ensure her safety. She climbs, jumps at windows, pulls out plugs, is fascinated by anything electrical and has consequently had a nasty burn to the hand. She has no fear of the road and has climbed on top of cars.....She seems to have tremendous mood swings, going from being completely wound up, almost wild to violent bouts of crying for which there is no explanation.... She is not toilet trained.... She is still suffering terrible diarrhoea ....and has had to be cleaned 3-4 times a day for the last 3 years.....W. is so demanding that I am concerned about the other children. I feel I have no time for them and that they are really suffering, not only from this but from the stress of living with a child who is so unpredictable....W. is a very confused little girl who desperately needs help. We love her.

This account is clearly highly articulate and, in fact, this mother had been a child welfare professional before having her children and thus possessed the cultural capital to produce this compelling moral tale. The adoption of a formal child protection orientation is only made possible by the judgements of psychiatrist and psychologist who raise the possibility that W.'s autism is being adversely affected by parenting style, and by the concrete allegations made by the elder sibling, who did not have any intrinsic problems, thus sustaining the view that her parents were culpable for her 'emotional distress'. However, as in the previous case, it appears that the competing causal accounts (the behaviour of W. is responsible for stress within the family; stress within the family, and particularly father's behaviour, is making W. and her sisters distressed) made the business of attributing responsibility problematic. The children's names were *not* added to the child protection register, in spite of the clear statements made by the older sibling. Instead the family were referred back to the child and adolescent mental health service for 'family therapy' (which is, itself, a fertile arena for 'blamings', Stancombe and White, 1997).

### **Accounting for Ordering the Case: Experience, Science and Moral Judgement**

Whilst I have repeatedly stated that the extracts above invoke the language of psycho-legalism, it is apparent that the version of 'psychology' in use bears a close relationship

to 'lay' understandings of problem causation (Furnham and Lowick, 1984; Furnham, 1988; Furnham, 1994). I have already argued that the rhetorical turn has blurred the boundary between lay and scientific reasoning, and although these psychological concepts may have come to be treated as trivial truths, that does not mean that they are atheoretical notions. Rather, their apparent incontrovertibility is a consequence of their discursive dominance, through which they have also become part the law, and of a repertoire of complex forms of 'reasoning' (as display or argumentation) used by social workers.

Of course, whilst the *ex post facto* nature of the data used in this chapter, and in Chapter 6, demonstrates the way in which formulations become solidified through re-telling, they do not allow for any *definitive* (naive realist) claims about what *actually* leads social workers to make the decisions which *have been* taken. Thus, it is extraordinarily difficult to make any clear statements about whether social workers are being 'scientific' or 'intuitive' (if, indeed, one suspends disbelief for a moment about the mutually exclusive nature of these phenomena), since any enquiry (however proximal to the live action), about their 'reasoning' could only elicit another situated, *ex post facto* formulation. Of course, social work accounts could be subject to the same kind of evaluative criteria as ethnographic research (see Hammersley, 1992 and, on the applicability of such criteria to social work, White, 1997 forthcoming), but this is not an evaluative ethnography and routine detailed questioning on my part about the premises for knowledge claims would necessarily have disturbed the ordinary 'hurly burly' (Wittgenstein, 1980: 629, citation Shotter, 1989: 143) of institutional life.



However, it is important to note that social workers are acutely aware that their decision making may be subject to evaluative scrutiny of a different (legal or quasi-legal) nature and thus the justifications they invoke, particularly in durable documents like files and reports, are intended to show that their decision making is based on something recognizable as 'rational' by those outside the profession, that is, they *must* invoke conceptual frameworks which are not entirely local. Developing the work of Mishler (1984), Atkinson (1995b) argues that doctors' accounts consist of a number of 'voices' (e.g. the voice of experience, the voice of journal science). I shall show below that social workers rely heavily upon the 'voice of experience' in the construction of their stories and in the authentication of their knowledge claims. The 'voice of journal science' is extremely rare in social workers' case-talk, although 'research' is likely to be referred to in policy documents (see Chapter 4). In contrast, social workers' accounts of their decision making largely rely upon the invocation of a set of essentially moral criteria, against which the boundaries of 'good enough parenting' are drawn.

In the discussion below, I examine some extracts from interview data, in which social workers and team leaders were asked to describe what sorts of things they would consider when undertaking an assessment (see Appendix 4), and how they reach decisions. Preferences for particular modes of ordering may, and sometimes do, differ from individual to individual, however, more usually, a particular individual may make use of several of these 'tools' in one account. Members do not explicitly refer to these shifts in conceptual frameworks, rather they appear to be treated as interchangeable and of equal worth.

### Tacit Knowledge: The Old Hand

Social workers routinely invoke 'voice of experience' by referring back to previous cases, during the course of their 'sense making' in the present: 'I had another family like this', or 'these are just like the Smiths'. These reminiscences are used in informal talk to speculate about the future ('do you remember what happened to the Smiths?').

Anecdotes are also an identified feature of doctor's talk (Hunter, 1991), and in medical settings these stories appear to be used to,

'embody and transmit information about anomalies...[and thus] are a constant reminder that, in the uncertain domain of medicine, there will always be an exception that calls for investigation' (Hunter, 1991: 82),

That is, they are markers of the *uncertainty* of the enterprise. However, in social work they seem to serve the polar opposite purpose, in that they tend to gloss into *ad hoc* groupings ('just like the Smiths'), a cluster of features which, without such associational work, would appear unique and therefore unpredictable.

When asked specifically in interviews to describe the things which help them to make sense of cases, social workers were unable to name any discrete theories - with the exception of attachment theory, which was referred to by one social worker as 'oh you know, the usual stuff, attachment and bonding'. Instead, the voice of 'seasoned intuition' is invoked,

[SW1: 60]

SW. Experience I suppose of other cases and that's something that's not easy to put into words really I suppose, I don't know if there is a thing of gut reaction. There is a feeling of I just don't feel right about this you can't always say why....

However, it is clear from the data analysed earlier in this chapter that psychological theory, and particularly developmentalism, pervades social work sense making, but has

simply become so 'experience-near' that it is often not recognized as a conceptual framework, but simply as an 'obvious' and common sense criterion by which standards of parenting can be judged.

From the interview data two other distinctive patterns of response are discernible, in which social workers subscribe to rationalities which can be broadly described as 'the scientist' and 'the moral judge'.

### The Scientist

In the following, very unusual, account a team leader seems to be invoking scientific (hypothetico-deductive) rigour and scepticism and holds this *modus operandi* in contrast to the practice of others who 'always believe the child or young person' (that is, who rely on the hierarchy of accounts and the consecrated correctness of certain practice orthodoxies)

[TL4: 27]

....I think we have to be more challenging and look for, *exhaust if you like, explanations for situations that may be abuse I think we've got to be alert to the fact that it could be, but we've to go through any other possible explanations for the behaviours or for what they have said, or other interpretations of it*, and also to be clear that we're hearing first hand what was actually said in the first place, because people can change what is said. Yes it concerns me that at the moment we don't necessarily are challenging enough if you come from a position of you always believe the child or the young person then I believe that can be quite unhealthy because we don't always believe adults. We can all of us tell lies, or could say something that can be misconstrued, as with young children, children with learning disabilities can put together little bits from different experiences and you have to be aware of that. I believe very strongly that one safe guard against that is to gather a lot of information, to put together if you like as many pieces of the jigsaw as you can, to gather information from various agencies and you might in fact then get a better picture. You may have, typically, a child who is allegedly supposed to have said something that could be construed as abuse and yet nobody else has any concerns about them they are reaching their milestones etc etc, their relationships are healthy and really then you have to question what was said. On the other hand, you may have a statement that is worrying and you put it into the jigsaw and teachers might have had concerns about the child they might be displaying all sorts of worrying behaviours and as might health officials and put together it might then look more likely as if abuse has happened, *so you go back to looking at a fuller picture and not just believing but challenging and analysing what was said and looking for alternative explanations and I'm not sure that we do that* (emphasis added).

Although this explicit transgression of cherished beliefs is unusual (see Chapter 5), the reference to information gathering is wholly typical. This ‘checking’, ‘evidence’ gathering and ‘piecing together’ was mentioned by all those interviewed as well as being apparent in the allocation meetings, discussed in detail in Chapter 6. However, it is usually described and used in a quasi-legalistic manner - as a check on consistency and incongruity - rather than as a mechanism for rigorous falsification. This is the same team leader whose account was used in Chapter 5 to illustrate ‘transgression’ from the dominant ‘new morality’. The display of scepticism in the account above - not about parental stories, but about dominant *social work* stories - is highly unusual and the team leader’s invocation of scientific reasoning can be viewed either as a *rhetorical* device in the context of this transgression, or as a *reason* for their refusal to see things in this prefigured way.

### The Moral Judge

At this point, I should like to return to and to develop the contention that social work ‘sense-making’ is a profoundly moral, normative and normalizing activity. Whilst they may rely on the ‘measurability’ of certain aspects of child development, for the most part, social workers are dealing with qualitative judgements, for example, about whether somebody is a ‘good’ or a ‘bad’ parent, and debate often takes the form of competing common sense moral maxims. I have argued that challenges to parental accounts are rendered problematic in those situations where parents are able to display exceptional virtue or even piety (usually by referencing willing self-sacrifice), as is often the case when they are caring for a child who is ‘intrinsically’ difficult to look after. In the

following extract, a team leader describes her attempts to accomplish this kind of challenge,

[TL 1: 38-44]

TL.....we've got a little girl of 9 who we're having to pay for 4 nights a week at the [residential school] that's alternative to residential care because she's quite obviously, it's quite difficult this rejection it's not the same rejection as other families what they are rejecting is a child who is less than perfect, a child who they feel very guilty about bringing into the world and they would actually say when they really get distraught things like, 'really if she died it would be better for everyone concerned', and the father saying, 'well let's put it this way, if there was a shipwreck I would save my wife and sons'. You are getting a very clear message that really this child they wish she wasn't there. They wish they had never produced her. From the child's point of view she's autistic as well as deaf, totally deaf. We know that she recognizes her family and we know that she gets excited when she wants to go home with the family and we know that she has got into a certain routine that she knows her mother and father and her brothers, now she has got some kind of relationship and communication with them whatever their feelings are. I think if you look at that child's needs it is for her own family I'm not sure, given the resources, that we could ever place her anywhere because she is so damaged.

IV: So you end up with the same situation that you did with the boy that you were talking about earlier that they can't actually be placed in a family so you have to look

TL: =You have to look what is retrievable about their own families. If there was a suitable family for this little girl who could cope better with her needs then... the rejection of the parents does worry me, and I certainly spoke to child protection on a couple of occasions, I remember when we investigated it

IV: =How did you do that?

TL: Well the child was - we had a complaint that the child was outside on her bedroom window, sitting outside on the first floor window. When we investigated it the child was sent to her room quite a lot, and there were no safety bars on the window, so we talked about, well the mother said if I find myself getting uptight the only thing I can do, she actually has this screech, is put her in her bedroom, which is a coping technique. She's safe, she's screeching, however it wasn't safe because she was getting out of the window, so what we did was to put bars on the window, which was in the child's interest, but it still bothered us that they were using that perhaps to excess and this is a time when I was offering the family resource worker because she was saying 'it's terrible I can't spend anytime with my two other sons at tea time', and yet when I offered a family resource worker she tells me she employs a nanny everyday at tea time, so she really wasn't making much sense and I couldn't respond to what she was saying. The other thing that we had was this child was made to wear a hat all the time, and she wouldn't go anywhere without this hat but we were worried why she had to wear this hat and it was that she was pulling her hair out, so they insisted on her wearing a hat. Now you can say, this is the dilemma with disability, is it cruel to make her wear a hat or is it really the only thing you can do to make her stop damaging herself and people... the wearing of the hat has improved in that she has different kinds of hats now and she likes to wear a hat but they are not actually these bonnet type things that tie under her chin, so she can wear a summer hat and she can change them and increasingly she is being encouraged to leave the hat aside for certain activities that she enjoys and we'll concentrate on that and actually her hair is growing, so I think the parents resort to very serious preventative measures rather than coaxing and distracting that we would want them to do. So it's whether they've got that kind of investment, she started biting, biting her clothes and what they did was give her a horrible rubber ring I don't know what it was off, it was almost like one of those dog rings, to bite on. The school refused to give her this rubber ring and with my

backing we said we are not prepared to do it, if she wants to bite her clothes we'll attempt other methods of distraction, but we are not introducing a dog ring to this child. So the parents have discontinued the ring at home, but we are getting responses to what we are saying because they are getting more confident of the child's needs and we know the parents a bit more, but there are a lot of issues there, if she wasn't so disabled we'd actually be having a child protection case conference and removing her.

IV: What's stopped you?

TL: The thing that has stopped me is that these parents would then- it would be the final straw. They would feel able to reject her totally, if there was any kind of accusation that they weren't doing their best, and I'm not sure in talking to them that they aren't doing their best. So it's that dilemma, because on each and every occasion when I've been worried and I have talked to them, they have had very sound, almost safety or caring reasons, and there are chunks of light that when the child isn't so disturbed, that they do enjoy periods with them, their big thing last year, and earlier this year was that they never have a weekend away, this was on top of the child only being home at the weekend, and it was, 'we need a weekend away, we need to do things with our sons that we can't do when we've got L', and I was feeling quite angry I have to say, about this. I was thinking I'd cracked it, there had been argy-bargy for the 4 nights, first of all it was 2 nights, she needed a break, her husband works in London all week, only comes home at the weekends, so her support systems are very low, and when he comes home, this child does not realise that it's him, and I've seen that for myself. The marriage is wavering, and how much of that is due to the stress of this child, separated these 2 at weekends, it's all mixed up and you can't isolate the one factor, and actually when we looked at the child's needs, we felt her need was for consistency and clear boundaries, to be able to move her on, so it was us that actually said, we feel that she needs block periods. So she needs 4 days and 4 nights at [school], just one disruption for the weekend, so she can cope with those 2 blocks and school holidays at home, and that seemed to be in everybody's view, what this child needs, the fewer changes, so we could get to grips with her behaviours, whether that didn't suit the family very quickly, the weekends, and I capitulated after suggesting this, that and the other. What I've said to the family, OK if you can manage one night less during the week, so you have her for 3 nights, and then you can have one weekend a month. So we're not actually getting more but there's more flexibility, and we're actually, L. has still got her family, and I think that's the best result I can get for that child, because the alternatives aren't there. I don't know how long that's going to go on, at the minute they seem to be surviving at that level.

Throughout the account above, the team leader seeks to reference the child's humanity -

'We know that she recognizes her family and we know that she gets excited when she wants to go home with the family' whilst also assigning her to 'deviant' categories -

'she is autistic, as well as deaf, totally deaf'; 'she's so damaged'. The team leader's

struggles in assigning culpability to parents who give 'very sound, almost safety or

caring reasons', for aspects of their parenting which would usually be unproblematically

defined as 'bad' (*e.g.* wishing the child had never been born; confining her to one room for long periods when she is distressed; insisting that she wears a hat at all times; giving her a rubber ring to chew on - although this would be considered 'age appropriate' if she were a teething baby) are also apparent. Her problems are multiplied by the pragmatic difficulty in 'measuring' any damage to a child whose development patently deviates from the usual markers. The team leader also finds herself an accomplice in the situation, because of her own suggestion of strategies (bars on the window) which she would define as abusive in other circumstances. She is thus unable to mount a challenge to the parents' moral accounts of their situation, and is forced to accept the story that they are providing the best care that they can and, indeed, that they are providing the best care *available*. This sits uncomfortably alongside normative judgements about 'rejection', and their style of parenting which would 'normally' have resulted in the child being 'removed'. Similar stories were told by two other team leaders and by one social worker who, because she was based in the hospital, had a large number of children with disabilities on her case load. Thus, although moral judgements *are* made about the parents of children with intrinsic problems, the usual practical responses to these judgements (*e.g.* 'investigation', 'case conference') are rendered exceedingly problematic. This is exacerbated by the competing discourses about disability discussed in Chapter 3 (some 'treatments' may, in themselves, be considered abusive). However, the fact that stories are constructed by practitioners in the manner illustrated above, underscores the dominance of the 'parent as culpable' discourse, in that deviations are clearly recognized as 'accountable' phenomena, which require that social workers and managers tender justifications and disclaimers.

## **Conclusion**

In this chapter, I have built upon the analysis in Chapter 6, and have explored the ways in which social work ‘cases’ become re-ordered, and decisions accounted for, in written records and in (interview) talk. I have discussed the artful ways in which deviance is referenced in case files and how certain accounts appear to have privileged status. Tacit normative and normalizing judgements are given more explicit form in records designed to be read by third parties, where background expectancies force social workers and managers to ‘show their working’.

I have argued that these data confirm the claims I made at the end of Chapter 6. That is, they further illustrate the moral nature of practice, and the primacy of causal accounts and ‘blamings’. More fundamentally, I have argued that social work with children and families can be construed as a moral activity. The forms of reasoning invoked by social workers when asked to account for their actions include ‘experience’ (or seasoned intuition) and, exceptionally, ‘science’. However, the application of even the most rational-technical ‘tool’ is a practical-moral affair, and the account of the importance of sceptical scientific rigour in one of the extracts above has a transparently moral rhetorical design. The preferred modes of ordering discussed in this chapter and the one before are part of a *local* culture which “‘always ineluctably” shapes the reality of troubles’ (Gubrium, 1989:95) and yet they are also *located* within psychological and rights based discourses which have achieved the status of incontrovertible truths and (with the exception of a few dissidents) are not generally questioned by members.



A detailed understanding of the situated orderings, and of their associated discursive formations, is essential and, yet, institutional life is not insulated from other times and spaces - including the individual lifeworlds of the families with (on) whom social workers work. It is for this reason that cases rarely achieve a final ordering (exceptions include child deaths, most adoptions - although some 'break down', and families who move permanently to another locality). However formulated the accounts in case files appear, they are always open to change as events, from which social workers are spatially and temporally separated, stubbornly unfold and threaten the artfully constructed 'order' of the case. In the next chapter, I explore the often Janus-like articulations and interpenetrations of spatial and temporal phenomena, arguing that 'times', spaces, or the events within them, are multidimensional and can act as material constraints, as forces of indeterminacy and flux which defy social workers' ordering activities, *and* as rhetorical devices.

## **Chapter 8**

### **Representing Time(s) and Temporality: Orderings and Invocations**

In previous chapters, I have made numerous references to ‘times’, classifying them both as ordering phenomena and as artefacts of ordering processes. I have, for example, argued that the organizational practices of case planning and review, with their respective anticipation of the future and scrutiny of the past, are essentially temporal activities. Similarly, the sequential ordering of social workers’ narrative accounts (particularly ‘risk-talk’) has an intrinsic temporality, in that, although such accounts may proceed ‘episodically’ rather than chronologically (Reissman, 1993), they embody the temporal notions of cause and (subsequent or anticipated) effect.

Organizational rhythms themselves form temporal patterns (*cf.* Zerubavel, 1979), some of which flow directly from the bureaucratic ‘nine-to-five’ working day, whilst others are the artefacts of particular discursive formations, such as the ‘ages and stages’ forms of thought associated with psycho-legalism (see Chapter 3). I have also argued that social workers’ activities are affected by events taking place in other spatial and temporal locations, including the legal and political fields, and the ‘lifeworlds’ of people referred to the service. Whilst artefacts from the legal and political fields seem to exert an ‘ordering’ (or re-ordering) influence upon the situated practices of social workers, the ‘lifeworlds’ of families and individuals exist as forces of indeterminacy, and it is these that are explicitly invoked by practitioners in what Pithouse (1984; 1987) calls the ‘volcanic metaphor’. References to cases ‘blowing’ or ‘erupting’ serve to mark the uncontrollable and unpredictable aspects of ‘business as usual’ (see also Chapter 4).

Thus, in stressing the emergent and contingent nature of social reality, but also the relative durability and portability of certain discursive formations across space-time, I have made considerable (but pragmatic) use of the so called ‘temporal turn’ in this thesis (see Chapter 1). However, despite the title of this Chapter, I do not claim to be providing a definitive review of developments within the sociology of time. Moreover, because I have sought to explore in some detail the non-temporal aspects of institutional life, I have not attempted to reproduce the detailed Simmelian formalism of Zerubavel’s (1979) temporal ethnography. Rather, I have used time(s) and temporality as sensitizing concepts in the interpretation of the data, but this particular ‘lens’ was itself selected because it arose so spectacularly from my reading of the data. Indeed, it was in transcribing the lengthy extract of data below [AL/T1], that I first became aware of need to explore ‘time’ and to acquaint myself with the relevant theoretical frameworks. The conceptual work here is, then, ‘grounded’ in the institutional realities of those studied.

This said, it may appear rather artificial to separate out ‘temporal’ phenomena as I have done in this chapter. I have ordered the thesis in this way in the pursuit of analytic clarity and, clearly, temporal aspects of organizational life do not possess a discreteness in ‘real time’. However, whilst dealing with times and temporality in a piecemeal manner in preceding chapters may have provided a more faithful representation of members’ ‘realities’, it would have obscured the interrelationships between (and, sometimes interdependency of) different aspects of ‘rational time’ and between ‘rational times’ and ‘lived times’ (Adam, 1995).

In the discussion below, I attempt to explore these interrelationships, dealing first with times as constraining or ordering phenomena, examining organizational rhythms and also referring to lived time as a force of indeterminacy and flux. Secondly, I argue that abstruse debates about the philosophy and social significance of time and temporality have had a tendency to marginalize, or ignore, the role of human agency in the local negotiation and reproduction of rational times, treating them instead entirely as constraining phenomena. That is, commentators have been generally unconcerned with the ways in which rational time - as an aspect of 'common sense knowledge of social structures' (Garfinkel, 1967: 76) - is invoked by social actors in the construction of their accounts, so that:

by his [sic] accounting practices the member makes familiar commonplace activities of everyday life recognizable *as* familiar commonplace activities (Garfinkel, 1967: 9).

My own data show that social workers make considerable use of bureaucratic time in the construction of various types of account, particularly those of an 'exonerative' nature. For example, social workers' accounts of their case management decisions routinely juxtapose descriptions of referral information ( references to lived time) with comments on the constraints of bureaucratic time (person hours). These references serve, not only to preserve institutional realities, but also function as moral accounts, which maintain the consistency of the social workers' 'altruistic' professional discourse during the course of morally tainted rationing activities (see below). Moreover, at the most basic level, referrals to child-care teams are routinely (and artfully) classified into

*temporal* categories, according to degree of urgency or chronicity, on the basis of tacit codes which signify dangerousness.

### **The Materiality of Time(s): Finite Time, Rational Time(s) and their Problematics**

In this section, I intend to argue that although abstracted times may easily be displayed as ‘constructed’ phenomena, as artefacts of rationalization, they nevertheless exert a material influence over the situated activity of social workers. They both order and constrain activity in complex ways. Before proceeding, it will be useful to very briefly summarize the major theoretical notions about time abstraction.

Over the last two decades, sociologists have shown a renewed interest in the spatial and temporal dimensions of human existence (*e.g.* Zerubavel, 1981; Elias, 1987; Giddens, 1987; Hassard, 1990; Adam, 1995; and, for a concise review, Domingues, 1995), and in rational time as a means of organizing social life. Following Heidegger’s commentary on the existential temporality of *Dasein* (1979), it has been recognized that human beings have an awareness of their finite life span and, through their memories of the past and anticipation of the future, are able to derive meaning from their movement through it, and hence through time. However, it is argued, this ‘lived time’, embedded within human existence and bound to the life cycle, should not be confused with the rational, abstracted time measured by clocks, calendars, schedules and sequences. Rational time, it is argued, has come to dominate human experience within contemporary Western societies, and the organization of activity within complex bureaucracies, including social services departments, arguably epitomizes this ascendancy. However, although there are some exceptions (*e.g.* Zerubavel, 1979 on hospital time; Lee and Piachaud,

1992 on social services; and Adam, 1995 on 'school time'), the temporal dimensions of the organization and delivery of welfare remain relatively underdeveloped.

It is clear that time in its abstracted forms, as well as the embedded and embodied biological time, exert an ordering influence on the activities of welfare professionals. These 'times' are referred to, and hence reproduced, within encounters, but they do not originate there. An historical exploration of the origins of rational time and its relationship to the temporality of human existence, therefore, retains its analytic importance. From a feminist perspective Barbara Adam (*e.g.* Adam, 1989; 1995) has argued that, within contemporary Western societies, clock time has become 'hegemonic to a point of making invisible any times constituted outside the quantitative mode' (Adam, 1995: 65). It thus becomes problematic to conceive of time in any other way.

This socially created, artefactual resource has become so all embracing that it is now related to as if it were time *per se*, as if there were no other times (*ibid*: 91).

Social theorists have variously mapped the rise of this rational time and there is some agreement that the association between time and efficiency can be traced to the Benedictine monasteries. Time abstraction further intensified during the rise of industrial capitalism, and its commodification is captured in the metaphor 'time is money'. At its simplest, this abstraction manifests itself in the clock time which structures the nine-to-five working day in local authority social services 'field work' teams. However, 'calendar time' is equally significant, in that it has made possible the 'ages and stages' of developmental psychology, which now exist as profoundly influential ordering frameworks in child-care social work.

### Clock Time: The Working Day and its Problematics

Staff in child-care teams keep 'office hours': they arrive for work between 8-30am and 9-00am and their working day is intended to finish at 5-00pm. However, although the day is structured in this standard pattern, individuals have almost complete autonomy over whom they visit and when. Thus, the diaries belonging to individual social workers each have a unique organization, which can lead to difficulties in 'synchronizing' activity when it is necessary to undertake some joint or collective task. The following extract from an allocation meeting illustrates these problematics and, although this particular example is somewhat lengthy (8.5 minutes 'real time'), similar exchanges are very common-place.

[AL1/T1]

TL (0.5) *good*. We had some discussion didn't we about doing *some* task centred work focusing on I think mothers needs- and doing work. What did your discussion in the car come to?

SW1. Errrrm (0.9) In a short time we could probably do some things together ( ) and start if it doesn't have to start today.

TL No no tomorrow'll be fine [(laughs)]

SW1 [(laughs)] I'm going now anyway.

TL Have another doughnut erm (laughs)

SW1 I suppose (6)

(muffled giggles)

TL Yeh? (0.6) will we discuss a way of going in? I don't think [ a discussion would help this morning, I'd like to sit down]

SW2 [Yeh ( ) we need to discuss how to get in ]

SW1 and I don't know much about it so I'd appreciate it the three of us sitting down together cos I don't really understand what's going on=

TL = and Perhaps we could just make a quick time to do that (0.2) *yeh?*

SW1. I'm really going to have to go now so-

TL =O.K. We'll make a time tomorrow (.) right?

SW1 Unless you want to make a time now and then I'll go.

TL and then you'll go, and you're not going to be able to pick up any of the others that's fine (laughs). Right, (pages turning) (2.0) what about=

SW1 =Next week?

TL. Next Thursday *probably*

SW1 Next Thursday Erm *morning?*

TL I could do nine o'clock , I've got a problem after that

SW1 Next Tuesday you know we've having a joint team meeting. Shall we do it a- then, at quarter to nine or something

TL. Yeah, that'd be a good idea=

SW1 =Because on Thursday morning I'm at college=

SW2 = I can't do quarter to nine.

TL. She can't she's doing her child care [stuff]

SW1 [ I] can do it after the joint team meeting then.

TL. Well I'm seeing Elaine for ten minutes, you've got Ken Moss with the FRWs and I've got Jan's supervision. Now if Jan's off sick I can do it , juggling [everything now with] people being off sick.

SW1 [What time? What time?]

TL. Well if we say 11-30 for ten minutes all being well.

SW2. Well I'll be with Ken Moss.

TL. You're seeing Ken Moss, you know Ken Moss is [coming] to the team meeting, pass <right> erm.

SW1 [RIGHT]

TL Right=

SW1 = Friday morning?

TL I'm *actually* having a day off, I'm very sorry [I know it's-]

SW2 [ I can't Friday]

SW1 Thurs- it's a Thursday I'm doing at college in lieu of the Tues[day] for the team meeting

TL [That's] OK=

SW1 = and then I'm going to [town] for the afternoon=

TL =That's fine

SW ( )

TL What <about> (0.2) Wednesday week? A fortnight today.

SW2 I can't -

TL What about th- no you off for half term?

SW2 mmm

SW1 You off for the whole half term?

TL <FINE> (1.0) (laughs)

SW2 Wednesday's no good - oh you don't work Wednesdays

TL=I'm in Brighton on Wednesday the 2nd. Friday the 4th

SW1 =yeah

TL=in the morning?

SW1 No [cos]

TL = [snort of laughter]

SW1 =Is there a joint team meeting on the 4th at 11-00?

TL= On th first yeah, NO

SW1= There isn't?

TL No no, it's been cancelled

SW2 To the 8th

TL To the 8th cos Jim's coming

SW2 I've only had a letter this morning

TL You should have a letter in your pigeon hole

SW1 FRIDAY THE 4th (0.3) I can do now then in the morning

TL You can do Friday the 4th?

SW1 Can you YEAH?

SW2 (0.3) No

TL No? Can you do-

SW2 What's you say, Tuesday the 8th's a joint team meeting?

TL Tuesday the 8th's a joint team meeting and Jim's coming to talk about the supervision document which I'll either give you one or put in your pigeon hole

SW1 Joint team meeting, I'm going to have to take some other time off that week. OK? If I take the Friday morning off as-

TL I think I'll be back Thursday, I'm in Brighton for the court case on the Wednesday. The 14th Sally no?

SW2 No I'm in [city]

TL This is getting rather ridiculous isn't it erm. Just let me have a check there's *no* other times to suit me.

SW2 Was that Wednesday no good (0.2) 19th in the afternoon?

SW1 No cos I'm at college cos I'm doing Tuesday the 18th

TL Oh right

SW1 And and I forgot to tell you Janice. I'm doing a course that day that's why.

TL You doing the group work course?



SW1 Yeah I'm doing the group work course [yeah there are three days of]

TL [Yeah I didn't know you were] on it that's <good>.

(.....)

TL Uuuugh, this is getting really rather silly though isn't it just one date to talk about this family erm=

SW2 =Lets go back again when is the next team meeting? The next team meeting we'll all be together will we?

SW1 The joint team meeting is Tuesday the 18th. That's the joint one=

TL= That's the joint one. The 25th you're not here-

SW1 Who's not here? No I'm not here [I could get here at five past nine]

TL. [What about the 26th?]

SW1 We've got a team meeting.

TL You can get here at five past nine on the 18th, the meeting will probably start at (.) 9 o'clock quarter past

SW1 Can I just say on the 26th we've got a team meeting

TL=Yeah but Sally won't be here for half <term>

SW1 Oh well that's (LAUGHTER)

TL Judy (.) when are you in the week after that?

SW1 Which week?

TL What about the joint team meeting on the 9th, on the 8th, on the 8th? Why don't we meet after that?

SW1 8th of?

TL It's ridiculous it's a month away. OK [If I] put in

SW2 [8th?]

SW1 [That's cancelled] now

TL. No no I think we might- I haven't cancelled that cos we've got the Ellen Cook coming and I know that's two team meetings in a week. I'm sorry but I don't want to cancel that further slot.

SW ( )

TL Tuesday the 8th (.) You'll have note we've got a joint team meeting with Jim coming to talk about the supervision document, but we'd already booked Wednesday the 9th with Ellen Cook so I'm keeping it.

SW2 Oh right

TL So it can be developed ( ) The 8th 11-30?

SW1 OK

SW2 I just hope this doesn't mean that Mrs Hallows ( )

TL If she does I will try and explain to her what we're doing. It might, I think it would be helpful perhaps if you and I can talk about you seeing Cheryl just once before then ( ) right

SW ( )

T.L. Right John Harper is ( )

SW1 I've got to go

TL =I know you've got to go. I don't think you've got a space at this stage in time probably for a rather sad learning difficulties fifteen year old, but I thought I would just mention it (.) There's a query NAI [non accidental injury]=

SW1 =Yeah she'll be getting so anxious as well

TL. I know, good luck.

In the introduction to this chapter, I argued that temporal dimensions of the delivery of welfare have been relatively unexplored to date. Moreover, when these dimensions have been explored, there has been scant attention given to the ways in which these

times are talked about, negotiated and (re)produced within encounters. In the extract above, a number of 'times' are invoked. Firstly, the very material, constraining, finite nature of time is demonstrated, with displays of frustration on the part of participants, and with frequent interruptions and overlaps as they struggle to find a clock and calendar time on which they are all available. The shortage of person hours is, undoubtedly, a very concrete phenomenon in social work teams and many are operating permanently under 'establishment' staffing levels because posts are 'frozen' as a result of budget cuts. However, this concrete problem is dealt with in the meeting in particular ways, which serve to preserve the ritual imperative to display mutual concern and respect for professional autonomy. For example, participants do not explicitly question the validity of, or priority attached to, another's activities. Rather, explanations and justifications for particular activities (claims on time) are woven into the accounts. This protects the individual from challenges, which thus take on a subtle and *generalized* form (e.g. 'this is getting rather ridiculous') casting finite time as the culprit.

Thus, just as interactive rituals clearly *depend* on timings (deciding when to challenge, or signalling resistance or displeasure with the use of pauses), ritual also *affects* the way in which time is experienced. For social workers, time is experienced as a constraint, as something imposed, in the form of deadlines for example, but the organization of their time is not something with which managers can easily interfere (unless invited to do so), without transgressing certain codes (e.g. displaying mutual respect, care and commitment). This 'possession' of the working day by individual social workers is managed and controlled by the use of rotas, which are recognized as a necessary evil because of the unpredictable, 'urgent and important' nature of the work (see Chapter 4

and below). Social workers who are on 'duty' will carry 'bleeps' (pagers) which have symbolic importance again in underscoring importance and urgency, but they also represent a legitimized form of control over an individual's time across space.

The layering and interpenetration of various forms of rational time is also illustrated in the extract. For example, SW2 has to take annual leave because of her children's school holidays. SW1 also works at a local college and must, therefore, divide the working week proportionate to her contracted hours, which proves difficult because of the nature of the work. The team leader is scheduled to appear in court as a witness in a child-care case in Brighton. There is also a clear acknowledgement that the particular 'troubles' for which this family has been referred will continue to exist, and to unfold, and that the team leader may have to 'try to explain to her [Mrs Hallows] what we are doing'.

The extract above demonstrates the problems involved in the *synchronization* of professional activity, but it can also prove exceedingly problematic to *confine* social work activity to the nine-to-five day. A 'Night Duty Team' exists to deal with 'emergency' referrals received after 4-30pm, which gives this time a particular symbolic importance. Humorous references (either anecdotal or speculative) to referrals received at 4-25pm (particularly on a Friday, which has increased significance because of its proximity to weekend 'free time') are a ubiquitous feature of collegial banter, serving to amplify through display the unpredictable and hence 'professional' nature of the work (cf. Zerubavel, 1979: 53). There is a rivalry between fieldwork staff and the Night Duty Team, with each accusing the other of 'off-loading' cases. Different thresholds for 'caseness' exist, with the night staff undertaking emergency duties only, and having the

power to define what constitutes an emergency. Thus, day staff routinely complain that one of their clients had asked for a service, but that 'Night Duty didn't even go out', or that they had to work late because Night Duty refused to 'pick up' a referral. Similarly, the Night Duty Team complain of day staff 'dumping' cases and will speculate that some referrals may have been received before the 4-30pm watershed, but are nevertheless 'sat on' by day workers until they can legitimately refer the case on. A similar tension exists between residential care staff and fieldworkers, in that, the latter hold 'case responsibility' and thus are more involved in decision making, which leads to complaints from the residential sector that it is they, and not the fieldworkers, who are with the young person 'all the time'.

'Working late' is not merely a rhetorical phenomenon: it is a common-place activity for social workers, who may begin a task during office hours but frequently fail to complete it by 5-00pm. This failure to 'complete' is often the result of the need for the social worker to undertake inter-professional work, particularly when other professionals do not confine their activity to the standard 'working day'. For example, a paediatrician may not have examined a child by 5-00pm, a particular medical test result may not be available, the parents may not be at home, the police may wish to conduct an interview at 6-00pm, or a particular foster placement may not be available until later in the evening.

Moreover, the very existence of, and need for, an 'out of hours' service is a material consequence of the troublesome interface between bureaucratic time and the 'lived time' of service users (*cf.* Adam, 1995). Almost every activity in which child-care social

workers are engaged may be viewed as the penetration of rational time into the lived time of others, creating a complex dialectic at the interface. The spatial and temporal dimensions of service provision are thrown into sharp relief when events in the lives of clients obstinately continue to unfold when social workers are absent from work for any period of time (during the night, weekend, or annual leave). Social workers returning to work, particularly after annual leave, will routinely express anxiety about their cases and enquire as to which of them have ‘blown’ during their absence. Although these enquiries have a rhetorical function in affirming the unpredictability of the work and symbolic importance of the particular worker’s return to the ‘frontline’ (members’ term), the feelings of trepidation are very real, and I have experienced them myself on many occasions. The reasons for this trepidation are also very real, and there have been many occasions on which I have observed social workers returning (or have myself returned) to work to find that a client has been beaten by their partner, been arrested, been excluded from school, or has harmed or, more exceptionally, killed themselves or their child. My own invocation of these dramatic events is essential if I am adequately to represent institutional realities as they are experienced by the members. Such events (with the exception of the latter) are ordinary and everyday - *frequent* - occurrences, which underscore the unpredictability of the enterprise. The stories social workers tell - their displays of cynicism, pessimism, irreverence and their use of ‘gallows’ humour - must be understood within this context.

### Temporal Aspects of Developmentalism and Legalism

In Chapter 3, I argued that developmentalism has particular socio-temporal implications. I do not wish to cover the same ground again here. However, it is worth

restating that developmentalism is concerned, in part, with material, embodied biological phenomena: clearly children do grow and change over time and their needs will change with them. Like other aspects of the life cycle, such as the human gestation period, such realities will inevitably 'ground' the practices of any professional group concerned with the regulation and surveillance of the care of children. I am not, therefore, intending to treat biological processes simply as artefacts. However, what is treated as 'natural' and 'normal' has been subject to redefinition and reconstruction, and certain notions about infant and child development have become reified so that the *tempo* of biological changes has become normalized to the point where tiny deviations are now rendered measurable and are imbued with significance. Furthermore, the ascent of Piagetian developmental psychology has opened up the child's mind to the same kind of temporal measurements (Burman, 1990; 1995). Moreover, as 'Piaget analyses development as requiring both duration and order of succession' (Burman, 1990: 83), it is not only the speed of the developmental changes, but their *sequencing* which is infused with significance.

The notion of developmental *delay* relies on this dual predictability. Delay is only measurable against some standardization of the processes of maturation and the 'mental' processes of development are assimilated into the physical changes in the child's body. The measurement of development begins from the neonatal period onwards, and highly detailed checklists are provided for child welfare professionals to facilitate objective assessment (*e.g.* Gessell, 1971; Sheridan, 1987). Burman describes the 'abstraction of developmental time' thus,

The work of North American psychologist Arnold Gessell was highly influential in drawing up the norms and 'milestones' that underlie developmental health

checks, and in promoting a maturational view of development as a process of natural unfolding whereby development is equated with growth....Gessell presented descriptions... of development as absolutely age-graded . Years and months dictated capacities and achievements (Burman, 1995: 16).

Alongside these artefacts of developmentalism/psychological science, child care practice has become temporally regulated, for example, in the statutory processes of planning and review, because orders under the Children Act have specific durations, and through the setting of time scales by the court during Care Proceedings. For example, when a child is 'accommodated' by the local authority, a social worker must make a 'statutory visit' within twenty four hours, a planning meeting must be convened within one week of placement, a review must take place within four weeks of placement, then twelve weeks later and thereafter at six monthly intervals. These timescales clearly exert considerable influence over social work activities, and various bureaucratic mechanisms are in place to ensure that these meetings occur. For example, the computer will not allow 'closure' of cases on which there are outstanding reviews (or reviews which have not been entered onto the system).

I have argued above that various 'times' exert an influence over social work activity, either providing ordering frameworks which facilitate 'rationalizations' of various kinds, or existing as forces of indeterminacy and flux. I have suggested that although social workers may negotiate these materials in various ways, they cannot actually escape from their influence. However, in the discussion below, I examine in more detail the various ways in which social workers invoke temporal phenomena in their talk. In so doing, I intend to demonstrate that, in spite of their 'materiality', times can be invoked strategically by actors.

### **Times and Temporality in Social Workers' Talk**

I have argued above that although times clearly exert material constraints, and both create and reflect certain kinds of ordering, they may also be invoked strategically by actors in their attempts to account for their decisions. That said, one should neither impose an artificial duality upon 'material' time and 'invoked' time, nor collapse the former into the latter by arguing, for example, that the shortage of person hours is entirely the rhetorical creation of social workers. It is clear from the extracts below that the invocation of bureaucratic time is inseparable from the 'morally tainted' act of rationing finite person hours. Arluke and Hafferty (1996) have noted that 'absolutions' or 'remedial explanations' of this kind are used routinely by professions 'whose members typically hold themselves up as highly moral actors but who are required....to do things that taint their identities' (*ibid*: 202). Moreover, in turn, these rationing decisions, based primarily on a particular notion of 'risk', reproduce the dominant practice orthodoxies and feed into the shortage of person hours. Whilst social workers are responding to cases of risk or physical injury 'just in case', they cannot respond to other 'preventive' referrals and will use bureaucratic time to account for their decisions.

The shortage of time is experienced as very *real* by members, but so too are the (constructed and normative) conceptualizations of harm and risk. These two 'realities' feed inexorably into each other, and it would be naive in the extreme to propose that the former, in some linear way was *caused* by social workers' preoccupation with the latter, as the Audit Commission (1994) explicitly assert,

[Social workers'] major area of work is undoubtedly child protection. Lack of information means it is impossible to say with certainty the amount of time spent



on this activity...and anecdotal evidence from authorities visited suggest [sic] it is very high. Descriptions such as ‘overwhelmed’ and ‘over burdened’ are used and little time appears to be available for what is regarded as less crisis driven work including the provision of support for ‘children in need’ (*ibid*: 58).

It may equally plausibly be suggested, for example, that that concepts of harm and risk *facilitate* the rationing of finite time, rather than being the cause of its scarcity - both are artefacts of ordering processes which prefigure current service provision.

### Lived Time and Dangerousness- Sorting the Urgent from the Routine

As mentioned above, the use of concepts like ‘urgent’ and ‘routine’ in the processing of referrals is essentially a temporal act, imposing respectively lesser or greater amounts of ‘waiting time’ (Gasparini, 1995) on the referred person. In the extracts below, respondents are talking about those aspects of referrals which would lead them to make decisions about the swiftness of response. The association of ‘urgency’ with ‘danger’ is clear and there is substantial consistency in the descriptions of the kinds of situations which would trigger an ‘urgent’ response.

#### TL 4.4

Well we look at, and deal with fairly quickly, cases where there are allegations of physical injury or neglect. If there are allegations of some form of sexual abuse we would start to gather information quite quickly, but we wouldn’t necessarily be acting quickly: so that’s one category if you like, physical injuries and neglect and allegations of sexual abuse. You then get lower level allegations, children left alone - those sorts of referrals. With those we gather information; we make phone calls and then decide how to move forward, but certainly that wouldn’t necessarily be immediate. And families might get letters asking them to come in, part of that is because we are so busy, in the past I think I would ask somebody to go out...

#### TL 2.4

... if there is a situation that comes in where, if its a duty officer that takes the referral, he or she feels that there is something very pressing, it would be presented to me verbally. I would be interrupted; they would say, look there is a child who’s saying x or y in school and there’s an instant recognition that whoever has done the filtering initially feels this is a situation that needs some instant action..

#### TL 1.2

I look at the urgency, sort of life and death, it’s who can’t wait, that’s the first priority area, if it’s child protection and the child’s in danger, that obviously comes first, so if a child’s got a massive bruise or there’s suspicions of injury, and they’re at school and they will be going home at 3 o’clock, that’s got to be acted on.

**TL 1.4**

..so a parent here who's an alcoholic who's setting fire to the house and there are two young children, and the husband is more than willing to have them there. I will advance money to get the kiddies there, so you're sort of shelving the situation until you can do a proper assessment, so its those kind of urgent dangerous things that might not have happened, but I pull the stops out so it doesn't go any worse, you can freeze it...

It is evident from the above that 'dangerousness' is presented as the single trigger for an urgent (immediate) response. Dangerousness itself must be practically accomplished through the referral process, since the child is rarely visibly before the social worker at the time of contact. Thus, as I have stated in earlier chapters, the invocation of the child's damaged body and the use of 'hypotyposis' (see, Chapter 7) are integral to the ascription of 'urgency'.

There are some other interesting temporal dimensions to the accounts. In extract 4.4, an explanation is offered for the high thresholds in terms of shortage of staff time, which is a recurring theme and will be discussed below. In the final extract above the respondent refers to 'shelving' and 'freezing' a situation, an explicit reference to a perceived need to penetrate experience in some way - to literally stop time until resources are available to 'make a proper assessment'. In two of the responses (2.1; 1.2) there is a reference to what, after Adam (1995), I shall call 'school time'. This creates another layer in the accounts: the juxtaposition of 'safe' school time and 'dangerous' home time, particularly in 1.2, has the effect of rhetorically accomplishing dangerousness and amplifying the degree of urgency.

### Accounting for Non- Intervention- Ages and Stages

When asked to describe cases which would be *unlikely* to receive a response, most social workers referred to the age of the child, particularly through the membership category 'teenager'. In these instances descriptions of problems in 'lived time' are located as an expected part of the family life cycle, but an explicit reference to the shortage of bureaucratic, organizational time, or to the irrationality of rationing criteria, appears to be a proper accompaniment, serving to rescue the social worker's account as a moral tale.

#### SW 1.6

Well there was a case, and these are probably most of the ones that we don't respond to immediately, that's with teenagers, parents coming in with young people and saying take them into care I can't cope any more, I've had enough. We don't respond to that, we say well no and try and patch things up a bit and really we are not giving them a very good service we're just stalling it.

#### SW 2.18

I think the typical older child, where you've got a family member or actually it doesn't matter who it is that refers, it can be blah, blah, blah is at the end of their tether, they say they feel like murdering the child and can't go on. What are you going to do. I don't think we respond to that kind of referral as quickly as we could...I don't necessarily feel we leave children at risk in that situation, but we neglect to offer a service that could be useful and could perhaps be beneficial in the long term..

#### SW 3.41

What I find here is that we don't respond much to...a lot of people will have told you this, especially with difficult teenagers who are having rows with their parents and we often get families coming in who are very distressed and we say you're not a high enough priority, come back to us when you are more distressed.

#### TL 1.5-6

IV: What if they were to say, 'if you don't come now we'll throw him out'?

TL: I wouldn't respond to that, I would say, I think there's a duty officer here, and I would offer them the duty service as a way round it, or I would ask them for time to make some more inquiries...There's not a lot of point in having a planning meeting for that kind of thing, if I haven't got a social worker to allocate it to. I've fallen for that in the past, so you raise everybody's expectations, you have the planning meeting, you agree on a way forward and haven't got anybody to implement it, so it's really not on. If it's an emergency and the child is dumped, then obviously we do have to respond, we respond via the duty system.

The above statements demonstrate the need to account for *non intervention* when a service is requested, but they also illustrate how, with an older child, *age* is treated as

an adequate antidote for apparent urgency and risk. Thus, the tacit presuppositions of developmentalism have the effect of rhetorically ‘transforming forced delay into strategic deferment’ (Bourdieu, 1977: 6).

### Rationing over Time- the Quick Fix

#### FN/ March 1995

I don’t know what to say about why I need a FRW [Family Resource Worker]. It’s such chaos. I don’t know what I want them to do, but I know I’ll have to think of something. The thing is, this family’s going to need this forever and they’ll never agree to it if I say that.

In the above extract from my field notes, a social worker is discussing her strategy for accessing a practical support service for a family from a manager in the department. It illustrates the expectation that services will be available in the short-term only, and also shows that social workers are reflexively aware of the troubling juxtaposition of lived time and bureaucratic allocation of resources, but reproduce it all the same. This practice is reinforced by the standard operating procedures which promote regular review of service provision as a model of efficiency. This is both an internal departmental policy and, in some circumstances, a statutory requirement (Children Act, 1989 and associated ‘Guidance and Regulations’ issued under Section 7, Local Authority and Social Services Act, 1977). It is important to explore some of the explicit references to this concept in some detail as they raise issues about the reproduction and transgression of dominant notions of efficiency and competence.

#### TL 4. 10-12

TL. I have to say that some of the cases that are taken over are teenagers and parents threatening accommodation, they are ongoing and I can’t close them and say yes we’ve achieved a certain level and it can maintain itself, we can achieve a certain level, we achieve some improvement, but it needs reinforcement and that’s part of the problem. A young person recently ended up in our accommodation we’ve worked with for a year and we had to put the case on hold, because I’d run out of staff, so it’s for me part of it is about this concept about work with a client for six weeks and I then close the case and the same with the Young People’s Team they work with them for six weeks and I think they’re quite good at what they do, but six weeks isn’t long enough.

IV. It became quite fashionable that idea of short sharp intervention, task centred working and all the rest of it, but in fact your experience is that sometimes, is that people need much longer term involvement, which is not possible given the current resources.

TL. Well I would certainly say some of the families that come to us the parents are very damaged as are the young people by the time they come to us and you are not going to change that in six weeks and they might always need some sort of help until the young person reaches a form of independence...

In spite of this account, however, the same team leader later describes some of the difficulties involved in returning a child home to his mother (who had a mental health problem) after a period in foster care.

**TL 4. 42-4**

.....he's maintained some of it [progress in foster care], but we've had one major hiccup and some of it is poor timing. He's at special school and they were feeding him into mainstream and he was doing remarkably well, but the plan was for him to transfer after the summer holidays and that was a mistake because he'd been home with his mum for six weeks and by the time he went back he couldn't handle it and he couldn't face going into mainstream...it's gone back a few notches which is sad...but he's a different child to the child of two or three years ago who was violent, he tore people's hair out, he kicked and screamed he's just now at the moment saying I haven't got the confidence to go into mainstream school, but mum has little blips and probably could do with more than she gets from us, but we haven't got a social worker allocated now, but we could maintain it at a good level if I could afford a social worker going in...We only need to get him to twelveish to go to clubs or activities, hobbies, going out with friends and that would be sufficient probably. What we don't want is for him to slide back into staying in the flat with mum every evening and weekend, but its all about rationing.

In this account, the juxtaposition of school time, social services rationed time and lived time is evident again. Services are rationed by allocating them for specific periods of time, which are explicitly recorded in plans. After these 'episodes' have elapsed, reviews are undertaken. Although there is no obvious explanation, the periods 'six weeks', 'three months' and 'six months' appear to have assumed particular importance and are ubiquitous in service plans of various kinds (see also Chapter 3). These timescales bear some relationship to those relating to the statutory review of children in local authority accommodation discussed above, although there is no clear reason why they should be adopted in less regulated spheres such as the provision of support to families.

Thus, services are rationed over time, and the anticipation of the next review or planning meeting creates a perpetual pressure to consider the possibility of withdrawing a current service. In making such judgements, the notions of change and resistance to change are central and, interestingly, *both* can feature in accounts about decisions to withdraw services. This apparent contradiction is described in the extract below,

**TL 5. 40-2**

TL. Well I suppose you look for some changes, changes in what the parents are doing, positive changes. If whatever happened doesn't happen again then that might be change enough really. I suppose that's the main thing really, looking for small changes. If the social worker *feels* that there've been changes, that there have been some changes demonstrated really, but often its a kind of *feeling* by the social worker that there've been changes, or I suppose we are looking for changes either real or apparent

IV. And is that also influenced by what else is coming in?

TL. Yes very much, I close cases that I wouldn't want to because there's more pressing work coming in. And after we take a case we get involved and we don't see the changes or we don't see enough change often we pull out anyway, often that's a few months later.

In the first part of the extract above, there is an almost explicit recognition that 'change' may be something intersubjectively and rhetorically accomplished by professional staff, relatively autonomously from the situations under discussion. The notions of intervention and change are essentially time related: they are presented and heard as a sequential narrative about the effects of allocated professional time upon events taking place in the lived time of the service recipient. Whether interventions are deemed successful (in that they have achieved change, and thus the service is no longer required) or unsuccessful (in that they have not, and thus the department is wasting its resources) such notions can be invoked to account for rationing decisions.

Again the 'disconfirming' cases appear to involve children with intrinsic 'disorders', where the 'service delivery' focus of the work and the permanence of the child's condition renders the setting of time limits problematic. For example,

[TL 4.17]

....The other big category here in our area is children with disabilities and part of them get a reasonable service from us, and some of them don't because of staffing issues and once they are on your case load they stay on it forever, except they tend to be passed around and probably slide down to the least experienced social workers, but we struggle with resources.

Social workers undoubtedly develop strategies to postpone what they perceive to be the precipitous closure of their cases by their team leaders (for example, by continuing to suggest that they are 'worried' about a particular family). In the words of one social worker 'you can always make a case out for keeping a case open, although we would probably be wrong to do it' [SW 4]. However, the pressure for change-oriented, time-limited interventions, and the inevitability of having to publicly account for continued involvement in reviews, renders the management of chronicity difficult. Such cases do, indeed, often pass from worker to worker rather than being retained on a caseload. Other 'chronic' cases may be managed by cycles of intervention and closure, with families being re-referred at times of crisis. Children and young people accommodated by the local authority, or subject to care orders following child protection concerns, may remain open cases for many years, but are often nominally held by the team leader (after the 'acute' phase is over), rather than being actively worked with by a social worker.

### **Invoking the Past- Psychological Time**

As I stated in Chapter 3, developmental psychology, psychodynamic theory and Piagetian cognitive psychology, have given child care professionals yardsticks, or norms, of apparently universal validity, against which children's development and standards of parenting can be 'objectively' measured. The effect of this ascendancy has

been the reification of 'psychological time' with childhood being divided into ages and stages and a consequent preoccupation with 'milestones' of development. The emphasis on emotional trauma in psychodynamics also accords a special significance to the *past*. Clearly the continued dominance of this normalizing discourse depends upon its local reproduction, and the following extracts capture that process. In the account below, the social worker has been asked to describe the sorts of things she would wish to find out during a visit to a family who had been referred because of vague concerns about the children.

**SW 2. 27**

...well relationships with primary caregivers, what that appears to be like, how they interact with the child, what sorts of relationships the child builds up more generally with other significant adults and children, language development, development generally, developmental milestones being reached...

Milestones or norms of development were mentioned by all those interviewed and were identified as a means of ascertaining the degree of concern which should be properly attached to a referral or a case.

The special significance of the past is demonstrated in the extract below,

**TL 1. 21**

I mean this young man was adopted at a very early age, he's had what the psychologists are now describing as a very hard time, in his adoptive family. He didn't get on with his adoptive mother, who then died, so it's a second loss for him. He's an intelligent boy, but he's emotionally dead, he has no remorse, he can't take on board other people's feelings, so if you are talking about helping him to understand these things are wrong, it's very difficult for him and we need somebody who can actually step back from it, to see what's happened, we need to do some behaviour modification with this boy. I don't think we can, at this stage, give him the feelings he ought to have....

In the final sentence of this extract the presumed irreversibility of the boy's 'emotional death' is powerfully conveyed. Moreover, the extract further illustrates how references



to norms of behaviour and (in this case emotional) development can serve to ascribe deviance through talk (see also Chapter 7).

However, whilst developmental norms have considerable usefulness in the construction of competent professional accounts, they can also cause trouble. I have repeatedly asserted that there appears to be a background expectancy, or professional orthodoxy which constructs such yardsticks as measures of parenting (in)capacity. Furthermore, I have noted that this presupposition is difficult to maintain in cases where there the child is believed to have ‘intrinsic’ problems, which could *biologically* skew ‘normal’ development. Under these circumstances, standard abstracted ‘developmental time’ cannot be relied upon ‘evidentially’,

**SM 2. 35**

....if you have a child who is showing a marked developmental delay and then a psychiatrist's or the child psychiatrist says ‘oh yes, but he's got this or that syndrome or he's got no doubt about intrinsic problems, then how on earth do you know. Unless some parental deficit is very obvious, or some aspect of their behaviour is very clear, then the assumption has to be, I *think*, that the one is related to the other, the developmental delay is related to the intrinsic problem that we are told the child has.

This informant continues as follows,

**SM 2. 41**

You don't know what the starting line is if you don't know what the starting line is how, or your baseline, it becomes impossible to assess it doesn't it. It's not just about learning disabilities, children with learning difficulties, it's about children with other health problems.

## **Conclusion - Displaying Radicalism and Rationality**

The analysis in this chapter is intended to demonstrate that rational time(s) exist as both constraining phenomena and as discursive resources which can be drawn upon by social workers to assist them in the maintenance of certain institutional realities and professional orthodoxies. An ethnomethodological reading of the data reveals that

notions of temporality and measured time are part of the fabric of social relations, upon which social workers draw in 'doing being' social workers. This is reflected in organizational talk, which is shot through with temporal references, (*e.g.* short term, long term, planning, review, urgent, routine, intervention and change).

References to bureaucratic time(s) in social workers' accounts serve as devices through which they can display *moral* resistance, whilst continuing to adhere to organizational norms: they can ration resources whilst maintaining a *performance* of radicalism and resistance. Yet, it also seems clear that the commodification of time cannot be reduced to the intersubjective accomplishments of social workers; indeed it appears to exert powerful *material* constraints on their encounters. Furthermore, the coexistence of different 'lived times' in and across different spaces creates problems with synchronization and control which is the principal reason why social workers experience their work as predictably unpredictable.

I have also argued that developmental time is routinely invoked as a means to accomplish rationality, deviance and dangerousness in professional talk. However, this practice is difficult to sustain in those situations where 'a maturational view of development as a process of natural unfolding [which is] absolutely age-graded' (Burman, 1995: 16) is problematized - *e.g.* when childhood 'abnormality' has been attributed to intrinsic disorder. Moreover, in situations where problems are so explained, the preferred change-oriented, 'quick fix' approach cannot easily be adopted. However, managing this 'chronicity' is also rendered problematic by the *material* finiteness of bureaucratic person hours. Social work exists in and between various times

(of both rational and lived varieties), but its members have developed certain ritual ways of accounting for and adapting to these material phenomena. Times are, then, at one and the same time, imposed *and* strategically invoked by social workers through their everyday routines and ordering activities.

## **Chapter 9**

### **Conclusion**

This has been an ethnographic study of institutional discourse and, as such, it is intended to contribute to a growing number of works which explore ‘professional’ work as a situated interactional accomplishment. However, the focus on the *action*-performative, rhetorical features of talk also places it alongside other empirically grounded, broadly ‘discourse analytic’ works. Indeed, I have repeatedly asserted that the maintenance of institutional realities depends upon their routine performance and display in talk, text and interaction.

I have attempted to underscore the contingent, situated, and hence potentially precarious, playing out of particular occupational narratives and local resistances, whilst at the same time retaining some notion of ‘order’ and predictability, which are maintained through a variety of liturgical practices, deviation from which is a sanctionable matter. The invocation of the child’s damaged or precariously endangered material body forms an axis for these ritualized narrations. However, in addition, the imperative to display an oppositional consciousness through the use of certain emancipatory, ‘anti-oppressive’ narratives has been imported from social science, but has sometimes been translated into a particularly deterministic and censorious structuralist form.

I have also argued that the notion of ‘risk’ is actively produced in social workers’ talk within formal settings (such as the allocation meeting) and in more informal case-talk. Through active selection and assembly by agents, fragmented and ambiguous

information is ordered into a coherent story. In the telling, these stories attain the status of fact, attribute causation, accomplish subtle blamings and anticipate certain effects. Anticipated effects are crucial aspects of risk-talk and of 'caseness', and they find their way into written records, which, by virtue of their durability, subsequently infiltrate other stories.

My focus on collegial discourse has also demonstrated the significance of other times and spaces. Social workers depend for their business upon happenings in the lifeworlds of their clients, and these events (even when they are directly witnessed by the social worker) are reassembled in case narratives in a preferred form. In particular, a display of scepticism about parental accounts - the performance of doubting - is integral to competent professional performance. Moreover, many of the materials invoked in collegial talk and in written accounts originate (and often co-exist) elsewhere. So, for example, opinions of paediatricians or psychologists may be sought and cited; results of various forensic and medical tests may be requested and then invoked to authorize a particular reading of a case; anecdotes about past cases may be referred to in support of a particular prediction; and the law (particularly the notion of significant harm) and its associated universal child (as victim, witness, bundle of needs and bearer of rights) may be used as a warrant for certain interventions. All of this activity takes place in locations distant from the client encounter, and yet it has material effects upon it. A similar analytic point is made by Atkinson (1995b) in relation to the production of medical knowledge:

Medical discourse...goes far beyond the dyad of patient and practitioner. Indeed, much of it is socially and physically divorced from the patient. I make no apology for the virtual absence from this book of patients as social actors in their own right. It serves to highlight how patients and their cases are assembled

elsewhere, in professional talk that constitutes them as objects of description and action (*ibid*: 149).

Thus, whilst highlighting the emergent properties of cases and of 'risk-talk', I have not wished to exaggerate the voluntarism of agents. For example, although it is clear that some accounts and some stories are more likely to be treated by social workers as 'true', it is also noteworthy that the majority of referral information passed to social workers by other professionals, or by the public already contains a 'child protection' gloss. Thus, the idea that 'social work is about protecting children' is spatially and temporally dispersed and, as such, has a certain durability. This durability across space and time has been ignored by many commentators. For example, the Audit Commission explicitly holds the intellectual limitations of individual social workers responsible for the current dominant *modus operandi* (Audit Commission, 1994: 58).

Moreover, social work is constrained quite directly by the allocation of monies from the local government purse, and also by policy and procedure. The hand of central government in both of these arenas is self evident. Furthermore, policy and procedure in child-care practice reflect and embody a pervasive (modern) assumption that 'risk' and 'harm' are preventable and predictable. The predictability myth is supported by the hybrid discursive formation I have termed psycho-legalism. Social workers reproduce the idea that 'scientific' assessment is possible, and yet routinely invoke the unpredictability of their enterprise. Their talk is littered with rhetorical attempts to achieve an adequate case disposal without risking personal culpability, a practice known colloquially as 'watching your back'. Thus, constraining phenomena may be artfully

invoked to accomplish certain situational and contingent ends, but they cannot be ignored.

Individual members exist in a highly ambivalent relationship to written procedural guidance - these artefacts have the potential to both ensnare and exculpate. This is because it is often possible to identify cases involving 'risk' or 'danger' *only* on an *ex post facto* basis, that is *after* an injury or abusive act has taken place. Thus, social workers can never fully protect themselves from the possibility of being called to account for their failure to spot some retrospectively obvious danger sign. However, following child protection procedures, or being seen to have considered so doing, in as many cases as possible provides an effective defence against the predictable (juridical) logic of any retrospective inquiry into their decision making. Anticipated external scrutiny of their decisions means that social workers and team leaders become skilled in 'prospective exoneration'. Thus, whilst written procedural guidance and the bureaucratic hierarchy are frequently invoked to justify and authorize action, in more informal talk, members present them as antithetical to good (intuitive, caring and committed) practice.

The imperative to 'assess risk' also amplifies the importance of 'scientific' and formalized 'assessment'. In order to assess as many cases as possible, as comprehensively as possible (and hence to achieve disposal without culpability), finite person hours must be heavily rationed over time and, yet, the very need to ration time itself perpetuates the need for comprehensive assessments in the name of 'targeting'. Thus, the management of chronicity is rendered problematic, but there is no simple linear solution. However, because of the centrality of developmentalist ideas in formal

assessment schedules, children whose objective characteristics plainly exempt them from ages and stages thinking, *ipso facto* become excluded from the usual disposals, however resolutely individual practitioners may try to achieve them.

Although scientism (*e.g.* developmental milestones, immunization status, medical, forensic and psychological opinion) is palpably displayed in the forms of talk and written records of the department, many narratives have a transparently qualitative, evaluative, and profoundly moral design. Indeed, rational-technical or evidential materials are often invoked to authorize *moral* judgements. For example, a mother may be ‘blamed’ for being ‘emotionally unavailable’ to her infant and hence for failing to ‘promote a healthy attachment’. The accomplishment of blaming (attribution of causation or responsibility) appears to be a routine antecedent to any intervention. It appears, then, that the ability of parents to deliver a moral account of their parenting activity (*e.g.* to display self sacrifice, remorse, responsibility) has particular significance. Although further work would be necessary before one could be more definite about this (and such ‘process-outcome’ variables are not the business of this ethnography), it is reasonable to propose, as I did in Chapter 7, that the ability to produce such moral accounts must be affected by the amount of symbolic capital possessed by the parents and by any intrinsic problems (those for which the parents cannot be held culpable) attributed to the child.

Social workers, then, are able to move between and strategically invoke a number of apparently contradictory rationalities. Whilst they may sometimes self-consciously reflect on their ambivalence about bureaucracy, or on the intrinsic unpredictability of



their cases, for the most part, members can move between these different positions without having to account for having done so. They form a finite repertoire from which agents can choose as the circumstances dictate.

Many of the practices which I have described have been noted by other commentators, who have reported from diverse (normative) perspectives, for example, on the ascendancy of child protection (*e.g.* Parton, 1991; Audit Commission, 1994; Department of Health, 1995a) or the increasingly levels of managerialism and bureaucratization (*e.g.* Howe, 1992; 1994b) within child-care work (see also Chapter 1). However, there is a dearth of recent ethnographic work in this area, and it is only in work of this kind that the ways in which certain a *modus operandi* is reproduced and instantiated in the cut and thrust of everyday activity can be explored. This thesis therefore provides much needed evidence which is relevant to such an exploration. The neglect of talk and text in conceptual works, and the presuppositions imposed by a variety of empirical studies (*e.g.* Department of Health , 1995a), obscure the heterogeneity of social work ‘knowledges’, and neglect the skilful rhetorical work which goes into the maintenance of certain insitutional realities. It has been my intention to open up this space in this thesis. I contend that my focus on the action-performative and rhetorical features of interaction has revealed the artfulness of orderings, and that it has demonstrated the existence of complex inter-orderings which permeate professional activity. I have sought to underscore the agency-dependency of ‘order’, whilst retaining a concept of constraint. The phrases which ‘work’ rhetorically are often imported from other sites and other fields.

Finally, I must (re)consider some outstanding questions about the generalizability and ‘usability’ of the kind of work I have attempted here.

### **Validity and Relevance**

In Chapter 2, I argued that some implicit claim to generalizability is an integral feature of ethnography *qua* its status as legitimate social research. However, clearly, given the epistemological position I have adopted in this thesis, it is not my intention to produce a set of universal laws about social workers’ sense-making activities. Most of my claims, therefore, using Hammersley’s (1990a) typology, may be classified as ‘empirical generalizations’ and not as ‘theoretical inferences’. However, because they relate to debates about freedom and determinacy, my conceptual points about ordering as both *local* and *located* fall into the former category.

I have referred above, and in Chapter 3, to a number of works which make similar observations to my own about the background expectancies affecting social work practice in the 1990s. Similarly, although the discourses of risk and danger which my work has underscored mark a significant departure from some of Pithouse’s (1984; 1987) findings (that social work investigations into the abuse of children were ‘dreaded’, but ‘rare’), the continued importance of displays of caring and commitment suggests that these narratives have been rendered relatively durable by virtue of their continual performance in social work settings. As Pithouse observed, managers generally manage by the artful display of loyalty and commitment, not by the direct exercise of coercive power, and even senior managers continue to invoke humanist narratives, which co-exist in their talk with managerialist rhetoric.

I do not intend to spend a great deal more time asserting the typicality of the case I have presented here. However, as I stated in earlier chapters, the mobility of staff between local authorities is made possible by the sharedness of certain practices and case categorizations. As part of my academic role, I visit students who are undertaking practice placements in many different authorities, and I see the same forms of thought reproduced in these settings (in part because I am sensitized to them, but also because they are there). Of course, there are some very local aspects of occupational culture, for example, some teams may tell themselves that they are more democratic, or more child-centred, or better at family therapy, or more radical than others. However, my ethnographic data suggest that preferred attributions and causal accounts about the organization and about their cases remain strikingly similar. Even quite significant private heresies are generally massaged away in written records and in ‘public’ encounters, like planning meetings and case conferences. Likewise, some social workers may be referred to as ‘soft on child protection’ or ‘hawkish with families’, but, in articulating and describing atypicality, these statements serve to reinforce and reproduce ‘thinking as usual’.

That is not to say that there are no differences between individual social workers’ ‘primary motives’ (see Campbell, 1996), that is, the (internal) forces which motivate them to act. Clearly, organizational life is riddled with these ‘desires’, and speculation about them is ubiquitous in ordinary talk (*e.g.* she was really defensive; she only agreed because she fancies him; he always needs to win). Yet, however important these dynamic motives are, I contend (contra the implicit message of Campbell, 1994) that

there can be no adequate way to obtain unmediated access to them. Whichever way these 'forces' are approached, the same problem in judging the authenticity of accounts arises, because we cannot do without the *stories* individuals offer *about* their motives. So, researchers, too, are stuck with speculation and intuition as ultimately the only means by which to explore these internal motivators.

However, it is plain that in motive-talk (motive in prospect) social workers use only a limited repertoire of rhetorical devices. Social workers could not legitimately state, for example, 'I think Emma should stay in this placement because that is what everybody else thinks and I am feeling guilty (angry, anxious) about the argument I had with my child (partner) this morning and I want to get home early'. Clearly, such imperatives do sometimes impact upon action taken, for example, an individual's imperative to display their agreement with a colleague to whom they feel some loyalty, or whom they particularly fear, may lead them to argue against a position with which they 'really' concur. On these occasions, however, 'primary motives' are reshaped in such a way that the position adopted appears congruent with, and hence reinforcing of (intrinsically dilemmatic), local conditions, *without being determined by them*. These local conditions are, in turn, prefigured by the constraining phenomena discussed above. It is these conditions that I claim have some generalizability to other child-care social work sites, and it this intersubjective and discursive realm which is the primary concern for sociologists of institutional discourse (and increasingly for psychologists too). Individual difference must be acknowledged, but it should not prevent one from describing and analysing ritual and routine, for these set the boundaries of the possible.

My plea then is not that one should not see that it is persons with unique biographies who do the interacting, but that one should move on to uncover the

principled ways in which personal histories are given place, and the framework of normative understandings this implies...(Goffman, 1981: 62).

Having asserted that my work has something more than local relevance, I should like to make a number of points concerning the nature and scope of my knowledge claims.

First, my own work is clearly temporally located, and just as social work has changed since Pithouse's and Dingwall *et al's* ethnographic works conducted in the early 1980s, it may reasonably be proposed that as political, juridical and academic discourses change they will infiltrate social work. Currently, for example, the child protection vs. family support debate is significant, and, although some of the arguments are resisted by social workers and team leaders at present, it seems unlikely to go away. In addition, there is evidence that some 'social' psychological theories, particularly as expressed in 'narrative' therapies (*e.g.* Anderson and Goolishian, 1988, 1990; Hoffman, 1990; Epston and White, 1992) - which argue that individual identity is constructed through discourse - are beginning to achieve a certain orthodoxy. For example, the staff development section of the department I have studied here has commissioned courses for practitioners on narrative therapeutic ideas, which share an epistemological lineage with social constructionism and poststructuralism. Should this trend continue, one may expect this new relativism to sit uneasily alongside the certainties of the juridical field, and it will be interesting to see the extent to which social workers recognize the incongruity. I suspect that, rather than being a fundamental challenge to the current forms of thought, constructionism will become part of the repertoire I have described. The necessary conditions of felicity for a flight from certainty do not appear to exist at present.

Second, I should like to address some conceptual and empirical questions which arise from my use of the concept of 'strategy'. Hammersley (1990) is critical of the distinction between 'teaching' and 'survival' strategies made in Wood's (1979) ethnography of a school. I am in agreement with Hammersley's assertion that, having created this distinction, Woods needs to be clear about how these two activities can be differentiated empirically. However, I believe that this problem arises from Wood's inference that 'strategies' and 'teaching' are discrete actions. For my own part, I have assiduously avoided inferring that strategic action can be unproblematically distinguished from some other type, and in this sense I am close to Goffman. This kind of classification exercise is as flawed as asserting the distinction between facts and rhetoric. If an utterance carries some rhetorical force, it does not make it untrue, and likewise, to call an utterance 'strategic', or 'artful' means neither that this is necessarily conscious (although it may be), nor that it is in some way antithetical to 'authentic' activity. Strategies are ways of undertaking business as usual (just as the *habitus* is defined both as a habit and a strategy generating principal): they are ways of getting the job done. If strategies for 'occupational survival' exist, and it seems reasonable to propose that they do, they do not equate with 'error' or 'dysfunction' (*cf.* Bloor, 1994: on routines in death certification), although they may have unintended consequences and reverberations. Any attempt to 'sort' a particular utterance into 'strategy' and 'other', would involve impossible levels of abstraction and would do violence to the layering of meaning which exists in 'real time'.

This is not the same as arguing that all action is consciously strategic and ‘rational’; sometimes overt displays of emotion do occur. For example, it is not uncommon for social workers to return from visits visibly frightened or upset by what they have found there. Although these displays are probably more acceptable than they would be in many other settings, the behaviours are, nevertheless, accountable, and, in the accounts given, the individual concerned will attempt to show that their responses were understandable in the circumstances, as Goffman notes:

Certainly individuals bring something of what they are and know to each of their social encounters, but there are rules of etiquette and reference for guiding this importation, and when these norms are threatened or breached it is in some moment’s interaction that this will occur and have to be managed (Goffman, 1981: 68).

Having clarified my use of certain key concepts, I should now like briefly to consider the relevance of my work for those outside the social scientific academy.

### The Problematics of Applied Sociology

In Chapter 2, I asserted that my primary intended audience is the social scientific community, however, it would be ommissive to exclude a consideration of the impact of my work on members, and its relevance for those who are concerned with matters of policy. My first point relates to both ‘sociological’ and ‘practice’ arenas. I mentioned above the error made by the Audit Commission in assuming that social work practitioners could simply start behaving and thinking differently, as though the contemporary conditions of existence affecting practice had no effect. I have repeatedly asserted and demonstrated that this is not the case. The importation of various materials and assumptions into social work, ensures a certain stasis and renders simplistic demands for social workers to ‘take a softer approach to child protection’, for example,

meaningless. Moreover, there has been a tendency for commentators to locate resistance to managerial control exclusively amongst social work practitioners. In such an account, Howe (1994b) casts the skilled practitioner as a romantic figure, who will seek out unregulated activities (such as family therapy) in order to increase their autonomy. Howe provides a very accurate analysis of some of the regulated features of contemporary practice, but, in his account, he reproduces ‘frontier talk’ of the type I described in Chapter 4.

Managers seek to regularise the ‘task environment’ and the practices of the organisation. They have the knowledge and skills that take them in this direction. They are looking for competent functionaries, not independent practitioners (Howe, 1994b: 217).

However, my data show that managers, too, are able to deliver oppositional accounts and, if they are to be considered credible, they *must* continue to display professional and personal qualities of concern and commitment. Managers *and* practitioners make strategic use of managerialist narratives. Managers’ discourse is not the homogenous totalizing rationalist phenomenon that Howe infers, and social workers are often willing accomplices to systematization. They rely on the certainties and typifications supplied by psycho-legalism to exercise the very professional discretion which Howe eulogizes.

Thus, although such commentaries have transparent normative and policy-oriented design, their authors’ neglect of everyday encounters and ordinary talk leads them into error. This brings me to my final points which relate to the, albeit secondary, potential audience of practitioners and policy makers.



First, I reiterate, that I have no intention of providing a set of prescriptions for 'better practice', social work is shot through with the traces of previous such attempts. Contrary to Bryant's (1991) contention that sociological insights are frequently ignored, or deemed irrelevant, by policy makers, social work is replete with social scientific artefacts of various kinds. For example, in the early 1980s, on the back of empirical research, social workers were urged to 'plan for permanence' in children's placements, but, by the late 1980s and early 1990s, this had been replaced by an imperative to promote contact with birth families. The much publicized 'same race' adoption policy, implemented in response to expressed concern that black children were growing up without a sense of 'black identity', is now being challenged as racist (*e.g.* Macey, 1995). I have mapped in considerable detail the rise of child protection practice, which is now the subject of trenchant critique. I contend that these swings in policy orthodoxies are a product of the 'enlightenment' (Bryant, 1991) or 'state counsellor' (Silverman and Gubrium, 1989) model of applied sociology, which assumes that social science can provide cumulative and progressive insights of direct usefulness to policy makers, in short, that it can make things better by providing information.

In my opinion, piecemeal change can take place in this way, but there is scant evidence that it leads to wholesale and cost-free positive change - a newer purer order. Rather, policy shifts often bring in their wake another set of theory driven prescriptions which practitioners either embrace or spend their time fighting off. A similar point is made by Law:

....when local conclusions are, for a moment, reached, those conclusions will be transferable only with effort, difficulty, care and caution from where they were created. For what reduces cruelty in one place may simply increase it in another (Law, 1994: 193).

Foucault's insights have shown that however apparently benign some prescriptions are (e.g. patient centred medicine see Silverman, 1989 or holistic nursing, May, 1992 a, 1992b), they may, in fact, expose subjects to new technologies of control, which were unforeseen by humanist researchers. So, whilst some (e.g. Strong and Dingwall, 1989) quite plausibly continue to assert the importance of a *modest* empiricist and reformist sociology, I would position *myself* alongside Silverman (1989) and take the view, after Foucault, that:

What is to be done ought not to be determined from above by reformers, be they prophetic or legislative, but by a long work of comings and goings, of exchanges, reflections, trials, different analyses... the problem is one for the subject who acts (Foucault, 1981: 12-13, citation Silverman, 1989: 43).

This is about acts of discourse facilitation, and the thing we call reflexivity. Studies which problematize and illuminate the ordinary and taken for granted cannot help but create new ways of knowing. This will not lead to some infallible perfect order, nor shake off the materially constraining conditions in which human service activity is located, but it can lead to different ways of doing and being, which might be better or worse, but are part of human transformative action (Bryant, 1991 on Giddens' dialogical model of applied sociology). So:

Although the researcher cannot tell practitioners how they should behave, understanding the intended and unintended consequences of actions can provide the basis for fruitful dialogue (Silverman, 1997: 223).

I look forward, although with a degree of trepidation, to seminars in which I shall be able to strike up such a dialogue, and the opportunities I have had to talk about my ideas to my former colleagues in the department thus far have been occasions for dialogue and debate of just this kind. The everyday routines and practices I have described are,

resolutely, of interest and importance for 'the subject[s] who act[s]', and these subjects have room for invention within limits. I know this because I have been one of them.

## **Appendix 1**

### **Notes on the Ethics and Emotions of Ethnography at Home**

In Chapter 2, I discussed the validity and reliability of ‘auto-ethnography’, arguing that the distinctions traditionally drawn between ‘insider’ and ‘outsider’ perspectives, and ‘overt’ and ‘covert’ methods are extraordinarily difficult to sustain empirically. This is a general comment, which I believe to be applicable to *any* ethnography which relies to any significant extent upon participant observation, and hence upon a degree of familiarity and inconspicuousness on the part of the researcher. Whilst these observations have generic applicability, certain ethical dilemmas are writ large in situations in which the ethnographer adopts a fused researcher-membership role (Adler and Adler, 1996). Moreover, the act of sustaining two simultaneous roles can have emotional consequences for the researcher (and, when the findings are disseminated, perhaps for those studied).

The purpose of this brief ‘confessional’ appendix is to discuss the personal politics of adopting a complete membership role, and also to consider its potential effect on the process of sense-making. I have already outlined, in Chapter 2, some of the advantages of conducting research amongst the familiar. Clearly, the main advantage is in the familiarity and ordinariness itself, in the very participatoriness of the enterprise, which allows for the checking and rechecking of observations and analytic inductions against constantly accessible ‘business as usual’ (*cf.* Adler and Adler, 1996; Pollard, 1985). I consider the dialectical relationship between my ‘researcher’ and ‘member’ perspectives below. First, however, I should like to discuss some of the difficulties and dilemmas

associated with ethnography at home, particularly those of an ethical nature, which require practical and often pragmatic resolution during the fieldwork.

### **The Problematics of Being ‘Meta’ to Oneself**

One of the advantages of a complete membership role is that the need for a contrived ‘researcher’ persona is dispensed with. This, in some ways, makes the experience of fieldwork a good deal less stressful and consequently more fruitful than it would be amongst unfamiliar, and perhaps suspicious ‘members’. As Pollard (1985) notes:

...through my participation I learned ‘the code’ (Wieder, 1974) with all its nuances and subtlety...This undoubtedly saved a lot of time and also gave a type of ‘sureness’ to the analysis (*ibid*: 221).

However, as Pollard also notes, there are some difficulties which arise from this ‘deep familiarity’, in that one’s professional or personal obligations and the imperatives of the research sometimes conflict. Turning to an example from my own experience. In Chapter 6, I analysed the assessment documents produced by a working group of which I was initially a member. I confess that my primary motivation in volunteering for this group had been to collect data. The forms of thought associated with ‘competent’ assessment (sense making) clearly were of pivotal analytic significance, and I wanted to witness the debates about the identification of its core elements. However, I attended just two of these meetings, during which the role conflicts were so uncomfortable that I decided to withdraw and rely on my friend and colleague to ‘inform’ me about the nature of the discussions. This was because my professional obligation to participate and give my opinion on assessment would normally have led me to challenge some of the suggestions of other members of the group. For example, I believed that it was

highly questionable whether a child's immunization status was routinely the business of social services agencies. However, myself-as-researcher wanted to remain 'outside' of the debates and collect the rich data in an unfettered manner. Some members of the working group knew I was undertaking research, but, as I noted in Chapter 2, I did not routinely announce my intention to take notes for research purposes. Fortunately, I was able to use the documents produced by the working group and to discuss process with an informant, and I managed to remain (uncharacteristically) marginal during the meetings I did attend. This was an ethically compromising experience, in which myself-as-researcher won the day.

However, there were many other occasions on which professional imperatives outweighed my desire to become an inconspicuous and non-judgemental witness to events. For example, because of my complete membership role, I inevitably contributed to the reproduction of certain dominant modes of ordering (see below). Sometimes I found myself personally reproducing another instantiation of certain tacit presuppositions. As the research progressed, I became more and more self-conscious about this, which was a rather strange and destabilizing experience, and one which Foucault predicted:

My project is precisely to bring about that [professionals] no longer know what to do, so that the acts, gestures, discourses which up until then had seemed to go without saying become problematic, difficult, dangerous. This effect is intentional (Foucault, 1981: 12, citation Silverman, 1987: 202)

Thus, I found myself thinking, 'oh there I go again assuming that the parent is culpable for the problems in the child, but perhaps in this case they are', or 'I think I need to use attachment theory just one more time'. However, I came to believe that this reflexivity

was a wholly positive thing, which actually improved my critical thinking about cases and prompted me to draw analogies between social work sense-making and competent ethnography (White, 1997 in press). It is for this reason that I assert so confidently that ‘unfettered’ inquiry has transformative potential.

### Espionage and Encounters

I have confessed that, for the most part, my colleagues and members of other professions with whom I routinely worked, although often aware of my research, experienced me as a team leader and not as a researcher. Pollard describes a similar situation (see also Adler and Adler, 1996; Burgess, 1985):

The teachers whose views I recorded were, and in some cases remain, personal friends. I was a teacher with them, sharing their experiences and their frustrations. As a teacher I needed their friendship just as most teachers tend to feel a need to be part of their staffroom community (Pollard, 1985: 225).

Dependence upon the same group of people for professional and personal support *and* for data, can make one feel like a spy in the camp. This is particularly heightened on those occasions when one is keeping one’s opinions to oneself in order not to disrupt a particularly interesting piece of dialogue. I remember an occasion, when I was at a dinner party with friends, in which I sat back and listened to a heated debate between two social workers about whether a person’s drink problem constituted a risk to their children, thinking all the time about getting home to write it down. Like most researchers who have found themselves in this kind of situation, I gradually shifted to a more ‘overt’ position. As my ideas became more formulated towards the end of my fieldwork, I began to discuss my analysis and opinions with colleagues who thankfully were interested and receptive, and would often give smiles or laughs of self-recognition

as I described our ways of ‘doing being’ social workers. Although my period as a (self-confessed, but nevertheless inconspicuous) spy was at times uncomfortable, I believe that, in terms of the validity of the data, it was essential. I could not possibly have disclosed my analytic thoughts on every occasion they occurred. To do so would, as I noted in Chapter 2, have disrupted business as usual, and would also have led people to find me more than a little strange! It was my rapport and camaraderie with members which allowed my to access the subtleties and nuances of organizational life, because ‘research questions arose... in the pursuit of everyday life, which could then be addressed and answered in this same realm’ (Adler and Adler, 1996: 48).

My intention in this thesis has been to represent those subtleties, not to evaluate or to judge them, but this non-judgemental position does not guarantee that those whose actions I have represented here will feel no sense of betrayal.

### **The Relationship between Action and Analysis: Emotion and Ethnography**

Towards the end of my fieldwork, I became involved in a case, during which an internal debate between self-as-researcher and self-as-member was played out. I have included this account in order to underscore the materiality of the issues with which social workers work, and also to describe my experience of sense making in relation to both cases and research. The particularly distressing nature of the case has caused me to conduct an *ex post facto* appraisal of my own actions in which the dialectic between action and analysis has become clearer. Slobin (1995) has undertaken a similar process of reflection. In her account of a particularly emotionally charged fieldwork experience in which she saw a badly burned child, she notes:



There are times .... when the sheer gravity...of an event sets up reverberations which bring one's analytic self to a standstill....It is only in the reflection and re-telling of such events that layered contexts, individual perspectives, and social ruptures, continuities, and resolutions are laid bare (Slobin, 1995: 487-8).

The following account is of one such chance occurrence. In July 1995, I was called to the paediatric outpatient department of the hospital where I worked, by a consultant who had noticed bruising and a number of burns on the (damaged material) body of a child (aged 18 months). The mother had told the doctor that she had fallen down stairs whilst holding the child. On arrival, the social worker and I asked to see the mother who was outside with one of her friends. We asked to see the bruises and burns on the child who was in his buggy crying and looking very miserable. Even at the time, I was aware (because of myself-as-researcher) of both the ritualized and routinized nature of this encounter, although this was more clearly formulated only on reflecting on the events. In my head, I counted the bruises and burns and noted their size, shape and location (detective), thinking all the time about whether they looked 'consistent' with a fall down stairs, spilled tea and a radiator burn (scientist-lawyer). I remember thinking what a miserable and unhappy little boy this was (later, I called it 'a different kind of misery', reconstructing it as a 'retrospectively obvious danger sign') and noticing how his mother failed to comfort him (moral judge). I compared him with my own well-fed, undamaged child, then aged three. I remember thinking how the mother spoke of the neo-natal death of her previous child with 'inappropriate affect', that is, without the expectable displays of emotion. I said to the social worker later that day that it was as though she were 'telling a story about something which had happened to somebody else', that I had seen this before in a mother who was deliberately inducing fits in her brain damaged child (*ad hoc* categorization), and that I had a 'bad feeling' about this

case (seasoned intuition). The child was thin and had been referred to the paediatrician because he was 'failing to thrive'. There was an explanation for this - the mother had been feeding him skimmed milk, which does not contain the appropriate nutrients (the child expert).

Although the doctor felt that the injuries were consistent with the explanations given, the mother was asked to allow the child to stay in hospital for 'tests' (skeletal survey and blood clotting factor). We all co-narrated our worries and concerns about the level of parental supervision and general care offered to the child. I telephoned the service manager to tell him how worried I was (watching my back). The mother said she could not allow this because the child's father would be angry because he had only just started to see his son again and would not want to be separated from him (putting her relationship before the child's needs - the moral judge). We attempted to persuade her and she ran out of the hospital taking the child with her.

Having searched unsuccessfully for her that night, the next day we did find her, located the child and he was admitted to the ward. Tests were taken (co-existence of events in different times and spaces) and I went to see her again. This time she was quite different and said she thought she had behaved stupidly the previous day (taking responsibility), but had been 'frightened' that we would remove the child. She said she would go to her mother's for a while if the child was discharged. I was reassured by this and went back to the office to await the results. It was Friday at 4-00pm and I thought 'I wish they'd hurry up, I hope the tests are clear, I want to go home' (interpenetration of times).

A Child Protection Case Conference was held, and the child's name was placed on the register of children at risk. The explanations for the injuries were accepted, but the mother was told she must be more vigilant. The social worker and health visitor visited regularly. The child was killed in an assault by his father (who, the social worker had been told, had left the area) six weeks later (indeterminacy associated with the lifeworlds of service users).

I have told this story not in order to sensationalize or to shock, but in order to give some context to social workers' displays of scepticism, and to illustrate my own reflexive sense making processes. I have been able to give this interpretive gloss on events only because I have undertaken intensive fieldwork examining, and rendering visible, those tacit and ritualized aspects of practice which are ordinarily taken for granted. I have attempted to show how the competing rationalities (science, expert opinion, legalism, seasoned intuition, moral judgement) coexist in ritual and routine within an encounter, and to underscore the intrinsic unpredictability of the enterprise. Despite my focus on rhetoric and artfulness, it remains a *material* fact that children's bodies are sometimes damaged by their parents, and it is social workers who are charged with the task of dealing with these situations. It is an occupation which deals with life *in extremis*, and this is reflected in the forms of thought, in particular the quest for certainty in assessment. I have told this very personal story, because it is relevant to me and hence to the fieldwork experience. Slobin notes:

In taking seriously the personal and social aspects of reflexivity and the generalized other, research methods and writing become integral aspects of the lived experience of fieldwork. Thus, writing field notes moves beyond representing talk and events as data for analysis toward writing the indeterminacy of the lived field experience. Writing fieldwork becomes a

reflexive activity, a way of knowing oneself seeing, to feel oneself feeling (Slobin, 1995: 496-7).

This thesis has been an act of translation from the lived experience of fieldwork and of social work to a set of analytic concepts used to represent the lived institutionalized realities. This appendix has been about the personal aspects of that translation.

## **Appendix 2**

### **Data Codes**

The following codes have been used to indicate the origin and nature of the data extracts.

#### **Interview Data**

- SW 1: 23**      Social Worker 1: paragraph number in transcript
- TL 2: 24**      Team Leader 2: paragraph number in transcript
- SM 3: 25**      Service Manager 3: paragraph number in transcript

#### **Transcribed Allocation Meetings**

- AL1/T2**      Allocation meeting 1: team 2

#### **Documentary Analysis**

- A/1 1.8**      Area 1: February sample: case number
- A/2 2.4**      Area 2: July sample: case number
- CP 44**      Child Protection Case Conference Minutes: case number
- DIS 10**      Case files (children with disabilities): case number

### **Appendix 3**

#### **Transcription Symbols**

I have used a range of symbols in the transcripts of ‘naturally occurring’ talk.

[   ]	overlapping talk
(   )	inaudible, and hence untranscribed, passage
(0.8)	pauses timed in tenths of second
(.)	audible short pause
<i>talk</i>	italics indicate emphasis
TALK	upper case indicates loudness in comparison to surrounding talk
tal-	abrupt end to utterance
<slow>	noticable slowing of tempo of talk
=	latching of utterances

## **Appendix 4**

### **Schedule for Conversational Interviews**

The following questions were used as an agenda for interviews. However, these are broad areas of interest designed to trigger accounts and they were not always asked in this form, or in this sequence, and many other questions and prompts were inserted in order to elicit further detail. Sometimes different forms of the same basic question were asked to reflect the particular role held by that individual within the organization. For example, managers were asked about how they would assess the competence of a social workers' assessment, rather than about how they would carry one out.

1. If you were describing your job to someone, what would you tell them about it?  
*What is good/bad about it?*  
*Have things changed since you qualified?*  
*What are the major issues for you as a manager?*
2. When you are on duty (deciding on allocation) and you have to decide what sort of response to give to a referral, what sort of information would you look for in order to inform that decision?  
*What sort of information would make you think you should respond immediately?*  
*Can you think of an example of a case you thought was urgent/could wait and what it was that made you feel it needed that kind of response?*
3. When undertaking assessments what sort of things do you look for and ask about? When you have asked a social worker to undertake an assessment, what would you expect them to look for?  
*For example, if a young child was referred with behaviour problems/bruising, how would you go about assessing that case?*  
*What sorts of information would worry/reassure you?*
4. When you are dealing with a family's problems, what helps you to understand what is going on?  
*Are there any theories or concepts which you use in your work?*  
*Have any ideas had a particular influence upon your work?*
5. Sometimes parents believe very strongly that their child has some characteristic which makes them particularly difficult to look after. How do you respond to those situations?

6. Do you think you can tell which situations are dangerous and which are not?  
*How do you do that?*  
*Why not?*  
*Can you tell me about a case about which you were particularly concerned and why?*
7. Who makes decisions in the department?  
*How much control do you have over your own work?*  
*What mechanisms do you have for ensuring that social workers/team leaders are dealing with cases appropriately?*  
*Are there any decisions you feel unable to make? Why?*

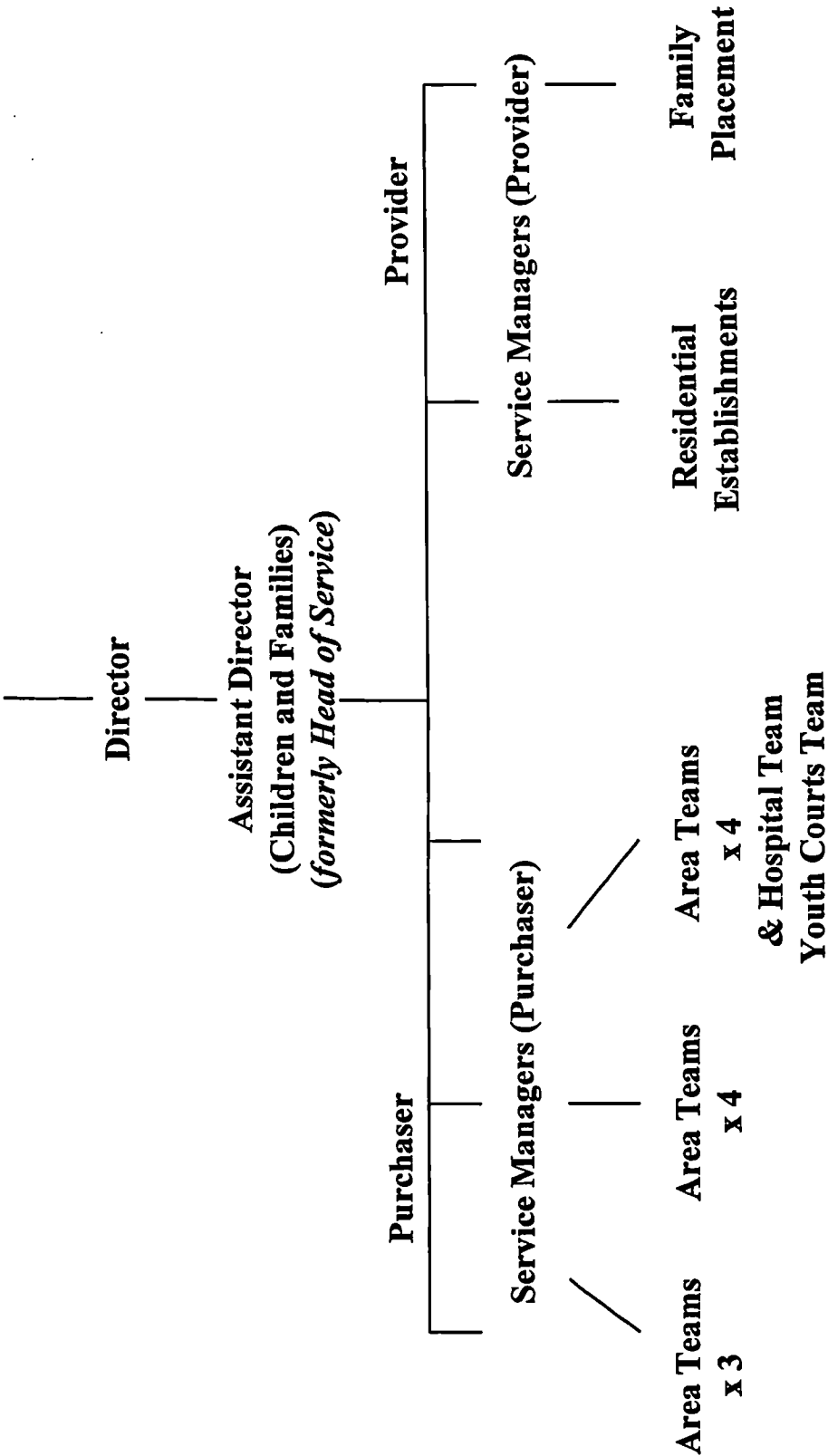
Additional Questions: Child Protection Manager

1. Do you think that there is consistency between social workers and teams in the Department about what sorts of cases they bring to Conference?
2. When people bring a case to Conference what sorts of things seem to trigger that response?
3. Can you think of a case where the decision about future action was particularly difficult?  
*What made it difficult?*
4. As the Chair in Case Conferences, what sort of information do you look for in making your own mind up about the level of risk?  
*In what ways do parents' responses influence the outcomes of Conferences?*



THE BUREAUCRATIC HIERARCHY

Appendix 5



## Appendix 6

**Figure 2**

LEVELS OF FAMILY SUPPORT				
KEY CHARACTERISTICS	First Level Prevention or "Diversion"	Second Level or "Early" Prevention	Third Level or "Heavy-end" Prevention	Fourth Level Intervention or "Early Restoration"
1. Nature of risk and/or need	<ul style="list-style-type: none"> <li>♦ low or containable risk</li> <li>♦ Problems common to many (vulnerable groups)</li> <li>♦ citizens rather than clients</li> </ul>	<ul style="list-style-type: none"> <li>♦ low/medium risk but high perceived need</li> <li>♦ acute crisis or early stage of problem</li> <li>♦ short term care</li> </ul>	<ul style="list-style-type: none"> <li>♦ chronic, well established problems</li> <li>♦ reduce high risk of harm to self or others</li> <li>♦ need for protection of child</li> <li>♦ reintegration of child into home when previously high risk</li> </ul>	<ul style="list-style-type: none"> <li>♦ children needing formal intervention</li> <li>♦ children removed from parents due to high level of need/risk</li> <li>♦ conflict with the child's home where their safety cannot be secured or sustained</li> </ul>
2. Major unit of need	<ul style="list-style-type: none"> <li>♦ localities</li> <li>♦ vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>♦ nuclear family</li> </ul>	<ul style="list-style-type: none"> <li>♦ individual family member(s) perceived as problematic or in need of continuing rescue/protection</li> </ul>	<ul style="list-style-type: none"> <li>♦ individual family member(s) perceived as problematic or in need of continuing rescue/protection</li> </ul>
3. Principal targets for intervention	<ul style="list-style-type: none"> <li>♦ welfare institution</li> <li>♦ community networks</li> <li>♦ social policy</li> </ul>	<ul style="list-style-type: none"> <li>♦ family systems</li> <li>♦ support networks</li> <li>♦ welfare institutions</li> </ul>	<ul style="list-style-type: none"> <li>♦ personal change</li> </ul>	<ul style="list-style-type: none"> <li>♦ personal change</li> </ul>
4. Objectives of intervention	<ul style="list-style-type: none"> <li>♦ reallocation of resources</li> <li>♦ redistribution of power/control over resources (incl. resources of s/w agencies)</li> <li>♦ increased rights for disadvantaged groups</li> </ul>	<ul style="list-style-type: none"> <li>♦ enhanced family functioning</li> <li>♦ enhanced support networks</li> <li>♦ family's increased awareness and motivation to make use of existing resources</li> <li>♦ welfare institutions more responsive to people's needs</li> </ul>	<ul style="list-style-type: none"> <li>♦ better adjusted, less deviant individuals</li> <li>♦ self-supporting families</li> </ul>	<ul style="list-style-type: none"> <li>♦ secure child's safety/welfare</li> <li>♦ reduce the risks to the child</li> <li>♦ reduce conflicts with child (e.g. within the family, with the criminal law)</li> </ul>
5. Dominant mode of practice	<ul style="list-style-type: none"> <li>♦ community action</li> <li>♦ community development</li> <li>♦ community social work</li> </ul>	<ul style="list-style-type: none"> <li>♦ generic, multi role practitioner</li> <li>♦ social care planning</li> <li>♦ social casework</li> </ul>	<ul style="list-style-type: none"> <li>♦ individual case work</li> <li>♦ treatment/therapy</li> </ul>	<ul style="list-style-type: none"> <li>♦ individual casework</li> <li>♦ treatment/therapy</li> </ul>

**Appendix 7**

**VALUES AND PRINCIPLES OF THE SOCIAL SERVICES DIVISION**  
**SERVICES TO CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES**

**1. CHILDREN AND YOUNG PEOPLE**

- 1.1 Children and young people are unique individual members of the community, and should be valued and respected.
- 1.2 All children, irrespective of illness, disability or developmental delays are first and foremost children, and should receive services and support appropriate to their age, abilities and aptitudes.
- 1.3 Services should respect children's race, culture, religion, gender and differing abilities.
- 1.4 Children and young people are disadvantaged in a society where power is predominantly experienced by adults and males. Services should recognise this and seek to empower children and young people more.
- 1.5 Children and young people have different levels of maturity, and have special needs for security, support, physical care and affection. Their need for consistency and continuity of care as they grow towards maturity should be respected.
- 1.6 In order to enable children and young people to share in the life of the community as they grow, their changing needs for new experiences and responsibilities should be recognised.
- 1.7 Given the complexity and changes in modern society, with its different cultures and values, there is no common family structure. A child's identity and welfare is, however, best promoted if the child or young person grows up with one or more parent or relative with a special commitment to that child or young person.
- 1.8 Children and young people have a right to be consulted about decisions that affect their lives, and to be involved in the decision making process to the extent of their capacity.
- 1.9 Children and young people have a right to be protected from significant harm.
- 1.10 Children and young people have a right to information about themselves, including their family of origin, and the opportunity to maintain links with members of their family, unless there are exceptional reasons that indicate otherwise. They retain a right to recognition of their particular racial, ethnic, religious and linguistic background in any service provision.

## **2. PARENTS AND FAMILIES**

- 2.1 Parents have the primary responsibility for the health, safety and welfare of their children throughout their childhood. This responsibility continues when their child is looked after by others.
- 2.2 Parenting is stressful, and this stress is exacerbated by a range of social and environmental pressures. Poverty and poor housing are particularly significant factors that create stress that has an adverse effect on the care of children and young people.
- 2.3 Parents may face additional stress due to discrimination in relation to their race, gender, sexual orientation or disability.
- 2.4 Parenting and family life should be supported and promoted.
- 2.5 Parents and carers have a right to information about services.
- 2.6 Parents and carers have a right to be consulted about service developments and have their views taken into consideration in the planning of services.
- 2.7 Parents have a right to be fully involved in the provision of specific services for them and/or their children except where this would seriously prejudice their children's welfare. This includes maintaining links where children are being looked after.
- 2.8 Parenting and family life includes the contribution of the extended family, which should be recognised, supported and valued. Tensions between members in extended families may arise, and these should be recognised and engaged with openly and constructively.

## **3. SOCIAL SERVICES DIVISION**

- 3.1 The Division will promote the health, safety and welfare of all children and young people. This includes seeking to promote their physical, intellectual, social, emotional, behavioural, moral and spiritual development to enable them to participate as full members of the community as adults.
- 3.2 The responsibility is discharged by establishing good co-operation with other agencies and working in collaboration to promote efficient and effective services.
- 3.3 The Division will promote parenting and family life to enhance the care of children. This must include due recognition of the contribution of the extended family.
- 3.4 The Division will respect the variety of family structures and cultures that exist, as long as the care they provide to children remains within the framework of legislation.
- 3.5 Services should not discriminate in respect of race, ethnicity, religion, gender, sexual orientation or disability. All staff in the Division should implement anti-oppressive values and practices.

- 3.6 The Division should work in partnership with parents and the extended family. This may include looking after their children when this will assist parents in meeting their responsibilities.
- 3.7 The needs of children for protection may override the principle of involving parents in decision making.
- 3.8 Court Orders will only be sought where they will be of positive benefit to the child or young person concerned.
- 3.9 Services for children and their families should be visible, accessible and understandable in practical terms to all the cultures and communities they serve and be responsive to their needs.
- 3.10 The Division will make available to all users of services information about their right to comment on and make representations/complaints about the quality and nature of services they receive.
- 3.11 The most valuable resource of the Division is its staff. The Social Services Committee is committed to training, staff development and staff care so to improve the quality of service provision.
- 3.12 The Social Services Committee will promote and assimilate research finding to improve the quality of services.

This statement of values reflects and complements the Joint Statement of Values agreed by the Council, Health Authority and the Voluntary Sector.

**Appendix 8**



**METROPOLITAN BOROUGH OF**  
**SOCIAL SERVICES DIVISION**

**ANTI-OPPRESSIVE PRACTICES : STATEMENT AND COMMITMENTS**

**STATEMENTS**

1. Oppression is a reality in society.
2. By oppression we mean the injustice and inequality experienced by an individual or group of people as a result of the ways in which power held by other individuals, groups or organisation is used, misused or abused.
3. The oppression of individual people and groups of people on the grounds of their race, gender, class, cultural diversity, economic status, disability, age, religion, sexuality and health status is not acceptable.
4. We recognise that:-
  - (a) existing practices in the Division reflect and continue oppression;
  - (b) lack of attention in policies and procedures to issues of oppression compounds this further.

This negates people's life chances - as staff or potential staff in the organisation, and as users or potential users of its services. The organisation's efficiency and effectiveness is thus damaged by limiting people's creative contributions.

5. All individuals and groups have the right to be valued equally.

**COMMITMENTS**

6. We will actively acknowledge and affirm diversity and promote social justice.
7. In our employment practices and service provision we will take specific and realistic actions to:
  - (a) challenge and reduce the effects of inequality and its causes;
  - (b) empower staff and service users;
  - (c) ensure that further oppression does not occur;
8. As an organisation we have responsibility to:-
  - (a) identify, promote, evaluate and further develop anti-oppressive practices;
  - (b) identify and challenge all oppressive practices;
  - (c) create a constructive dialogue with members of our staff, service users, groups and communities that reflect the diversity in society;
  - (d) create an organisational culture that encourages dialogue, is open to challenge, promotes learning and offers support.

9. As individuals we all have responsibility for using opportunities to:
- (a) develop our understanding of oppression and oppressive practices.
  - (b) actively integrate that understanding into our practice.

**Appendix 9**

# CLIENT CATEGORY CODES

0-5	CHILD 0-5 YRS
6-8	CHILD 6-8 YRS
9-11	CHILD 9-11 YRS
12-17	CHILD 12-17 YRS
18-64	ADULT CLIENTS
65-74	OLDER PEOPLE
75-84	PEOPLE 75-84 YRS
85+	PEOPLE OVER 85YRS
DFAM	FAM WITH PH MEMB.
D0-5	DISABLED 0-5 YRS
D6-11	DISABLED 6-11 YRS
D6-8	DISABLED 6-8 YRS
D9-11	DISABLED 9-11 YRS
D12-17	DISABLED 12-17YRS
D18-64	DISABLED ADULTS
D65-74	DISABLED 65-74YRS
D75-84	DISABLED 75-84 YR
D85+	DISABLED - 85+
FAM	FAMILY AS CLIENT
FAM	FAM. WITH MH MEMB
.5	M.H. 0-5 YRS
M6-11	M.H. 6-11 YRS
M6-8	M.H. 6-8 YRS
M9-11	M.H. 9-11 YRS
M12-17	M.H. 12-17 YRS
M18-64	M.H. 18-64 YRS
M65-74	M.H. 65-74 YRS
M75-84	M.H. 75-84 YRS
M85+	M.H. OVER 85 YRS
PFAM	PSYCH PROB FAMILY
P12-17	PSYCH. PROB 12-17
P18-64	PSYCH. PROB 18-64
P65-74	PSYCH. PROB 65-74
P75-84	PSYCH. PROB 75-84
P85+	PSYCH. PROB 85+

## SOURCE OF REFERRAL CODES

CAB	CITIZENS ADVICE
CPN	COMM. PSYCH NURSE
CRTS	COURTS
DHSS	DHSS
DN	DISTRICT NURSE
EWO	EDUCATION WELFARE
GP	DOCTOR
HH	HOME HELP
HMED	HOSP. MED STAFF
HSW	HOSPITAL S.W.'S
HV	HEALTH VISITOR
INFO	INFO. OFFICES
INT	INTERNAL REFERRAL
N	NEIGHBOUR
NSPC	NSPCC
O	OTHER
OA	OTHER AUTHORITIES
ODIV	OTHER DIVISIONS WITHIN SMBC
OREL	OTHER RELATIVE
	OCCUPATIONAL THER
PAR	PARENT
POL	POLICE
PROB	PROBATION
S/D	SON/DAUGHTER
SCH	SCHOOL (TEACHERS)
SCHN	SCHOOL NURSE
SELF	SELF
SP	SPOUSE(INC C/LAW)
VOL	VOLUNTARY ORGANISATIONS
WARD	WARDEN

METHOD OF REFERRAL CODES

D3	GP REFERRAL FORM
I	INTERNAL
L	LETTER
O	OFFICE VISIT
OT	OTHER
T	TELEPHONE

# REFERRAL REASON CODES

AAA	AIDS/ADAPTATIONS
AC	ADOPTION COUNSELLING
ACCREC	ACCESS TO RECORDS
ADVICE	ADVICE/SUPPORT
AO	ADMINISTARION OFF
BP	BUS PASS ONLY
CARE	REQUEST FOR CARE
CASH	REQ. FIN. HELP
CCASSE	COMMUNITY CARE ASSESSMENT
COURTA	ADOPT/C'SHIP REP
COURTO	COURT REP - OTHER
COURTS	SOCIAL ENQ. REP.
CP	CHILD PROTECTION
DASSES	DOMI CARE ASSESS.
DCARE	REQUEST FOR DAY CARE (CHILD)
FUNER	FUNERAL
HCR	HOME CARE REVIEW
HOUSE	HOUSING PROBLEM
INFO	FOR INFORMATION
I, OCP	INFORMATION RE CP
.	INTERNAL
LeT	ARREARS LETTERS
OB	ORANGE CAR BADGE
OFFERC	OFFER - CH.MINDER
OFFERF	OFFER - FAM PLACE
OFFERP	OFFER - PLAYGROUP
OFFERV	OFFER - VOLUNTEER
OTHER	OTHER REFERRALS
POLA	REQUEST TO ATTEND POLICE STATION FOR ADULT
POLC	REQUEST TO ATTEND POLICE STATION FOR CHILD
PROP	PROTECT. OF PROP.
REFREQ	REFERENCE REQUEST
REG	REGISTRATION REQUEST (BLIND, PH ETC)
RQPLF	REQUEST FOR HELP WITH PLAYGROUP FEES
SASSES	S.W. ASSESSMENT
SECT	M.H. SECTION
SPED	REP. - SPECIAL ED
TB	TALKING BOOK
TRAN	TRANSFER CASE TO OTHER AREA

RESP RESPITE CARE REQUEST.

SELHAR SELF HARM.

REASON REFERRAL ALLOCATED

1	SERIOUS RISK OF LOSS OF LIFE OR LIMB - 24 HRS
2	HIGH RISK OF FALLING INTO CAT.1 - 72HRS
3	STATUTORY WORK REQUIRING ACTION WITHIN 14DAYS
4	PREVENTATIVE WORK WITH FAMILIES/INDIVIDUALS
5	STATUTORY WORK OF A LOWER PRIORITY THAN CAT.3
6	WORK TO IMPROVE THE QUALITY OF LIFE
7	OTHER NON-STATUTORY WORK



### REASONS FOR CASE CLOSURE

AC	ADAPTATION COMPLETED
AGE	CHILD REACHED SEVENTEEN
AID	TECHNICAL AIDS DELIVERED
AO	ADOPTION ORDER MADE
ARPC	APPROVAL/REGISTRATION PROCEDURE COMPLETED
BR	PLACEMENT BROKEN DOWN
CAGE	CHILD REACHED AGE EIGHTEEN
CC	CIRCUMSTANCES CHANGED
CCCN	CLIENT CIRCUMSTANCES CHANGED, SERVICE NOT REQ
CCMH	CC LEGAL STATUS NOW UNDER MH LEGAL STATUS
CDS	CLIENT DECLINED SERVICE
CLPW	CLOSURE THROUGH PRESSURE OF WORK
CMAA	CLIENT MOVED TO ALTERNATIVE ACCOMMODATION
COE	CARE ORDER ENDED
CPCC	CHILD PROTECTION, CHANGE OF CATEGORY ONLY
CPTR	CHILD PROTECTION TEMPORARY REGISTRATION
CRH	CHILD RETURNED HOME TO PARENTS
CSID	CLIENT SERVICE INCREASED/DECREASED
DCO	DUTY CONTACT ONLY, NFA
DFC	CLIENT DECEASED
F	SUPERVISION ORDER EXPIRED
FWR	FURTHER WORK/ASSESSMENT REQUIRED
HHR	HOME HELP DELIVERED
IP	INAPPROPRIATE PLACEMENT
IRS	INAPPROPRIATE REQUEST FOR SERVICE
LTC	LONG TERM CARE - NOT RETURNING
MOVE	CLIENT MOVED AWAY FROM L.A. AREA
NASA	NO APPROPRIATE STAFF AVAILABLE
NFA	NO FURTHER ACTION REQUIRED
OSW	OFFER OF SERVICE WITHDRAWN
OTAG	REFERRAL TO OTHER AGENCY
PE	PLACEMENT ENDED
PM	PLANNED MOVE TO NEW PLACENMENT
PSYC	PSYCHIATRIC ASSESSEMENT REQUIRED
RAC	REVISE ASSESSED CHARGE
RALL	CASE ALLOCATED TO ANOTHER WORKER
RDIM	RISK DIMINISHED
RESC	CLIENT GONE INTO PERMANENT RESIDENTIAL CARE
RESP	RESPIRE CARE
	RESOURCE UNAVAILABLE - BUDGET SPENT
	SERVICE ALREADY DELIVERED TO CLIENT
SALP	SEEK ALTERNATIVE LONG-TERM PLACEMENT
SDPR	SERVICE DELIVERED, PROBLEM RESOLVED
SORV	SUPERVISION ORDER REVOKED
SOTR	SUPERVISISON ORDER TRANS'FERD TO OTHER AGENCY
TH	ADDING PAST WORKERS DURING DATA TAKE-ON
TIC	CLIENT TAKEN INTO CUSTODY
TOE	OPENED IN ERROR
UNPR	UNRESOLVABLE PROBLEM
WARD	WARDSHIP DISCHARGED

## **Appendix 10<sup>1</sup>**

---

<sup>1</sup> The print quality of this document is identical to the original

METROPOLITAN BOROUGH  
SOCIAL SERVICES DIVISION

INITIAL ASSESSMENT FORM

NAME OF CHILD/YOUNG PERSON/FAMILY .....

ADDRESS .....

.....

COMPLETED BY ..... DATE .....

- 1 SUMMARY OF REFERRAL (To include referer's definition of the main problem and its origins. It is important to distinguish between fact and opinion/perception)

- 2 CHILD/YOUNG PERSON'S OPINION OF THE PROBLEM/SITUATION

**3 PARENT/CARERS' OPINION OF THE PROBLEM/SITUATION**

- 4 RELEVANT INFORMATION ADDITIONAL TO BASIC FACTS (to include backgrounds, significant people involved, present circumstances, support networks (including names), racial, cultural or religious factors, chronology of recent events)**
- 5 PREVIOUS SOCIAL SERVICES INVOLVEMENT (including other Authorities/ Agencies) (To include dates and nature of previous referrals, intervention and outcomes. Emphasis on any previous areas of concern will be necessary)**

**OTHER AGENCY INVOLVEMENT**

6 INFORMATION FROM OTHER AGENCIES

The following Agencies will need to be consulted in relation to any child who may be subject to significant harm. For other referrals, it may be appropriate to consult some of the Agencies or others deemed relevant.

For any consultations with other Agencies, apart from investigations of 'significant harm' to a child, it is necessary to obtain the written consent of parents/persons with parental responsibility for such enquiries.

Form SSD 752 should be used for such consents.

Police

Family Support Unit

Health Visitor/Child Observation Unit

School/Nursery

NSPCC (223 2631)

Child Protection Register

Education Welfare

Probation (422 611)

GP (if appropriate)

Other

---

NAME .....

AGENCY ..... TEL NO .....

RELEVANT INFORMATION (FACTUAL AND OPINION) AND VIEWS

## 7 SOCIAL WORKER'S INITIAL ASSESSMENT

It will be useful to focus on any identified immediate need/concerns that are not met within the family and those that will require provision of services. Is there agreement with the family on these, if not, what steps will need to be taken for further exploration, the relevance of the referral to other Agencies. Are there particular strengths in the family/network to build on.

## 8 AREAS FOR FURTHER EXPLORATION

In particular for more complex situations or significant needs, situations of disagreement.

## 9 PLANNING (For further planning work summary of initial assessment of concerns/needs identified, aims and tasks

a) AIMS

b) PROPOSED ACTIONS

SIGNED ..... (Social Worker) DATE .....

TEAM LEADER'S COMMENTS/DECISIONS

☐

NFA

☐

Immediate Action

☐

Further Consultation

☐

Allocation

☐

Further Assessment (Core or Comprehensive)

☐

Other (Please State)

SIGNED ..... Team Leader DATE .....

METROPOLITAN BOROUGH  
SOCIAL SERVICES DIVISION

CORE ASSESSMENT

NAME OF CHILD/YOUNG PERSON .....

ADDRESS .....

.....

DATE OF COMMENCEMENT OF ASSESSMENT .....

DATE OF COMPLETION OF ASSESSMENT .....



PURPOSE(S) OF THE ASSESSMENT

- 1 .....
- 2 .....
- 3 .....
- 4 .....

ASSESSMENT CO-ORDINATED AND COMPLETED BY

NAME ..... TEL NO .....

POSITION ..... AGENCY .....

ADDRESS .....  
.....  
.....

MANAGER .....

PERSONS/AGENCIES TO BE CONSULTED/CONTACTED (eg other professionals, relatives, friends)

Attach written reports if received

NAME

AGENCY/RELATIONSHIP

REPORT REQUESTED (YES/NO)

DATE OF REQUEST

DATE OF RECEIPT

SERVICE HISTORY

Include details of each agency involvement specifically covering - date of referral, identified nature of problem(s), name and agency of worker, nature of service delivered or provided, involvement of family, duration and outcome of service input, and date of termination of service delivery or provision.

CORE ASSESSMENT

SUPPLEMENTARY INFORMATION SHEET - FOR SIGNIFICANT PERSONS/AGENCIES

INFORMANT	AGENCY/RELATIONSHIP	TEL NO
.....	.....	.....

FOCUS OF ASSESSMENT

NAME OF CHILD/FAMILY .....

PURPOSE(S) .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please include details of expressed concerns, needs identified, child/family networks and strengths, gaps in support or services, previous problems and methods and outcome of intervention, suggestions as to best ways to meet needs.

**HEALTH ASSESSMENT**

**DESCRIPTIVE**

Describe the Child/Young Person's general health.

Are there any current medical conditions:

- a) Has the child/young person had any serious illnesses or allergies. If so, please list.
- b) Does the child have a Personal Child Health Record? (Red Book) is so can it be used for collecting information?

You may wish to consider the following:

Does the child or any family member have a physical disability?  
If so, give details and current Health Service involvement.

How often does the child(ren) visit the GP?

Are there any hearing or sight concerns and has the child(ren) had the necessary checks?

Have there been any developmental difficulties or delays? If so, give details.

Has the child any dental problems?

b) Previous Hospital Admissions

<u>Dates</u>	<u>Hospital</u>	<u>Reason</u>	<u>Outcome</u>
--------------	-----------------	---------------	----------------

Previous Outpatient Treatment

<u>Dates</u>	<u>Hospital</u>	<u>Reason</u>	<u>Outcome</u>
--------------	-----------------	---------------	----------------

### CURRENT EPISODE

Describe the nature of the problem(s) and include the views of all relevant family members. Who has taken the initiative in making the referral and/or seeking help.

Describe the sources of information to be investigated, by whom and using what methods.

### FOCUS OF THE ASSESSMENT

Identify any specific areas for the focus of the assessment (eg 'level' of need, disability, behavioural problems or emotional development, family functioning and welfare and safety of children). Indicate the depth of assessment required. Are there any particular modules (eg health, education) which are particularly relevant.

Have the necessary written consents to consultation been sought and obtained? (Form SSD 752)

Are there any constraints on assessment?

### CHRONOLOGICAL LIST OF SIGNIFICANT EVENTS IN CHILD/YOUNG PERSON'S/ FAMILY'S LIFE?

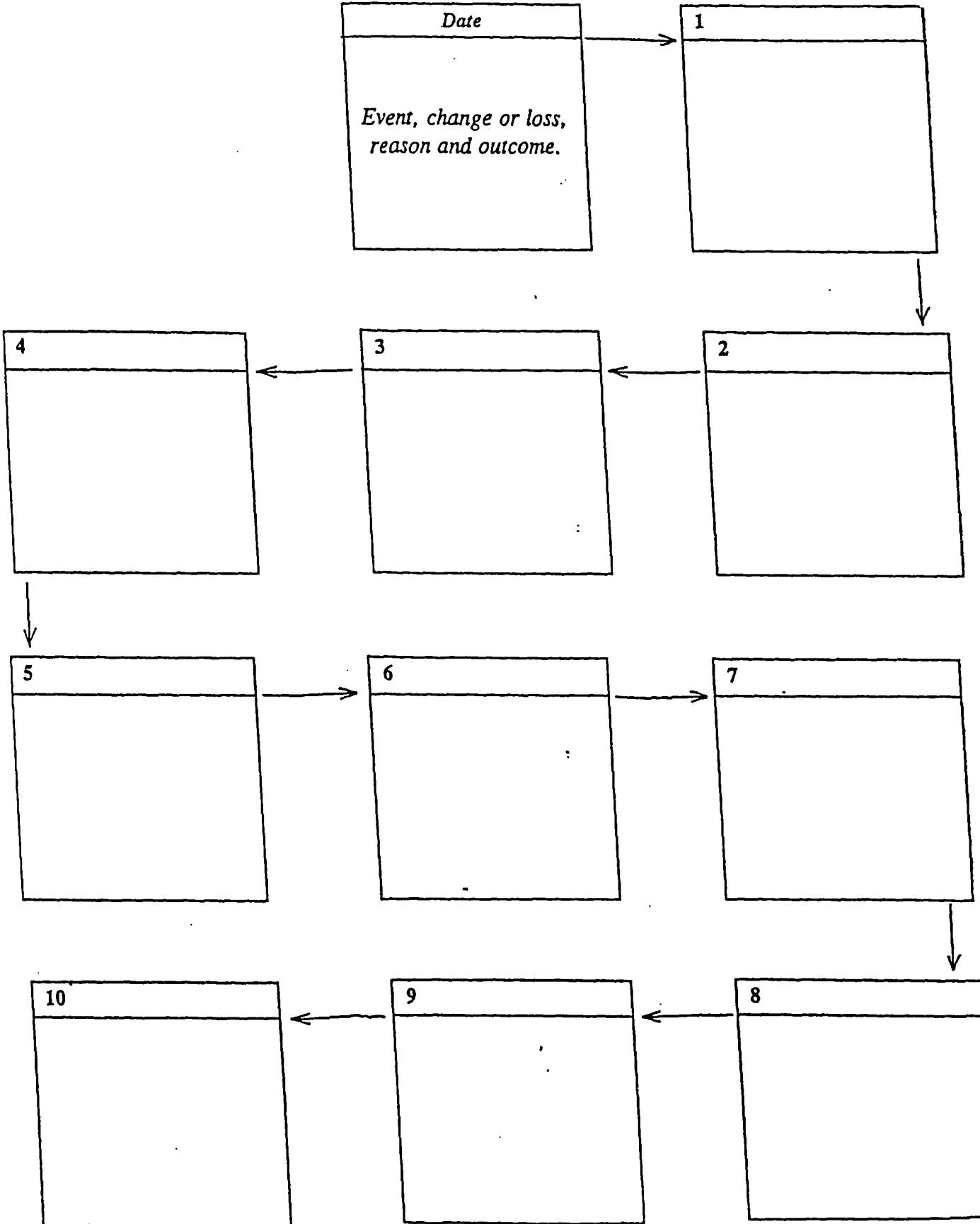
It is important to include changes of home, carers, school, family membership, hospital admissions or serious illnesses.

List the approximate date, summary of the event and the outcome.

The flow chart may be useful to plot significant family changes (eg change of family membership, house move), please attach if completed.

FLOWCHART FORMAT FOR CHRONOLOGY OF SIGNIFICANT EVENTS

Child / Young Person's Name



EDUCATIONAL ASSESSMENT

NAME OF CURRENT SCHOOL .....

NAME OF YEAR TUTOR/LINK TEACHER/DEPUTY HEAD .....

NAME OF HEADTEACHER .....

SCHOOLS ATTENDED (with dates) .....

.....

.....

.....

EDUCATIONAL ATTAINMENTS (including literacy, and comments from teachers)

.....

.....

.....

.....

OTHER ATTAINMENTS/STRENGTHS/ABILITIES (including sports, activities,  
clubs, interests)

.....

.....

.....

.....

EMPLOYMENT HISTORY(including training, part time, or casual)

.....

.....

.....

## DESCRIPTIVE

You may wish to consider the following:

Has the child or any family member specific learning difficulties

Is there or has there been statement of special educational needs

Comments on the child's school attendance

Behaviour in and out of class, any serious incidents

Are there any particular difficulties in any subject area

Does the child(ren) suffer from bullying or victimisation at school

Is the child progressing at the appropriate level and stages

Comments on the child's social skills

Is there a particular teacher who the child relates well to

Comments on parents/carers/child's approach to school and learning



## IDENTITY

In order to assess a child's sense of self, please consider the following issues -

- Has the child had different carers to his/her birth parents?
- Does the child have the same name from birth?
- Does the child have a clear role within the family?
- Are there particular cultural or religious factors (including language)
- Does the family have 'roots' in the locality? If not, what are the links with their family/cultural groups?
- Describe the child's personality, individual strengths and weaknesses, talents and abilities, particular 'labels'.
- Comment on the child(ren)'s self esteem, is this promoted by family members?
- Does the child/young person have knowledge of his/her personal history?

## GUIDANCE NOTES

### FAMILY AND SOCIAL RELATIONSHIPS

It is useful to follow the factors set out below in gathering and collating information in this Section.

#### **FAMILY**

- What are the particular strengths within the family, their relationships and what are the main areas of stress or conflict?
- Comment on the degree of satisfaction within the relationships, degree of openness, dependancy and understanding, particularly in the light of the effect of the identified problems on family members.
- Are there any past relationships affecting the current family members?
- How are disagreements resolved?
- What roles do the various family members play in relation to the child(ren), who are the main caretakers?
- How do family members show affection, pleasure, anger, sadness?
- Are there regular contacts or involvements with wider family members?
- Is there motivation within the family to work to a plan?

#### **SOCIAL**

- How much involvement/support is there from local neighbours and friends?
- Are any local clubs, community groups or supportive groups involved with the family?
- What is the level of the family members involvement in leisure/social activities/out of school activities?
- Does the family suffer from any victimisation and/or discrimination in the locality?
- Does the family find any sense of belonging in the locality or have supportive relationships from people at a significant distance?
- Are there any significant friendships (for older children)  
eg boyfriend/girlfriend.

It may be useful to draw up a Family Tree with the family members as a means of involving them and helping them to identify family links, significant members and 'lost' family members.

## FAMILY AND SOCIAL RELATIONSHIPS

Is the Basic Facts Sheet correct? Detail any recent changes to the family membership. Are there any cultural or religious factors important in the family and social relationships? Are there any particularly strong relationships, alliances or hierarchies in the family.

## DESCRIPTIVE

Please see Guidance notes in completing this Section. It is designed to help identify any areas of concern in lack of family and network support and possible areas of risk.

SIBLING RELATIONSHIPS (see checklists in Patterns and Outcomes (DOH) for more detail, if needed)

- Comments on the interaction between siblings in particular the child - subject to referral.
- Are there occasions when the child(ren) show mutual affection, comforting, helping (give examples)?
- How much do the children play together, are there any 'difficulties' in the children playing with others?
- How much conflict exists between children and how is it resolved?
- Is there overt hostility or aggression between any of the children - examples would be useful - how is this dealt with?

## SOCIAL PRESENTATION

You may wish to consider the following issues in order to identify the level of general care and awareness. It is important to clarify fact from perception, both for the child/family and yourself.

- To what degree, if any, does the child/family's presentation create difficulties in their social relationships?
- Comment on the age appropriateness of the child's clothing - is poverty an issue in this?
- How do the children behave when in the presence of others, is there supporting evidence for any concerns/social skills?
- How do the parents support their children's positive interaction with others?

## SELF CARE SKILLS

This section is aimed at identifying a child's ability to care for him/herself in relation to their age appropriate skills and development.

Comment on the child's ability to care for him/herself without assistance.

- are the tasks the child can perform age or ability appropriate, if not, is he/she being helped appropriately?
- How much does the child show interest in self care eg health, welfare, washing, eating, etc?

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

The following factors are provided to give some guidance in the gathering and collation of information for this module.

For each relevant child, it is important to describe the difficulties and positives from the family and child's perspectives as well as the assessor.

You may wish to consider the following.

CONCENTRATION AND BEHAVIOUR

- The degree of reassurance needed by the child eg whether the child seems anxious if parent is out of sight or needs picking up constantly.
- The presence of tensional outlets eg nailbiting, nervous habits, headaches.
- Comments on any information from parents or others about how the child expresses feelings eg being quarrelsome, tearful, moody, affectionate, *withdrawn, aggressive, etc.*
- The presence of marked fears eg nightmares, being alone.
- Any reported incidents of self harm.
- The child's concentration span, ability to stick to tasks or play, sense of time, etc.
- The ability of a child to communicate through language and/or play and its age appropriateness.

PARTICULAR BEHAVIOURS AND BEHAVIOUR PATTERNS (in particular eating and sleeping)

If there are any identified patterns or incidents of behaviours that are seen as significant or causing concern, it may be useful to focus on a description of the behaviour, its frequency, location and 'triggers'.

The following may be useful to consider.

- Circumstances and presence of other people, is location a factor.
- History of the behaviour and whether the parents /child's perception is supported by evidence from others.
- Any identified pattern to the behaviour - does it seem to have been learned through family patterns.
- Any events or factors leading up to the behaviour.
- The age appropriateness of the behaviour.

## EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

It is important initially to identify for each child subject to assessment whether any emotional or behavioural difficulties have been identified previously and, if so, what steps were taken to treat the difficulty.

### DESCRIPTIVE

Please refer to the Guidance Notes when gathering information and collating it in this Section.

- Any relevant healthy or developmental factors, is ability, diet or tiredness/illness a factor.
- Previous methods of behaviour management and outcomes (eg reward/punishment, response to comforters).

For more detail regarding eating and sleeping patterns see 'Patterns and Outcomes', HMSO - 'Tools and Checklists'.

## RELATIONSHIPS WITH OTHERS

It may be useful to focus on how children respond to direction, punishment, praise and which methods of interaction have been found to be productive.

- Comments on the child's moral conscience development eg sense of shame, guilt, remorse, tolerance thresholds and ability to co-operate, sense of 'right' and 'wrong'.
- Degree of dependance the child shows to parents, carers or any other significant person and any elements of hostility in that relationship.
- The degree to which the child can take on responsibilities or tasks requested by others - does the child play well with others or is the child lonely.
- The involvement of the child with children of the same or different ages in play or activities, whether organised or unmanaged, in groups/gangs, etc.
- The degree to which a child shares toys, etc with others and, for older children, whether the child needs to 'buy' friendships or acceptance by others.
- The presence of appropriate adult role models and what the child gains from them.



## PHYSICAL CONDITIONS AND FINANCIAL SUPPORT

Comment on the locality and family living conditions, the size of the home in relation to family size, provision of heating, food, home entertainment (games, toys, TV, video, etc), sleeping arrangements, proximity of local facilities.

- What is the view of the family about the house and locality, particularly accommodation standards and relationship with neighbours.
- To what degree is money a source of stress. Comment on the basis of family income and expenditure.
- Are all benefits available being claimed.

## GUIDANCE NOTES

### STATEMENT OF NEED

According to s 17, P 8 III of the Children Act 1989, a child 'in need' is defined as a child who is

- a) unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local Authority,
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services or
- c) he is disabled.

"The definition of need in the Act is deliberately wide to reinforce the emphasis on preventive support and services to families ... It would not be acceptable for an Authority to exclude any of the above categories".

In the analysis, it is important to include the following factors

- the vulnerability of the child/family in times of crisis
- the ability of the family to promote children's welfare and protection and to work in partnership
- the strengths and weaknesses of the wider family and social network to offer support and to act in times of stress
- the needs of the family members on cultural, racial, religious and linguistic grounds
- whether the child's needs for food, clothing, shelter, safekeeping, nurture are being met
- whether the child's education and stimulation needs are being met
- is the child's development being delayed by lack of nurture, stimulation, boundary setting and are there any behaviours which are age 'inappropriate' or anti-social
- is there a lack of appropriate health care and monitoring
- is there a need for counselling and advice/help in addressing self-responsibility
- are there practical and financial needs which need addressing.

### STATEMENT OF NEED

Please identify the extent of identified need, in relation to the previous modules, from the information gathered and collated.

### SIGNIFICANT HARM

Are there indications in the assessment of risk or likelihood of risk or significant harm to the child?

## SIGNIFICANT HARM

Section 47(1) of the Children Act 1989 gives the Local Authority a duty to investigate where they -

- b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm
- the Authority shall make, or cause to make, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Such actions could include application for an order (care or supervision) under s 31 or (child assessment) under s 43.

In this respect, 'harm' means 'ill treatment or impairment of health or development' and 'development' means 'physical, intellectual, emotional, social or behavioural development'

Clearly, if the information gathered in the modules leads to an assessment of the degree of need which indicates that the child is suffering, or likely to suffer significant harm, then action will need to be considered. Such action may include a full (comprehensive) assessment, child assessment order or protective action.

Guidance under Child Protection Procedures must then be followed.

## INITIAL SERVICE PLAN TO MEET IDENTIFIED NEEDS

Include a summary of each identified need, the purpose of the service delivery or provision, the tasks to be undertaken, the agencies or personnel to be appropriately involved, likely duration of service involvement and the desired outcome.

This may include further assessment.

**Appendix 11**

## Metropolitan Borough of

## Social Services Division - Referral Form

\* Open/Closed/Not Known

TEAM CODE:                     

Referral No: \_\_\_\_\_

Surname: \_\_\_\_\_

Ref's Name: \_\_\_\_\_

Forename: \_\_\_\_\_

Ref's Address: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Client's Tel No: \_\_\_\_\_

Ref's Tel No: \_\_\_\_\_

Client's D.o.b.: \_\_\_\_\_

Referral Source:                     

Marital Status: \* M / W / S / D / U Sex: \* M / F

Referral Method: : Let / Off / Tel / Int

Referral Date:     /    /     Time:     :    :    

Client aware of Referral: \* Y / N / U

Duty Officer:           

Can Ref's name be divulged: \* Y / N / U

Referral Reason: \_\_\_\_\_

GP's Code:     

Referral Reason: \_\_\_\_\_

GP's Name / Address \_\_\_\_\_

Client Category:           

SUMMARY OF REFERRAL: \_\_\_\_\_

DUTY OFFICER'S REPORT:

**FAMILY / NEXT OF KIN**

Name

Rel'ship

D.O.B.

School / Occupation / Address

## DUTY ACTION

Allocation Reason:

Retain. Allocate to Worker 1:     

Worker 2:     

Worker 3.     

Close. Closure Reason:                     

\* Review / Delete Date \_\_\_\_\_

Transfer. Team Code:

## References

- Adam, B. 1995, *Timewatch: The Social Analysis of Time*, Cambridge: Polity.
- Adcock, M. and White, R. 1985, *Good-enough Parenting: A Framework for Assessment*, London: British Agencies for Adoption and Fostering.
- Adcock, M., White, R. and Hollows, A. 1991, *Significant Harm: Its Management and Outcome*, Croydon: Significant Publications.
- Adler, P. A. and Adler, P. 1993, 'Ethical Issues in Self-Censorship: Ethnographic Research on Sensitive Topics' in C. M. Renzetti and R.M. Lee, *Researching Sensitive Topics*, 1993, London: Sage: 249-266.
- Adler, P. A. and Adler, P. 1996, 'Parent-as-Researcher: The Politics of Researching in the Personal Life', *Qualitative Sociology*, 19, 1: 35-58.
- Agar, M. 1980, *The Professional Stranger: An Informal Introduction to Ethnography*, New York: Academic Press.
- Alderson, P. and Montgomery, J. 1996, *Health Care Choice: Making Decisions for Children*, London: Institute for Public Policy Research.
- Aldridge, M. 1996, 'Dragged to market: being a profession in the postmodern world', *British Journal of Social Work*, 26, 2: 177-194.
- Alvesson, M. 1993, 'Organizations as rhetoric: knowledge-intensive firms and the struggle with ambiguity', *Journal of Management Studies*, 30, 6: 997-1015.
- Alexander, J.C. 1995, *Fin de Siecle Social Theory*, London: Verso.
- Anderson, H. and Goolishian, H.A. 1988, 'Human systems as linguistic systems: preliminary and evolving ideas about the implications for clinical theory', *Family Process*, 27, 4: 317-393.
- Anderson, H. and Goolishian, H.A. 1990, 'Beyond cybernetics: Comments on Atkinson and Heath's 'Further thoughts on second order family therapy'', *Family Process*, 29, 2: 157-163.
- Antaki, C. 1994a, *Explaining and Arguing: The Social Organization of Accounts*, London: Sage.
- Antaki, C. 1994b, 'Common sense reasoning: arriving at conclusions or travelling towards them?', in J. Seigfreid (ed.) *The Status of Commonsense in Psychology*, Norwood, New Jersey: Ablex.
- Archard, D. 1993, *Children, Rights and Childhood*, London: Routledge.
- Archer, M.S. 1995, *Realist Social Theory: The Morphogenetic Approach*, Cambridge: Cambridge University Press.
- Archer, M.S. 1996, 'Social integration and system integration: developing the distinction', *Sociology*, 30, 4: 679-699.
- Arluke, A. and Hafferty, F. 1996, 'From apprehension to fascination with "dog lab": the use of absolutions by medical students', *Journal of Contemporary Ethnography*, 25, 2: 201-225.
- Armstrong, D. 1983, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*. Cambridge: Cambridge University Press.
- Armstrong, D. 1995, 'The rise of surveillance medicine', *Sociology of Health and Illness*, 17, 3: 393-404.
- Ashmore, M., Mulkay, M., Pinch, T. 1989, *Health and Efficiency: a Sociology of Health Economics*, Milton Keynes: Open University Press.
- Atkinson, P. 1988, 'Ethnomethodology: a critical review', *Annual Review of Sociology*, 14: 441-65.



- Atkinson, P. 1990, *The Ethnographic Imagination*, London: Routledge.
- Atkinson, P. 1994 'Rhetoric as skill in a medical setting' in Bloor, M and Tarborelli, P (eds) *Qualitative Studies in Health and Medicine*. Aldershot: Gower.
- Atkinson, P. 1995a, 'Some perils of paradigms', *Qualitative Health Research*, 5: 117-24.
- Atkinson, P. 1995b, *Medical Talk and Medical Work*, London: Sage.
- Audit Commission, 1994, *Seen but not Heard: Co-ordinating Community Child Health and Social Services for Children in Need*. London: HMSO.
- Baistow, K. 1995, 'From sickly survival to the realisation of potential: child health as a social project in twentieth century England', *Children and Society*, 9, 1: 20-35.
- Barber, B. 1963, 'Some problems in the sociology of the professions', *Daedalus*, 92, 4: 669-88.
- Barnett Pearce, W. and Chen, V. 1989, 'Ethnography as sermonic: the rhetorics of Clifford Geertz and James Clifford', in H.W. Simons (ed.) *Rhetoric in the Human Sciences*, London: Sage.
- Barry, A. 1991, 'Narrative style and witness testimony', *Journal of Narrative and Life History*, 1, 4: 281-293.
- Barton, C. and Douglas, G. 1995, *Law and Parenthood*, London: Butterworths.
- Baruch, G. 1981, 'Moral tales: parents' stories of encounters with the health profession', *Sociology of Health and Illness*, 3, 3: 275-296.
- Bauman, Z. 1992, *Intimations of Postmodernity*, London: Routledge
- Beck, U. 1992, *The Risk Society*, London: Sage.
- Bernstein, R.J. 1983, *Beyond Objectivism and Relativism: Science Hermeneutics and Praxis*, Philadelphia: University of Pennsylvania Press.
- Bettmann, J.R. and Weitz, B.A. 1983, 'Attributions in the Board Room: Causal Reasoning in Corporate Annual Reports', *Administrative Science Quarterly*, 28: 165-183.
- Bhaskar, R. 1986, *Scientific Realism and Human Emancipation*, London: Verso
- Bhaskar, R. 1990, 'Rorty and the ideal of freedom' in A. Malachowski (ed) *Reading Rorty*, Oxford: Basil Blackwell.
- Billig, M. 1987, *Arguing and Thinking: A Rhetorical Approach to Social Psychology*, Cambridge: Cambridge University Press.
- Billig, M., Condor, S., Edwards, D., Grane, M., Middleton, D. and Radley A. 1988, *Ideological Dilemmas: A Social Psychology of Everyday Thinking*, London: Sage.
- Billig, M. and Sabucedo, J.M. 1994, 'Rhetorical and ideological dimensions of common sense', in J. Siegfried (ed), *The Status of Common Sense in Psychology*, Norwood, New Jersey: Ablex Publishing Corporation.
- Blaikie, N. 1993, *Approaches to Social Enquiry*, Cambridge: Polity.
- Blau, P. 1963, *Dynamics of Bureaucracy*, Chicago: University of Chicago Press.
- Blaug, R. 1995, 'Distortion of the face to face: communicative reason and social work practice', *British Journal of Social Work*, 25, 4: 423-439.
- Bloor, M. 1994, 'On the conceptualisation of routine decision-making: death certification as an habitual activity', in M. Bloor and P. Tarborelli (eds) *Qualitative Studies in Health and Medicine*, Cardiff Papers in Qualitative Research, Aldershot: Avebury.
- Bourdieu, P. 1977, *Outline of a Theory of Practice*, Cambridge: Cambridge University Press.

- Bourdieu, P. 1986, 'The force of law: towards a sociology of the juridical field', *Hastings Law Journal*, 38: 814-853.
- Bourdieu, P. 1988, *Homo Academicus*, Cambridge: Polity
- Bourdieu, P. 1989, *La noblesse d'Etat. Grandes corps et Grandes ecoles*. Paris: Editions de Minuit.
- Bourdieu, P. and Wacquant, L. 1992, *An Invitation to Reflexive Sociology*, Cambridge: Polity.
- Bourdieu, P. 1993, 'Concluding Remarks: For a Sociogenic Understanding of Intellectual Works', in C. Calhoun, E. LiPuma and M. Posthorne, *Bourdieu: Critical Perspectives*, Cambridge: Polity: 263-275.
- Boylan, M. 1993, *The Process of Argument*, Maryland: University Press of America.
- Brannigan, A. and Lynch, M. 1987, 'On bearing false witness: credibility as an interactional accomplishment', *Journal of Contemporary Ethnography*, 16, 2: 115-146.
- Brewer, J. 1994, 'The ethnographic critique of ethnography' *Sociology*, 28, 1:231-244.
- British Sociological Association, 1993, *Statement of Ethical Practice*, Durham: British Sociological Association.
- Bryant, C.G.A. 1989, 'Sociology without foundations' *Polish Sociological Bulletin*, 87-88: 61-79.
- Bryant, C.G.A. 1991, 'The dialogical model of applied sociology', in C.G.A. Bryant and D. Jary, *Giddens' Theory of Structuration: A Critical Appreciation*, London: Routledge.
- Bull, R. and Shaw, I. 1992, 'Constructing causal accounts in social work', *Sociology*, 26, 4: 635-49.
- Bulmer, M. 1980, 'Comment on "The ethics of covert methods"', *British Journal of Sociology*, 31: 59-65.
- Burgess, R.G. 1985, 'The whole truth? some ethical problems of research in a comprehensive school' in R.G. Burgess, (ed.) 1985, *Field Methods in the Study of Education*, Lewes: Falmer Press.
- Burman, E. 1990, *Time, Language and Power in Modern Developmental Psychology*, unpublished PhD, University of Manchester.
- Burman, E. 1994, *Deconstructing Developmental Psychology*, London: Routledge.
- Callon, M. and Latour, B. 1981, 'Unscrewing the big Leviathan: how actors macro-structure reality and how sociologists help them to do so' in K. Knorr-Cetina and A.V. Cicourel (eds), *Advances in Social Theory and Methodology: Towards an Integration of Micro- and Macro- Sociology*, London: Routledge.
- Callon, M. 1986, 'Some elements of a sociology of translation: domestication of the scallops and the fishermen of St Brieuc Bay', in J. Law (ed.) *Power, Action and Belief: A New Sociology of Knowledge? Sociological Review Monograph 32*, London: Routledge.
- Campbell, C. 1996, 'On the concept of motive in sociology', *Sociology*, 30, 1: 101-114.
- Chafe, W. 1986, 'Evidentiality in English conversation and academic writing' in W. Chafe and J. Nichols (eds) *Evidentiality: The Linguistic Coding of Epistemology*, Norwood, New Jersey: Ablex.
- Cicourel, A. 1968, *The Social Organization of Juvenile Justice*, New York: John Wiley.
- Cicourel, A. 1980, 'Language and social interaction: philosophical and empirical issues', *Sociological Inquiry*, 50: 1-30.

- Cicourel, A. 1993, 'Aspects of structural and processual theories of knowledge', in C. Calhoun, E. LiPuma and M. Postone (eds.) *Bourdieu: Critical Perspectives*, Cambridge: Polity.
- Clarke, J. (ed.), 1993, *A Crisis in Care? Challenges to Social Work*. London: Sage.
- Clarke, J. 1994, *Capturing the customer: consumerism and social welfare*. Paper presented at ESRC seminar 'Conceptualising Consumption Issues', University of Lancaster, December.
- Clarke, J., Cochrane, A. and McLaughlin, E. 1994 (eds.), *Managing Social Policy*, London: Sage.
- 'Clyde' Report, 1992, *Report of the Inquiry into the Removal of Children from Orkney*, Edinburgh: HMSO.
- Cochrane, A. 1993, 'Challenges from the centre', in J. Clarke (ed.), *A Crisis in Care? Challenges to Social Work*, London: Sage.
- Cooper, C. 1995, 'Good enough', borderline and 'bad enough' parenting' in M. Adcock and R. White, *Good-enough Parenting: A Framework for Assessment*, British Agencies for Adoption and Fostering.
- Cooper, R. and Burrell, G. 1988, 'Modernism, Postmodernism and Organizational Analysis: An Introduction', *Organization Studies*, 9, 1: 91- 112.
- Cooper, R. 1989, 'Modernism, Postmodernism and Organizational Analysis 3: The Contribution of Jacques Derrida', *Organization Studies*, 10, 4: 479-502.
- Corby, B. 1994, 'Sociology, social work and child protection' in M. Davies (ed.) *The Sociology of Social Work*, London: Routledge.
- Corrigan, P. and Leonard, P. 1978, *Social Work Practice Under Capitalism*, London: Macmillan.
- Cox, D. 1991, 'Health service management - a sociological view: Griffiths and the non-negotiated order of the hospital' in J. Gabe, M. Calnan and R. Kern (eds), *Sociology of the Health Service*. London: Routledge.
- Dale, P.; Davies, M.; Morrison, T. and Waters J. *Dangerous Families: Assessment and Treatment of Child Abuse*, London: Tavistock.
- Dean, J.P., Eichorn, R.L. (1967) 'Fruitful informants for intensive interviewing', in J. T. Dolby, (ed.), *An Introduction to Social Research*, New York: Apple Century Crofts, Second Edition.
- Deertz, S. 1992, 'Disciplinary power in the modern corporation', in M. Alvesson and M. Willmott (eds), *Critical Management Studies*, London: Sage.
- Deleuze, G. and Guattari, F. 1984, *Anti-Oedipus: Capitalism and Schizophrenia*, London: Athlone.
- Denzin, N.K. and Keller, C.M. 1981, 'Frame Analysis: an Essay in the Organization of Experience, Goffman E.' (Book Review), *Contemporary Sociology*, 10, 1: 52-60
- Department of Health and Social Security, 1988, *Working Together: A Guide to Inter-Agency Co-operation for the Protection of Children*, London: HMSO.
- Department of Health, 1988, *Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment*, London: HMSO.
- Department of Health, 1989, *The Children Act 1989: Guidance and Regulations, Volumes 1-9*, London: HMSO.
- Department of Health, 1991a, *Working Together Under the Children Act 1989: A Guide to Inter-Agency Co-operation for the Protection of Children from Abuse*, London: HMSO.

- Department of Health, 1991b, *Patterns and Outcomes in Child Placement: Messages from Research and their Implications*, London: HMSO.
- Department of Health, 1995a, *Child Protection: Messages from Research*, London: HMSO.
- Department of Health, 1995b, *The Challenge of Partnership in Child Protection: Practice Guide*, London: HMSO.
- Dickens, J. 1993, 'Assessment and the Control of Social Work: An Analysis of Reasons for the Non-Use of the Child Assessment Order', *Journal of Social Welfare and Family Law*, 2: 88-99.
- Dingwall, R. 1974, *The Social Organization of Health Visitor Training*, unpublished PhD, University of Aberdeen.
- Dingwall, R. 1977, "'Atrocity Stories" and Professional Relationships', *Sociology of Work and Occupations*, 4: 371-396.
- Dingwall, R. 1980, 'Ethics and Ethnography', *Sociological Review*, 28, 4: 871-891.
- Dingwall, R. 1986, 'The Jasmine Beckford Affair', *Modern Law Review*, 49: 489-507.
- Dingwall, R. 1989, 'Some problems about predicting child abuse and neglect' in O. Stevenson (ed.) *Child Abuse: Public Policy and Professional Practice*, Hemel Hempstead: Harvester Wheatsheaf.
- Dingwall, R., Eekelaar, J. and Murray, T. 1983, *The Protection of Children: State Intervention and Family Life*, Oxford: Basil Blackwell.
- Domingues, J.M. 1995, 'Sociological theory and the space-time dimension of social systems', *Time and Society*, 4, 2: 223-250.
- Dominelli, L. 1991, "What's in a name?" A comment on "Puritans and Paradigms", *Social Work and Social Sciences Review*, 2, 3: 231-5.
- Dominelli, L. 1996, 'Deprofessionalizing social work: anti-oppressive practice, competencies and postmodernism', *British Journal of Social Work*, 26, 2: 153-175.
- Douglas, M. 1994, *Risk and Blame: Essays in Cultural Theory*, London: Routledge.
- Dreyfus H. and Rabinow P. 1993, 'Can there be a science of existential structure and social meaning?', in C. Calhoun, E. LiPuma and M. Postone (eds.) *Bourdieu: Critical Perspectives*, Cambridge: Polity.
- Eder, D. 1988, 'Building cohesion through collaborative narration', *Social Psychology Quarterly*, 5, 3: 225-235.
- Edwards, D. 1997, *Discourse and Cognition*, London: Sage.
- Eekelaar, J. 1993, 'White coats or flak jackets? Doctors, children and the courts - again', *The Law Quarterly Review*, 109: 182-187.
- Epston, D. and White, M. 1992, *Experience, Contradiction, Narrative and Imagination*, Adelaide: Dulwich Centre Publications.
- Elias, N. 1987, *Time: An Essay*, Oxford: Basil Blackwell.
- Emerson, J. 1969, 'Negotiating the serious import of humor', *Sociometry*, 32: 169-81.
- Emerson, R. and Pollner, M. 1978, 'Policies and practices of psychiatric evaluation', *Sociology of Work and Occupations*, 5: 75-96.
- Esland, G. 1980, 'Professions and Professionalism' in G. Esland and G. Salaman (eds), *The Politics of Work and Occupations*, Milton Keynes: Open University Press.
- Fahlberg, V. 1981a., *Attachment and Separation*, London: British agencies for Adoption and Fostering (BAAF).
- Fahlberg, V. 1981b., *Helping Children when they Must Move*, London: BAAF.
- Fahlberg, V. 1982, *Child Development*, London: BAAF.

- Fahlberg, V. 1988, *Fitting the Pieces Together*, London: BAAF.
- Fairclough, N. 1992, *Discourse and Social Change*, Cambridge: Polity.
- Farson, R. 1978, *Birthrights*, Harmondsworth: Penguin.
- Fenn, R.K., 1982, *Liturgies and Trials: The Secularization of Religious Language*, Oxford: Basil Blackwell.
- Flynn, R. 1992, *Structures of Control in Health Service Management*, London: Routledge.
- Forester, J. 1992, 'Critical Ethnography: On Fieldwork the Habermasian Way', in M. Alvesson and M. Willmott (eds), *Critical Management Studies*, London: Sage.
- Foucault, M. 1973, *The Birth of the Clinic: an Archaeology of Medical Perception*. New York: Vintage Books.
- Foucault, M. 1976, *Mental Illness and Psychology*. New York: Harper Colophon.
- Foucault, M. 1977, 'The Political Function of the Intellectual' *Radical Philosophy*, 17, Summer.
- Foucault, M. 1980, *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, Edited by C. Gordon, Hemel Hempstead: Harvester Wheatsheaf.
- Foucault, M. 1981, 'Questions of method', *Ideology and Consciousness*, 8: 13-14.
- Fox, N. 1993, *Postmodernism, Sociology and Health*, Buckingham: Open University Press.
- Fraser, N. 1989, *Unruly Practices, Power, Discourse and Gender in Contemporary Social Theory*. Cambridge: Polity.
- Freidson, E. 1970, *The Profession of Medicine*, New York: Dodd, Mead and Co.
- Fuller, N. 1979, *The Ethnographic Text: An Investigation of and Apprenticeship in Anthropology*, PhD Thesis, University of California.
- Furnham, A. 1988, 'Commonsense theories of personality', in G. R. Semin and K. J. Gergen (eds), 1990, *Everyday Understanding: Social and Scientific Implications*, London: Sage.
- Furnham, A. 1994 'The psychology of common sense' in J. Seigfreid (ed.) *The Status of Common Sense in Psychology*, Norwood New Jersey: Ablex.
- Furnham, A. and Lowick, V. 1984, 'Lay theories on the causes of alcoholism', *British Journal of Medical Psychology*, 57: 319-332.
- Garfinkel, H. 1967, *Studies in Ethnomethodology*, Cambridge: Polity.
- Garfinkel, H. and Bittner, E. 1967, 'Good organizational reasons for "bad" clinic records'. In H. Garfinkel, *Studies in Ethnomethodology*, Cambridge: Polity.
- Garfinkel, H. and Sacks, H. 1970, 'On formal structures of practical actions', in J.C. McKinney and Tirakian (eds) *Theoretical Sociology*, New York: Appleton Century Crofts.
- Gasparini, G. 1995, 'On waiting' *Time and Society*, 4, 1: 29-45.
- Geertz, C. 1979, 'From the native's point of view: on the nature of anthropological understanding' in P. Rabinow and W.M. Sullivan (eds), *Interpretive Social Science: A Reader*, Berkeley: University of California Press: 225-241.
- Gergen, K.J., Gloger-Tippelt, G. and Berkowitz, P. 1990, 'The Cultural Construction of the Developing Child' in G.R. Semin and K.J. Gergen (eds) *Everyday Understanding: Social and Scientific Implications*, London: Sage.
- Gessell, A. 1971, *The First Five Years of Life: a guide to the study of the pre-school child*, London: Methuen.
- Giddens, A. 1982, *Profiles and Critiques in Social Theory*, London: Macmillan.

- Giddens A. 1977, 'Hermeneutics, ethnomethodology and the problems of interpretive analysis', in A. Giddens, *Studies in Social and Political Theory*, London: Hutchinson.
- Giddens, A. 1984, *The Constitution of Society: An Outline of a Theory of Structuration*. Cambridge: Polity.
- Giddens, A. 1987, 'Time and social organization' in *Social Theory and Modern Sociology*, Cambridge: Polity: 140-65.
- Giddens, A. 1991a 'Structuration theory: past, present and future', in C.G.A Bryant and D. Jary, *Giddens' Theory of Structuration: A Critical Appreciation*: 201-221.
- Giddens, A. 1991b, *Modernity and Self Identity*, Cambridge: Polity.
- Gilbert, G.N. and Mulkay M. 1984, *Opening Pandora's Box: A Sociological Analysis of Scientists' Discourse*, Cambridge: Cambridge University Press.
- Glaser, B.G. and Strauss, A.L. 1967, *The Discovery of Grounded Theory*, London: Weidenfeld and Nicolson.
- Glaser, B. 1992, *Basics of Grounded Theory Analysis*, Mill Valley, California: Sociology Press.
- Goffman, E. 1959, *The Presentation of Self in Everyday Life*, Harmondsworth: Penguin.
- Goffman, E. 1961, *Encounters*, Harmondsworth: Penguin.
- Goffman, E. 1974, *Frame Analysis*, Harper Row: New York.
- Goffman, E. 1981, 'A Reply to Denzin and Keller', *Contemporary Sociology*, 10, 1: 60-68.
- Goffman, E. 1981, *Forms of Talk*, Oxford: Basil Blackwell.
- Goffman, E. 1989, 'On Fieldwork', Transcribed by L. H. Lofland, *Journal of Contemporary Ethnography*, 18, 2: 123-132.
- Goode, W.J. 1960, 'Encroachment, Charlatanism and the Emerging Professions', *American Sociological Review*, 25: 902-14.
- Gregson, N. 1986, 'On duality and dualism: the case of structuration and time geography', *Progress in Human Geography*, 10: 184-205.
- Gubrium, J.F. 1989, 'Local cultures and service policy', in J.F. Gubrium and D. Silverman (eds) *The Politics of Field Research*, London: Sage.
- Hall, J.A. 1977, 'Sincerity and Politics: 'Existentialists' vs. Goffman and Proust', *Sociological Review*, 25: 535-550.
- Hall, S. 1992, 'Cultural studies and its theoretical legacies', in Grossberg, L, Nelso, C. and Treichler, P. (eds) *Cultural Studies*, London: Routledge: 277-94.
- Hall, S. 1996, 'On postmodernism and articulation: an interview with Stuart Hall', edited by Lawrence Grossberg, in D. Morley and K.Chen, *Stuart Hall: Critical Dialogues in Cultural Studies*, London: Routledge.
- Habermas, J. 1987, *The Theory of Communicative Action, Vol 2*, Cambridge: Polity.
- Hammersley, M. 1990a, *Reading Ethnographic Research*, Harlow: Longman.
- Hammersley, M. 1990b, *Classroom Ethnography*, Buckingham: Open University Press
- Hammersley, M. 1992, *What's Wrong with Ethnography?* London: Routledge.
- Hammersley, M. 1993, 'The rhetorical turn in ethnography', *Social Science Information*, 32, 1: 23-37.
- Hammersley, M. 1995, *The Politics of Social Research*, London: Sage.
- Hammersley, M and Atkinson, P. 1995, *Ethnography: Principles in Practice*, Second Edition, London: Routledge.
- Hardiker, P, Exton, K and Barker, M. 1991, *Policies and Practice in Preventive Child Care*, Aldershot: Avebury Gower.

- Hargreaves, A. 1981, 'Contrastive rhetoric and extremist talk: teachers, hegemony and the educationalist context' in L. Barton and S. Walker (eds) *Schools, Teachers and Teaching*, Lewes: The Falmer Press.
- Hartland, N.G. 1995, 'Structure and system in Garfinkel and Giddens', *Australia and New Zealand Journal of Sociology*, 31, 3: 23-36.
- Harré, R. 1981, 'Philosophical aspects of the macro-micro problem', in K. Knorr-Cetina and A.V. Cicourel (eds) *Advances in Social Theory and Methodology: Towards an Integration of Micro- and Macro- Sociologies*, London: Routledge and Kegan Paul.
- Harré, R. 1983, *Personal Being: A Theory for Individual Psychology*, Oxford: Blackwell.
- Hassard, J. (ed.) 1990, *The Sociology of Time*, London: Macmillan.
- Hassard, J. and Parker, M. (eds), 1993, *Postmodernism and Organizations*, London: Sage.
- Hearn, J. 1988, 'Child Abuse: Violences and Sexualities Towards Young People', *Sociology*, 22, 4: 531-544.
- Heidegger, M. 1962, *Being and Time*, translation, Macquerie and Robinson, New York: Harper and Row.
- Heubeck B., Detmering J. and Russell G. 1986, Father Involvement and Responsibility in Family Therapy, in M. E. Lamb (ed.) *The Father's Role: Applied Perspectives*, New York: Wiley.
- Hester, S. 1992, 'Recognizing references to deviance in referral talk', in G. Watson and R.M. Seiler (eds) *The Text in Context: Contributions to Ethnomethodology*, London: Sage.
- Hilbert, R.A. 1992, *The Classical Roots of Ethnomethodology: Durkheim, Weber and Garfinkel*, Chapel Hill: University of North Carolina Press.
- Hindess, B. 1986, 'Actors and social relations' in Wardell, M.L. and Turner, S.P. (eds) *Sociological Theory in Transition*, London: Unwin Hyman.
- Hindess, B. 1988, *Choice, Rationality and Social Theory*, London: Unwin Hyman.
- Hoffman, L. 1990, 'Constructing realities: an art of lenses', *Family Process*, 29, 1: 1-12.
- Holland, R. 1993, 'A metatheoretical adventure', in L. Harrison (ed.) *Substance Misuse: Designing Social Work Training*, London: Central Council for Education and Training in Social Work.
- Holmwood, J. 1995, 'Feminism and epistemology: what kind of successor science?', *Sociology*, 29, 3: 411-428.
- Holt, J. 1975, *Escape from Childhood: the Needs and Rights of Children*, Harmondsworth: Penguin.
- Homan, R. 1980, 'The ethics of covert methods' *British Journal of Sociology*, 31: 46-59.
- Homan, R. 1991, *The Ethics of Social Research*, London: Longman.
- Home Office and Department of Health, 1992, *Memorandum of Good Practice: On Video Recorded Interviews with Child Witnesses for Criminal Proceedings*, London: HMSO.
- Howe, D. 1992, 'Child abuse and the bureaucratisation of social work', *The Sociological Review*, 40, 3: 491-518.
- Howe, D. 1994a, 'Modernity, postmodernity and social work', *British Journal of Social Work*, 24: 513-532.

- Howe, D. 1994b, 'Knowledge, power and the shape of social work practice' in M. Davies (ed.) *The Sociology of Social Work*, London: Routledge.
- Hugman, R. 1991, *Power in the Caring Professions*. Basingstoke: Macmillan.
- Hunter, K.M. 1991, *Doctors' Stories: The Narrative Structure of Medical Knowledge*, Princeton: Princeton University Press.
- Hyden M. and McCarthy, I. C. 1994, 'Women battering and father-daughter incest disclosure: discourses of denial and acknowledgement', *Discourse and Society*, 5, 4: 543-565.
- Ingleby, D. 1985, 'Professionals as Socializers: 'the Psy Complex'', in A. Scull and S. Spritzer (eds) *Research in Law, Deviance and Social Control*. New York: JAI.
- Jary, D. 1991, "'Society as a time traveller': Giddens on historical change, historical materialism and the nation-state in world society' in C.G.A. Bryant and D. Jary, *Giddens' Theory of Structuration: A Critical Appreciation*, London: Routledge.
- Jayyusi, L. 1984, *Categorization and the Moral Order*, London: Routledge Kegan Paul.
- Jayyusi, L. 1991, 'Values and Moral Judgement' in G. Button (ed.) *Ethnomethodology and the Human Sciences*, Cambridge: Cambridge University Press: 227-251.
- Jefferson, G. 1978, 'Sequential aspects of storytelling in conversation' in J. Schenkein (ed.), *Studies in the Organization of Conversational Interaction*, New York: Academic Press: 219-48.
- Jefferson, G. 1985, 'On the interactional unpacking of a gloss', *Language and Society*, 15: 435-63.
- Jeffrey, C.A. 1995, *Fin de Siecle Social Theory*, London: Verso.
- Kant, I. 1990, *Critique of Pure Reason*, Translated by N. Kemp, Basingstoke: Macmillan.
- Kaye, J. 1995, 'Postfoundationalism and the language of psychotherapy research', in J. Seigfreid (ed.) *Therapeutic and Everyday Discourse as Behaviour Change: Towards a Micro-analysis in Psychotherapy Process Research*, Norwood New Jersey: Ablex Publishing Corporation.
- Kelly, L. 1988, 'What's in a name? Defining child sexual abuse', *Feminist Review*, 28: 65-73.
- King, M. and Garapon, A. 1987, 'Judges and Experts in England and Wales and in France: Developing a Comparative Socio-legal Analysis', *Journal of Law and Society*, 14, 4: 459-73.
- King, M. and Piper, C. 1995, *How the Law Thinks About Children*, Aldershot: Arena.
- Knorr-Cetina, K. 1982, 'Scientific communities or transepistemic arenas of research?' *Social Studies of Science*, 12: 111-28.
- Kuhn, T. 1970, *The Structure of Scientific Revolutions*, Chicago: Chicago University Press.
- Labov, W. 1972, 'The transformation of experience in narrative syntax' in W. Labov, *Language in the Inner City*. Philadelphia: University of Pennsylvania Press: 532-96.
- Labov, W. and Fanshell, D. 1977, *Therapeutic Discourse: Therapy as Conversation*. London: Academic Press.
- Langhan, M. 1993, 'The rise and fall of social work', in J. Clarke (ed.) *A Crisis in Care? Challenges to Social Work*, London: Sage.
- Lash, S. 1990, *Sociology of Postmodernism*, London: Routledge.
- Latour, B. 1986, 'The powers of association' in Law, J. (ed) *Power, Action and Belief: A New Sociology of Knowledge?* London: Routledge.



- Latour, B. 1988, 'The Politics of Explanation: an Alternative' in S. Woolgar, *New Frontiers in the Sociology of Knowledge*, London: Sage:155-176.
- Law Commission, 1995, *Consent in the Criminal Law: A Consultation Paper*, No. 139, London: HMSO.
- Law, J. 1986, 'On power and its tactics: a view from the sociology of science', *Sociological Review*, 34, 1: 1-38.
- Law, J. 1994, *Organizing Modernity*, Oxford: Blackwell.
- Ledeneva, A.V. 1994, *Language as an Instrument of Power in the Works of Pierre Bourdieu*, Manchester Sociology Occasional Papers.
- Lee, N. 1994, 'Child protection investigation: discourse analysis and the management of incommensurability', *Journal of Applied and Community Psychology*, 4, 4: 275-286.
- Leonard, P. 1984, *Personality and Ideology: Towards a Materialist Understanding of the Individual*, London: Macmillan
- Linstead, S. and Grafton-Small, R. 1992, 'On reading organizational culture', *Organizational Studies*, 13, 3: 331-355.
- Lipsky, M. 1980, *Street Level Bureaucracy*, New York: Russell Sage.
- Lloyd, M. and Taylor, C. 1995, 'From Hollis to the Orange Book: Developing a Holistic Model of Social Work Assessment in the 1990s', *British Journal of Social Work*, 25, 6: 691-710.
- Lofland, J. 1995, 'Analytic ethnography: features, failings, futures', *Journal of Contemporary Ethnography*, 24, 1: 30-67.
- London Borough of Brent, 1985, *A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford*.
- London Borough of Greenwich, 1987, *A Child in Mind: Protection of Children in a Responsible Society: Report of the Commission of Inquiry into the Circumstances Surrounding the Death of Kimberley Carlile*.
- London Borough of Lambeth, *Whose Child? The Report of the Panel Appointed to Inquire into the Death of Tyra Henry*.
- Lowe, N. and Juss, S. 1993, 'Medical treatment - pragmatism and the search for principle', 56 MLR 865.
- Luhmann, N. 1988a, 'Closure and Openness: On Reality in the World of Law', in G. Teubner (ed.) *Autopoietic Law: A New Approach to Law and Society*, Berlin: de Gruyter.
- Luhmann, N. 1988b, 'The Unity of the Legal System', in G. Teubner, (ed.) *Autopoietic Law: A New Approach to Law and Society*, Berlin: de Gruyter.
- Lupton, C. 1992, 'Feminism, Managerialism and Performance Management', in M. Langan and L. Day (eds), *Women Oppression and Social Work*, London: Routledge.
- Lyman, S.M. and Scott, M.B. 1970, *A Sociology of the Absurd*, New York: Appleton Century Crofts.
- Liotard, J.F. 1984, *The Post-Modern Condition: A Report on Knowledge*, Manchester: Manchester University Press.
- Macey, M. 1995, '"Same Race" adoption policy: Anti-racism or racism?', *Journal of Social Policy*, 24, 4: 473-491.
- May, C. 1992a. 'Individual Care: Power and Subjectivity in Therapeutic Relationships', *Sociology*, 26: 589-602.

- May, C. 1992b 'Nursing Work, Nurses' Knowledge and the Subjectification of the Patient'. *Sociology of Health and Illness*, 14: 472-487.
- Mc Beath G.B. and Webb S.A. 1991, 'Social work, modernity and post modernity, *The Sociological Review*, 39, 4: 745-62.
- McHoul, A. 1994, 'Towards a critical ethnomethodology', *Theory, Culture and Society*, 11: 105-126.
- McLennan, G. 1995, 'After postmodernism: back to sociological theory?' *Sociology*, 29, 1: 117-32.
- Malpas, J. and Wickham, G. 1995, 'Governance and failure: on the limits of sociology, *Australia and New Zealand Journal of Sociology*, 31, 3: 37-49.
- Manning, P. 1989, 'Ritual Talk', *Sociology*, 23, 3: 365-385.
- Meltzer, B., Petras, J.W. and Reynolds, L.T. 1975, *Symbolic Interactionism: Genesis, Varieties and Criticisms*, London: Routledge and Kegan Paul.
- Meyerson, D. 1991, "'Normal" Ambiguity? A Glimse of an Occupational Culture', in P. Frost *et al.* (eds), *Reframing Organizational Culture*, Newbury Park: Sage.
- Middleton, L. 1992, *Children First: Working with Children with Disabilities*, Birmingham: Venture Press.
- Middleton, M. 1995, *Making a Difference: Social Work with Disabled Children*, Birmingham: Venture.
- Miller, G. 1994, 'Toward ethnographies of institutional discourse: proposal and suggestions', *Journal of Contemporary Ethnography*, 23, 3: 280-306.
- Miller P. and Rose, N. 1988, 'The Tavistock Programme: The Government of Subjectivity and Social Life', *Sociology*, 22, 2: 171-92.
- Miller P. and Rose, N. 1994, 'On therapeutic authority: psychoanalytic expertise under advanced liberalism. *History of the Human Sciences*, 7, 3: 29-64.
- Mills, C.W. 1940, 'Situated action and the vocabulary of motives', *American Sociological Review*, 5: 904-13.
- Minty, B. 1995, 'Social Work's Five Deadly Sins', *Social Work and Social Sciences Review*, 6,1: 48- 63.
- Mishler, E.G. 1984, *The Discourse of Medicine: Dialectics of Medical Interviews*, Norwood, New Jersey: Ablex.
- Mishler, E.G. 1986, *Research Interviewing: Context and Narrative*, Cambridge, Massachusetts: Harvard University Press.
- Mitchell, J.C. 1983, 'Case and situational analysis', *Sociological Review*, 50, 3: 273-288.
- Mitchell, R. G. 1991, 'Secrecy and Disclosure in Fieldwork' in W.B. Shaffir and R.A. Stebbins (eds) *Experiencing Fieldwork: An Inside View of Qualitative Research*, Newbury Park California: Sage.
- Moerman, M. 1992, 'Life after C.A.: an ethnographer's autobiography', in G. Watson and R.M. Seiler (eds), *Text in Context: Contributions to Ethnomethodology*, London: Sage.
- Moore, W. 1970, *The Professions: Roles and Rules*, New York: Russell Sage Foundation.
- Morley, D. and Chen, K.H. (eds) 1996, *Stuart Hall: Critical Dialogues in Cultural Studies*, London: Routledge.
- Mouzelis, N. 1991, *Back to Sociological Theory: The Social Construction of Social Orders*, London: Macmillan.

- Mouzelis, N. 1996, 'After postmodernism: a reply to Gregor McLennan', *Sociology*, 30, 1:131-135.
- Mumby, D.K. and Stohl, C. 1991, 'Power and discourse in organization studies: absence and the dialectic of control', *Discourse and Society*, 2, 3: 313-332.
- Newman, J. and Clarke, J. 1994, 'Going about our business? The managerialization of public services' in J. Clarke, A. Cochrane and E. McLaughlin (eds), *Managing Social Policy*, London: Sage.
- Nichols, L. 1990, 'Reconceptualizing social accounts: an agenda for theory building and empirical research', *Current Perspectives in Social Theory*, 10: 113-44.
- Oakley, A. 1994, 'Women and Children First and Last: Parallels and Differences between Children's and Women's Studies', in B. Mayall (ed) '*Children's Childhoods Observed and Experienced*', London: Falmer Press.
- Okely, J. 1987, 'Fieldwork up the M1: Policy and Political Aspects' in A. Jackson, *Anthropology at Home*, London: Tavistock: 55-73.
- Oliver, M. 1990, *The Politics of Disablement*, London: Macmillan.
- Olsen, F. 1992, 'Children's Rights: Some Feminist Approaches to the United Nations Convention on the Rights of the Child', *International Journal of Law and the Family*, 6: 192-219.
- Ong, 1982, *Orality and Literature*, London: Methuen.
- Otway, O. 1996, 'Social work with children and families: from child welfare to child protection' in N. Parton (ed), *Social Theory, Social change and Social Welfare*, London: Routledge.
- Pardeck, J.T., Murphy, J.W. and Chung W.S. 1994, 'Social work and postmodernism', *Social Work and Social Sciences Review*, 5, 2: 113-123.
- Parker, M. 1992, 'Post-Modern Organizations or Postmodern Organization Theory?', *Organization Studies*: 13, 1: 001-017.
- Parker, M. 1993, 'Life After Jean Francois': 204-12 in J. Hassard and M. Parker (eds), *Post-Modernism and Organisations*. London: Sage.
- Parker, I. and Shotter, J. (eds) 1990, *Deconstructing Social Psychology*, London: Routledge.
- Parry, N and Parry, J. 1979 'Social work, professionalism and the state' in N. Parry, M. Rustin and C. Satyamurti (eds) *Social Work, Welfare and the State*, London: Edward Arnold.
- Parry, N., Rustin, M. and Satyamurti, C.(eds), 1979, *Social Work, Welfare and the State*, London: Edward Arnold.
- Parton, N. 1985, *The Politics of Child Abuse*, London: Macmillan.
- Parton, N. 1991, *Governing the Family: Child Care, Child Protection and the State*, Basingstoke: Macmillan.
- Parton, N. 1994a, 'Problematics of government: (post) modernity and social work', *British Journal of Social Work*, 24: 9-32.
- Parton, N. 1994b, 'The nature of social work under conditions of (post)modernity', *Social Work and Social Sciences Review*, 5, 2: 93-112.
- Parton, N. 1996, 'Social work, risk and "the blaming system"', in N. Parton (ed) *Social Theory, Social Change and Social Work*, London: Routledge.
- Pelto, P.J. and Pelto, G.H. 1978, 'Ethnography: the fieldwork enterprise' in J.J. Honigsmann (ed.) *Handbook of Social and Cultural Anthropology*, Chicago: Rand McNally.

- Philp, M. 1979, 'Notes on the form of knowledge in social work', *Sociological Review*, 27, 1: 83-111.
- Pinch, T. and Pinch, T. 1988, 'Reservations about reflexivity and new literary forms or why let the devil have all the good tunes' in S. Woolgar, *Knowledge and Reflexivity: New Frontiers in the Sociology of Knowledge*, London: Sage:178-197.
- Pithouse, A. 1984, *Social Work: The Social Organisation of an Invisible Trade*, Unpublished PhD thesis, University College Cardiff.
- Pithouse, A. 1987, *Social Work: The Social Organisation of an Invisible Trade*, Aldershot: Avebury Gower.
- Pithouse, A. and Atkinson, P. 1988, 'Telling the Case: Occupational Narrative in a Social Work Office', in N. Coupland (ed.) *Styles of Discourse*, Beckenham: Croom Helm.
- Pollard, A. 1985 'Opportunities and difficulties of a teacher ethnographer: a personal account', in R.G. Burgess, *Field Methods in the Study of Education*, Lewes: Falmer: 217- 233.
- Pollitt, C. 1990, *Managerialism and the Public Services*, Oxford: Basil Blackwell.
- Pollner, M. 1974, 'Mundane Reasoning', *Philosophy of the Social Sciences*, 4,: 35-54.
- Pollner, M. 1987, *Mundane Reason*, Cambridge: Cambridge University Press.
- Pomerantz, A.M. 1978, 'Attributions of responsibility: blamings', *Sociology*, 12: 115-121.
- Pomerantz, A.M. 1984, 'Pursuing a response', in J. M. Atkinson and J. Heritage (eds) *Structures of Social Action: Studies in Conversational Analysis*, Cambridge: Cambridge University Press.
- Pomerantz, A.M. 1986, 'Extreme case formulations: a new way of legitimating claims', *Human Studies*, 9: 219-230.
- Porter, M. 1994, "'Second-hand ethnography": some problems in analysing a feminist project' in A. Bryman and R.G. Burgess, *Analysing Qualitative Data*, London: Routledge: 67-88.
- Porter, S. 1996, 'Contra-Foucault: soldiers, nurses and power', *Sociology*, 30, 1: 59-78.
- Potter, J. and Wetherall, M. 1994, 'Analysing Discourse' in A. Bryman and R.G. Burgess, *Analysing Qualitative Data*, London: Routledge: 47-66.
- Poulantzas, N. 1975, *Classes in Contemporary Capitalism*, London: New Left Books.
- Prottas, J.M., 1979, *People Processing*, Lexington Mass.: D.C. Heath.
- Purvis, T. and Hunt, A. 1993, 'Discourse, ideology, discourse, ideology, discourse, ideology....' *British Journal of Sociology*, 44, 3: 473-499.
- Ramazanoglu, C. 1992, 'On feminist methodology: male reason versus female empowerment', *Sociology*, 26: 207-212.
- Rawlings, B. 1981, 'The production of facts in a therapeutic community' in P. Atkinson and C. Heath (eds), *Medical Work: Realities and Routines*, Farnborough: Gower: 1-18.
- Raz, J. 1986, *The Morality of Freedom*, Oxford: Clarendon.
- Reed, M.I. 1993, 'Organizations and Modernity: Continuity and Discontinuity in Organization Theory', in J. Hassard and M. Parker (eds), *Postmodernism and Organizations*, London: Sage.
- Reissman, C.K. 1993, *Narrative Analysis*, Newbury Park, California: Sage.
- Renzetti, C. M. and Lee R.M. 1993, *Researching Sensitive Topics*, London: Sage.

- Richardson, L. 1990, 'Narrative and Sociology', *Journal of Contemporary Ethnography*, 19, 1: 116-135.
- Rodger, J. 1988, 'Social work as social control re-examined: beyond the dispersal of discipline thesis', *Sociology*, 22, 4: 563-581.
- Rojek, C., Peacock, G. and Collins, S. 1988, *Social Work and Received Ideas*, London: Routledge.
- Rorty, R. 1979, *Philosophy and the Mirror of Nature*, Princeton: Princeton University Press.
- Rorty, R. 1980, 'Pragmatism, relativism and irrationalism', *Proceedings and Addresses of the American Philosophical Association*, 53: 719-38.
- Rorty, R. 1982, *Consequences of Pragmatism*, Minneapolis: University of Minnesota Press.
- Rorty, R. 1989, 'Foucault and Epistemology' in D. C. Hoy *Foucault: A Critical Reader*, Oxford: Basil Blackwell.
- Rose, N. 1985, *The Psychological Complex*, London: Routledge.
- Rose, N. 1989, *Governing the Soul: The Shaping of the Private Self*, London: Routledge.
- Rowe, J., Hundleby, M. and Garnett, L. 1989, *Child Care Now*, British Agencies for Adoption and Fostering, Research Series, 6.
- Sacks, H. 1967, 'The search for help: no one to turn to', in E. Schneidman (ed.) *Essays in Self Destruction*: 203-223, New York: Aronson.
- Sacks, H. 1972a, 'An initial investigation of the usability of conversational data for doing sociology', in D. Sudnow (ed) *Studies in Social Interaction*, New York: Free Press: 31-74.
- Sacks, H. 1972b, 'On the analyzability of stories by children', in J. Gumpertz and D. Hymes (Eds), *Directions in Sociolinguistics: The Ethnography of Communication*: 325-345, New York: Holt, Rinehart and Winston.
- Sacks, H., Schegloff, E.A. and Jefferson, G. 1974, 'A simplest systematics for the organization of turn taking in conversation', *Language*, 50: 696-735.
- Saranga, E. and Macleod, M. 1991, 'A feminist reading of recent literature on child sexual abuse', in P. Carter, T. Jeffs and M.K. Smith (eds) *Social Work and Social Welfare Yearbook*, 3, Buckingham: Open University Press.
- Satyamurti, C. 1981, *Occupational Survival: The Case of the Local Authority Social Worker*, Oxford: Blackwell.
- Schutz, A. 1970, *Reflections on the Problem of Relevance* (R.M. Zaner ed.), New Haven: Connecticut: Yale University Press.
- Schutz, A. and Luckmann, T. 1973, *The Structures of the Lifeworld*, London: Heinemann.
- Schwitalla, J. 1986, 'Common argumentation and group identity' in F.H. van Emerson, R. Grootendorst, J. A. Blair and C.A. Willard (eds) *Argumentation: Perspectives and Approaches, Proceedings of the Conference on Argumentation, 1986*, Dordrecht, Netherlands: Foris Publications.
- Seebohm Committee, 1968, *Report of the Committee on Local Authority and Allied Personal Social Services*, London: HMSO.
- Seigfried, J. (ed), 1994, *The Status of Common Sense in Psychology*, Norwood, New Jersey: Ablex.

- Seigfried, J. (ed), 1995, *Therapeutic and Everyday Discourse as Behaviour Change: Towards a Micro-Analysis in Psychotherapy Process Research*. Norwood, New Jersey: Ablex.
- Semin, G.R. and Manstead, A.S.R. 1983, *The Accountability of Conduct*, London: Academic Press.
- Semin, G. R. and Gergen, K. J. (eds) 1990, *Everyday Understanding: Social and Scientific Implications*, London: Sage.
- Sharrock and Anderson, 1991, 'Epistemology: professional scepticism', in G. Button (ed.) *Ethnomethodology and the Human Sciences*. Cambridge: Cambridge University Press.
- Sharrock, W. and Button, G. 1991, 'The social actor: social action in real time', in G. Button (ed.), *Ethnomethodology and the Human Sciences*. Cambridge: Cambridge University Press.
- Sheldon, B. 1986, 'Social Work Effectiveness: Review and Implications', *British Journal of Social Work*, 16: 223-42.
- Sheridan, M.D. 1987, *From Birth to Five Years: Children's Developmental Progress*, Windsor: Nfer-Nelson.
- Shilling, C. 1993, *The Body and Social Theory*, London: Sage.
- Shokeid (Minkovitz) M. 1970. 'Fieldwork as Predicament Rather than Spectacle', *Archives of European Sociology*, XI: 111-122.
- Shotter, J. 1989, 'The unique nature of normal circumstances: contrasts and illusions' in R. Maier (ed.) *Norms in Argumentation, Proceedings of the Conference on Norms, 1988*, Dordrecht, Netherlands: Foris Publications.
- Sibeon, R. 1994, 'The Construction of a Contemporary Sociology of Social Work' in Davies, M. *The Sociology of Social Work*, London: Routledge: 17-67.
- Sibeon, R. 1996, *A Sociology of Post-National Governance*, paper presented at the British Sociological Association Annual Conference, University of Reading, April.
- Silverman, D. 1973, 'Interview talk: bringing off a research instrument', *Sociology*, 7, 1: 31-48.
- Silverman, D. 1985, *Qualitative Methodology and Sociology*, Aldershot: Gower.
- Silverman, D. 1987, *Communication and Medical Practice*, London: Sage.
- Silverman, D. 1989, 'The impossible dreams of reformism and romanticism', in J.F. Gubrium and D. Silverman (eds), *The Politics of Field Research: Sociology Beyond the Enlightenment*, London: Sage.
- Silverman, D. 1993, *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage.
- Silverman, D. 1997, *Discourses of Counselling: HIV Counselling as Social Interaction*, London: Sage.
- Silverman, D. and Gubrium, J.F. 1989, 'Introduction' to J.F. Gubrium and D. Silverman (eds), *The Politics of Field Research: Sociology Beyond the Enlightenment*, London: Sage.
- Sinclair, A. 1995, 'The chameleon of accountability: forms and discourses', *Accounting, Organizations and Society*, 20, 2/3: 219-237.
- Slater P. 1980, Construct Systems in Conflict. *International Journal of Man Machine Studies*, 13: 49-57.
- Slobin, K. 1995, 'Fieldwork and subjectivity: on the ritualization of seeing a burned child', *Symbolic Interaction*, 18, 4: 487-504.

- Smith, C. R. and White, S. 1997 (in press) 'Parton, Howe and postmodernity: a critical comment on mistaken identity', *British Journal of Social Work*.
- Smith D. 1978, 'K is mentally ill: the anatomy of a factual account', *Sociology*, 12: 23-53.
- Smith, D. 1992, 'Puritans and paradigms: a comment', *Social Work and Social Sciences Review*, 3, 2: 99-103.
- Smith, G. 1977, 'The place of "professional ideology" in the analysis of "social policy": some theoretical conclusions from a pilot study of the children's panels,' *Sociological Review*, 25: 843-865.
- Smith, L. 1990, 'Critical Introduction: Wither Classroom Ethnography', in M. Hammersley, *Classroom Ethnography*, Buckingham: Open University Press.
- Stainton Rogers R. and Stainton Rogers W. 1992, *Stories of Childhood: Shifting Agendas of Child Concern*, Hemel Hempstead: Harvester Wheatsheaf.
- Stancombe, J. and White, S. 1997, 'Notes on the tenacity of therapeutic presuppositions in process research: examining the artfulness of blamings in family therapy', *Journal of Family Therapy*, 19, 1: 21-41.
- Stanley, L. and Wise, S. 1983, *Breaking Out: Feminist Consciousness and Feminist Research*, London: Routledge and Kegan Paul.
- Stanley, L. and Wise, S. 1990, 'Method, methodology and epistemology in feminist research processes, in L. Stanley (ed.) *Feminist Praxis: Research Theory and Epistemology in Feminist Sociology*, London: Routledge.
- Stenson, K. 1993, 'Social Work Discourse and the Social Work Interview', *Economy and Society*, 22, 1: 42-76.
- Stimson, G.V. and Webb, B. 1975, *Going to See the Doctor*, London: Routledge.
- Strathern, M. 1987, 'The Limits of Auto Anthropology' in A. Jackson (ed.), *Anthropology at Home*, London: Tavistock: 16-37.
- Strauss, A. and Corbin, J. 1990, *Basics of Qualitative Research: Grounded Theory, Procedures and Techniques*, Newbury Park, California: Sage.
- Strauss, A. and Corbin, J. 1994, 'Grounded theory methodology: an overview', in N. Denzin and Y. Lincoln, (eds), *Handbook of Qualitative Research*, Thousand Oaks, California: 273-285.
- Taylor, C. 1986, 'Foucault on Freedom and Truth' in Hoy, D.C. *Foucault: A Critical Reader*: 69-102.
- Taylor-Gooby, P. 1994, 'Postmodernism and social policy: a great leap backwards?', *Journal of Social Policy*, 23, 3: 385-404.
- Terdiman, R. 1986, 'Translators introduction' to P. Bourdieu, 'The force of law: towards a sociology of the juridical field' *Hastings Law Journal*, 38: 805-813.
- Teubner, G. 1989, 'How the law thinks: towards a constructivist epistemology of law', *Law and Society Review*, 23, 5: 727-56.
- Thorpe, D. 1994, *Evaluating Child Protection*, Buckingham: Open University Press.
- Toren, N. 1968, 'Semi-Professionalism and Social Work: A Theoretical Perspective', in A. Etzioni (ed), *The Semi-Professions*, New York: Free Press.
- Travers, M. 1994, 'The Phenomenon of the Radical Lawyer', *Sociology*, 28,1: 245-258.
- Urry, J. 1991, 'Time and space in Giddens' social theory', in C.G. A. Bryant and D. Jary, *Giddens' Theory of Structuration: A Critical Appreciation*, London: Routledge: 160-175
- Walker, T. 'Whose Discourse?' in S. Woolgar, *New Frontiers in the Sociology of Knowledge*, London: Sage: 55-79

- Ward, H (ed) 1995, *Looking After Children: Research into Practice*, London: HMSO.
- Ward, H, and Davies, C. 1995, 'Going for Growth', *Community Care*, April-May: 18.
- Watson, D.R. 1978, 'Categorization, authorization and blame-negotiation in conversation', *Sociology*, 12: 102-113.
- Watson, D.R. 1992, 'The understanding of language use in everyday life: Is there a common ground? In G. Watson and R. Seiler (eds). *The Text in Context: Contributions to Ethnomethodology*. London: Sage.
- Watson, D.R. 1995, 'Some potentialities and pitfalls in the analysis of process and change in counselling and therapeutic interaction' in Seigfried, J. (ed.) *Therapeutic and Everyday Discourse as Behaviour Change: Towards a Micro-analysis in Psychotherapy Process Research*. Norwood, New Jersey: Ablex.
- Webb, D. 1990, 'Puritans and paradigms: a speculation on the form of new moralities in social work', *Social Work and Social Sciences Review*, 2, 2: 146-9.
- Weider, D.L. 1974, 'Telling the code', in R. Turner (ed.) *Ethnomethodology*, Harmondsworth: Penguin.
- West, C. 1996, 'Ethnography and orthography: a modest methodological proposal', *Journal of Contemporary Ethnography*, 25, 3: 327-352.
- Westcott, H. 1993, *Abuse of Children and Adults with Disabilities*, NSPCC publications.
- Westcott, H. and Cross, M. 1995, *This Far and No Further: Towards Ending the Abuse of Disabled Children*, Birmingham: Venture Press.
- White, S. 1996, 'Regulating Mental Health and Motherhood in Contemporary Welfare Services: Anxious Attachments or Attachment Anxiety? *Critical Social Policy*, 16, 1: 67-94.
- White, S. 1997 (in press), 'Beyond Retroduction? Hermeneutics Reflexivity and Social Work Practice', *British Journal of Social Work*.
- White, S. (forthcoming) 'Not always suffered, but sometimes enjoyed: power contra Porter', *Sociology*.
- Williams, F. 1994 'Social relations, welfare and the post-Fordism debate' in Burrows, R. and Loader, B. (eds) *Towards a Post-Fordist Welfare State?* London: Routledge.
- Wittgenstein, L. 1980, *Remarks on the Philosophy of Psychology*, Vol II, Oxford: Blackwell.
- Wood, S, 1989, 'New wave management?', *Work Employment and Society*, 3, 3: 379-402.
- Woolgar, S. 1993, *Science: The Very Idea*, London: Routledge.
- Woolgar, S. 1988, 'Reflexivity is the Ethnographer of the Text' in S. Woolgar, *New Frontiers in the Sociology of Knowledge*, London: Sage: 14-34.
- Zerubavel, E. 1979, *Patterns of Time in Hospital Life*, Chicago: University of Chicago Press.
- Zerubavel, E. 1981, *Hidden Rhythms: Schedules and Calendars in Social Life*, Chicago: Chicago University Press.
- Zijerveld, A. C. 1968, 'Jokes and their relation to social reality', *Social Research*, 35: 286-311.