

SOCIAL WORKER DECISION MAKING AND PARENTAL RESPONSIBILITY

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This thesis has been composed by me and is entirely my own work. It has not been submitted for any other degree or professional qualification.

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Abstract

This study sets out to explore the way that child care social workers make decisions about interventions in families, and in particular about the ways that they apply the concepts of parental responsibility, of working together with parents, and of social work duties. It begins with a discussion of current arguments in this field, recent legislation, government guidance and reports, and then moves on to look at some other research studies in the field. It considers that there is a dearth of studies which examine how social workers themselves make sense of their work in this area.

The study is conducted by means of loosely structured interviews with 40 local authority workers, at the point where they are having to recommend a course of action to children's hearings and to child protection case conferences. It uses an inductive type of analysis in an attempt to understand the workers' own contextual reasoning, but which at the same time makes possible the construction of a typology of the way the concept of responsibility is applied, and the ways that they work with parents and make use of statutory measures.

These workers define their social work problems in terms of layers of contexts. They almost invariably explain both the condition and the behaviour of children in the context of the attitude and behaviour of their parents towards them. In doing so they transcend the grounds of referral and the conventional case type categories. In the same way, they try to place the behaviour of parents in the context both of their personal limitations and of their life experiences. Despite this the social workers reveal strong value positions, particularly about the overriding importance of emotional care, that parents are responsible for their behaviour towards their children, and that the explanatory context, though it may constrain their actions, does not absolve them of responsibility for them.

The type of intervention they plan is explained by the way that they have defined the problem. They are less likely to work in a supportive or consensual way with parents whose behaviour is seen as part of a pattern or habit of life rather than to be explained by their emotional condition or overwhelming life experiences. The latter are conceived as victims as well as the child. They are also less likely to do so with those who don't share their moral and cognitive understanding of the problem, or show commitment to dealing with it, or with those who show persistent hostility and condemnation towards their children, or where the child's condition is regarded as severe. Severity is a dimension of poor emotional care as well as physical.

Perhaps as a reflection of the sampling point chosen for the research most of these workers propose some form of statutory measure, although it is not always clear how this relates to their definition of the problem or to their type of intervention. Their purposes vary, but discussion of their reasons reveals the difficulty many of them have reconciling their paramount duty to the child with working collaboratively with parents. The study concludes with a discussion about the findings, and what they have to say about the practice of child care social work in this field.

Introduction

Discussion of the role of the state in the upbringing of children may be seen to have taken the form of a series of overlapping dichotomies. The rights of children and those of their parents; the family as a private safe space and as a site of hidden oppression; the powers of the state and the freedoms of parents; children who are seen as victims and those who are seen as disruptive and as potentially a threat to the existing social order are four of these. The boundaries within these dichotomies are socially created and are disputed.

In this context the role of child care social workers has been the subject of much attention in recent years. Legislation and government guidance, as well as public and professional expectations have focussed attention on the way these front line workers in the field make decisions. Legislation and guidance lay down legal and administrative categories and sets of procedural arrangements, but they are devoid of content. There is no publicly declared definition, for example, of reasonable care or impaired development. It is front line workers who must define this in the context of the individual case. The way in which they give content to these labels is in part what this study is about. This means the extent to which they, for example, transcend the grounds of referral, the extent to which they define problems in terms of a precipitating event, or on the other hand the extent to which they explore contexts as well. In other words the study is to examine the way in which social workers give explanatory meaning to a child's condition, and ascribe responsibility for it.

Apparently conflicting imperatives are imposed; to work in partnership with parents, to ascribe responsibility to parents for the care of their children, but to intervene when they are not carrying this out, and to make the best interests of the child their paramount concern. Debates about parents' rights in the sense of their negative freedom from intrusion, and their rights in the sense of their powers which enable them to exercise their responsibilities to their children shift about in response to ideological changes. Parents' powers may be in the nature of duty-rights, but these are also accorded to social workers in their public role. It is these which legitimise their intervention. The way in which the boundaries are negotiated here is also what this study is about.

In summary it is a study of the way child care social workers make sense of their work in a context of uncertainty and of conflicting expectations. The intention is to

explore this by means of social workers' own accounts of their work, as close as possible to the point of their doing it, following the way they define problems, explain their interventions, and use of statutory measures.

Chapter One discusses current arguments in this field, looks at legislation and government guidance in England and in Scotland, and then considers some other studies of social worker decision making and the way that they work with parents.

Chapter Two discusses the concept of responsibility, of intent, motive and consequence. It looks at the way responsibility may be ascribed. It examines briefly the concept of rights. This is in order to clarify the way some of the concepts may be used in this study.

Chapter Three shows how the aims and objectives of the study and the methodology employed in its conduct are closely connected, and discusses the method of analysis.

Chapter Four provides some basic factual details about the forty cases in the study.

Chapter Five provides an overview of the way social workers approach the task of defining a child care social work problem. It introduces the three dimensions of problem that will be followed throughout, and discusses the stages workers move through to produce layers of explanatory context to events.

Chapter Six examines the way workers define problems within the harm and protection dimension and try to explain the connection between harm and parent behaviour.

Chapter Seven examines how problems of child behaviour and control are defined, and explores the extent to which children's behaviour may be explained by the behaviour of their parents.

Chapter Eight discusses the importance these social workers attach to emotional care and parents' disposition towards their children. It develops a typology of the dimensions of emotional care.

Chapter Nine explores a wider explanatory context to parent behaviour to try to include in the definitions some reasons why parents may behave as they do.

Chapter Ten makes use of the concepts discussed in Chapter Two to discuss what the findings from Chapters Five to Nine mean for the way social workers interpret the meaning of parental responsibility.

Chapter Eleven examines the way social workers intervene with families, develops a typology of this, and of how workers and parents collaborate, or not.

Chapter Twelve considers thematically the way that social workers seek to make use of statutory measures, and discusses the reasons for their choice and some problems they encounter.

Chapter Thirteen discusses the findings.

PART ONE
BACKGROUND

Chapter One

The public interest in the private care of children

This chapter first discusses some of the arguments that have been made about the relationship between children, families and the state. The nature of these arguments partly reflect shifting concerns in wider political and social debates, and disputed values in those debates. They are arguments about children as threats to social order and children as victims, about the boundaries of family privacy, and about the conflicting rights and responsibilities of children, parents and the state. They provide context for a discussion of recent legislation and government guidance and their implications for practice. This is followed by an examination of some empirical studies of social work practice, decision making, and the way that they work with parents.

Arguments

Any society will probably have a collective interest in the moral socialisation of children, and in their physical condition. Although in the United Kingdom policy concerns about children have, historically, been dominated by the problem of conserving public order in the face of perceivedly inadequate private moral socialisation, there are other value strands whose focus has been different. Alongside what they call the “organisational” value (to conserve social order) Dingwall and Eekelaar (1988) place the “humanitarian” which aims to change the social order (page 346). The National Society for the Prevention of Cruelty to Children, for instance, grew out of an evangelical movement concerned about the brutalising effects of violence on all those concerned. Its main thrust, they argue, was “towards the enforcement of a conception of parental duties” (page 350). Advocacy for children’s rights, especially their welfare rights has been a strong value more recently, and post war legislation has emphasised the paramountcy of a child’s welfare among criteria for decision making. However it is at “the points of organisational disruption where private conduct breaks into the public domain” (page 346) that policy developments occur. This is because it is believed that children who are victims of violence or of inadequate care will become violent adults with a propensity to crime and disorder. Therefore public policy must have a role.

This historical concern with social order and the belief that delinquency is a consequence of poor parental care is reflected in some of the debates that preceded the child care legislation in the 1960s. In England the Longford Committee (1964) thought that delinquency is evidence of lack of care, guidance, and opportunities. The Committee proposed supportive intervention, where 20 years later the political Right proposed sanctions on parents.

In Scotland the Kilbrandon Report (Secretary of State for Scotland, 1964) argued that “in terms of the child’s actual needs the legal distinction between juvenile offenders and children in need of care or protection was – looking to the underlying realities – very often of little practical significance”(para.13, page 12). The Report continues, a little later, to argue that “quite minor delinquency (may be) simply a symptom of personal or environmental difficulties, so that for the prevention of more serious offences, and for the future protection of society as much as in the child’s own interests more sustained measures of supervision (may be) called for”(para. 13, page 12). More recently in England, Butler-Sloss, a Family Court judge argued that the distinction now made there between care proceedings and the prosecution of children for offences was too rigid. Calling for a “holistic approach” she suggested that offences by children would usually reflect difficulties at home (quoted in *The Guardian*, 9 April 2003).

These common sense connections between quality of care and delinquency are lent some support by Farrington’s longitudinal Study in Delinquent Development (Farrington, 1994). Inconsistent or harsh discipline, poor supervision, coldness of the parent’s relationship with the child, mother’s passive or rejecting attitude, parental conflict, and a parent’s own criminality were all predictors of delinquency even when isolated from other factors such as poverty, poor housing, or poor school attainment.

Bainham (1990) questions the significance of a public-private dichotomy. He has argued that it is the extent to which behaviour in any sphere serves the public interest which is the key to policy. Earlier Dingwall and Eekelaar (1988) also argued that the private sphere of action is contingent on definitions of the public interest.

Perhaps, though, how the public interest is defined is itself affected by other political and social value positions held, which themselves imply definitions of the boundaries of the public and the private. Fox Harding (1997) has identified four perspectives evident in discussion about the role of the state in the care of children, each derived

in part from wider political values. The first, *laissez faire*, is based on an underlying mistrust of the state which should not intrude into the private area of family life, except in instances of criminality or of severe mistreatment. Power within families should therefore lie where it falls, with adults and often with men. As a value position this view is often reinforced by pragmatic arguments, that freedom from intervention is a benefit to the child who is thereby assured of continuity of care, and that the agencies of the state are not very good at intervening in the complexities of parent-child relationships.

Sometimes these arguments are supported by theories of children's psychological development. Goldstein, Freud and Solnit (1980) believed that children need omnipotent parents and that the family as a barrier to intrusion ensures that this is so. Whilst acknowledging that parental autonomy should be for the benefit of their children they give it such a high value and draw their grounds for intervention so tightly and simplistically that it is difficult to see how preventive intervention would ever be possible. Serious bodily injury which is undefined, always justifies intervention, whilst minor assaults, also undefined, never do, and neither does emotional harm. In other words children's best interests are almost elided with the preferences of their parents.

Though previously seen as old fashioned, this perspective gained some support with the emergence of New Right ideas during the 1980s. In Britain the Secretary of State in a debate on the Children Bill argued that the emphasis in the Bill on the "primary function of parenthood" will "highlight the obligation on parents" to care for their children properly (quoted in Eekelaar, 1991, page 49). In other words that they were to be wholly responsible would make them better parents, a view which would seem to be a variation of an attack on the so called dependency culture. Put another way the public interest has been redefined by identifying it more closely with parental discretion (Bainham, 1990).

Fox Harding's (1997) second perspective, in contrast, which she calls state paternalist would argue for an important role for the state. In this perspective the state has a more active role to intervene to protect children from inadequate care. Rather than ensuring parents' autonomy and freedom from intrusion, the state places on them duties in respect of their child. The focus is not on the family but on the child. This view has greater faith in the ability of the state to define and to act in the child's best interests and to provide better care.

Rowe and Lambert (1973) who argued for more decisive social worker action focussed on a timescale related to a child's developmental needs would be strong supporters of this approach. Similarly, Pringle (1974) thought that "the myth of the blood tie should be replaced by the concept of responsible and informed parenthood" (page 157). The Children Act 1975, would also appear to have reflected this view, in particular the requirement for parents to give 28 days notice of their intention to discharge from care (Section 56), and the "3 years in care" ground for the assumption of parental rights under the then Section 2 of the Children Act 1948 (Section 57).

To some critics this perspective may tend to overlook the importance of children's emotional ties with parents seen by others as inadequate. As is the case with the first perspective the thresholds for intervention are movable within it. The way in which children's best interests are defined at front line level would be a crucial element in this perspective and its implications for practice.

Fox Harding's (1997) third perspective, which she calls support for the birth family, shares some features with each of the first two. It shares with the *laissez faire* approach a resistance to coercive intrusion, but shares with the paternalist view some belief in the state's obligation and capacity to improve the quality of children's lives through supportive intervention. As with the *laissez faire* perspective it questions whether the state can be a good parent itself. It tends also to believe that children's emotional ties with their parents are especially important even when care is regarded as inadequate in other ways. This perspective explains poor care in the context of social deprivation and therefore believes that intervention should be directed at the environmental context. Some legislation in the 1960s gave some expression to it, notably Section 1 of the Children and Young Persons Act 1963 and Section 12 of the Social Work (Scotland) Act 1968, with their provision for support in cash or in kind to meet need.

A number of issues for social work are raised by this view. As with the first two perspectives the thresholds for intervention are movable within it. Is intervention to be directed to making life better, or to preventing deterioration, or to rescuing from harm already incurred? Secondly it may be over ambitious in that no service at a realistic cost can compensate for the deprivations concerned. Thirdly and related to this, frontline social workers may be powerless, and not only in terms of resources, to

effect changes of the kind required to make a difference except at the margins. A fourth difficulty is the somewhat limited concept of the environment that is regarded as explanation for poor care. Because social workers must work within a timescale determined by a child's developing needs they may require to devise more complex definitions of an explanatory environment.

The fourth perspective emphasises children's rights to autonomy. Minimal intervention therefore is to protect the freedoms of the child rather than those of their parents as is the case with the *laissez faire* approach. This view shares with the paternalist approach a focus on the child rather than on the family. Both derive from the developing twentieth century belief that children had rights and interests as individuals aside from those of their parents. The conception of rights employed here, however, is different in that what is meant is not their rights to good care but their freedom for autonomous action and their freedom from protective constraints.

Although liberal theorists like Locke (1948) and Mill (1957) argued that parents' rights were to be exercised for the benefit of their children, the logic of their belief in the supreme importance of individual rights may have been to undermine parental autonomy from within. However the argument that childhood is a culturally and historically specific construction determined by adults and is used arbitrarily like race and gender for discrimination (Freeman 1983) tends to weaken in the face of economic and social realities. The right to have their best interests pursued is therefore a view more commonly held than that they have the autonomy of adults.

Rawl's (1972) attempt to reduce the element of paternalism in this kind of right is not entirely successful. His original social contract would not include children - only adults putting themselves in children's place. "We would act for him as we would act for ourselves..." (page 249). This sounds more like a theory of best interests. Nonetheless the legacy is that children are now acknowledged to have rights to have their views taken into account in some areas of their lives.

Practical questions for frontline social workers are raised by this perspective. Children vary in age and developmental stage. In the Gillick case the court held that a child has the right to seek and receive medical advice and treatment (in this case contraceptive advice) without parental consent if they are "of sufficient understanding" (*Gillick v West Norfolk and Wisbech Area Health Authority*, (1985)

3 WLR 830)*. Similarly for social workers, children have rights to be heard, and their wishes and feelings must be given due consideration having regard to their level of understanding. Thresholds are movable here too, and social workers must judge the level of understanding as well as make the child's best interests their paramount consideration. Rights to autonomy and rights to welfare may be in conflict.

There would appear to be substantial overlap between Fox Harding's four perspectives. Each might be regarded as a tendency and social workers may adopt elements of more than one even when working with the same family. The second and third would probably be those most widely subscribed to at present, especially by social workers and other frontline workers in this field. Fox Harding herself argued that the differences between the two lay along three dimensions; namely the psychological, that is the effects of actions on children's development; the political and social, that is different views about power relationships in society; and the social policy dimension, that is what works.

The language used in discussion of, for example, inadequate care or mistreatment does not always describe objective facts but subjective understanding. Whilst the two perspectives would each claim to be seeking best interests they would interpret this in different ways. Different understandings of the nature of identity and the significance of types of emotional care, of explanations for low self esteem, and the importance attached to consistency may all derive from different theories about the psychological development of children.

These beliefs may interact with attitudes to class and power. Different beliefs about environmental pressures as explanation for parental behaviour may explain how different social workers give weight to some psychological theories rather than others. Both the psychological and the political-social dimensions may be background for a pragmatism that acts according to beliefs about what will be most effective. What counts as effective will itself be determined by what the objective of

* Mrs Gillick, a mother of 5 daughters sought from the courts a declaration that it was not lawful for a doctor or other employee of her Health Authority to give either contraceptive advice or abortion advice or treatment to any of her children whilst they were under the age of 16 without her prior knowledge or consent. After High Court and Appeal Court hearings, the House of Lords finally ruled against her in 1986.

an intervention is. The choice of objective may be partly explained by the psychological theories accepted and the political beliefs held.

Recent legislation and parental responsibility

Use of the language of rights to describe the relationship between parents and their children has changed over the last 30 years. Although the rights of parents were never systematically laid down, Hoggett (1981) lists 12 that were generally accepted (though often heavily circumscribed by specific legislation) of which the key was probably the right to possession. Even this was described, in 1970, by Lord Denning as a "dwindling right... (as age increases)... it starts with the right of control and ends with little more than advice" (quoted in Hoggett (1981), page 11).

The Law Commission (1982) thought it "more appropriate to talk of parental powers, authority or even of responsibilities" than rights (para. 4.19). The Report of the Social Services Select Committee in 1984 (House of Commons 1984) had argued similarly. "Rights of this kind have no absolute validity; they derive from the exercise of responsibilities" (Para 15 page xiv). In the *Gillick* case referred to earlier (*Gillick v West Norfolk and Wisbech Area Health Authority*, (1985) 3 WLR 830) Lord Fraser in the House of Lords in 1986 summed up the change in approach in this way: "...parental rights to control a child do not exist for the benefit of the parent ... they are justified only insofar as they enable the parent to perform his duties to the child" (also quoted in Bainham (1986) page 267).

However the language of rights has not completely disappeared. The rights in question seem now to be in the nature of duty rights. This concept is discussed further in Chapter Two. These arguments are reflected in the Children Act 1989. In it parental responsibility is a central concept. Under the Act parental responsibility is retained despite all court orders short of adoption. A person does not lose responsibility because someone else acquires it. The implication is that there must be some sharing of responsibility. The 1989 Act's attempt to explain the meaning of the concept of parental responsibility (Section 3(1)) is not very helpful: "...parental responsibility means all the rights, duties, powers, responsibilities, and authority which by law a parent of a child has in relation to the child and his property."

In the Children (Scotland) Act 1995, Section 1 is only a little more specific. It lists four parental responsibilities (to safeguard health development and welfare, provide direction and guidance, maintain personal relationships, and to act as legal

representative), whilst Section 2 begins: "a parent, in order to enable him to fulfil his parental responsibilities...has the right to..." and the rights almost exactly mirror the responsibilities, except for the right to regulate residence (Section 2 (5)). This appears to supersede the common law right to possession.

The Children Act 1989 talks of rights and powers, the Children (Scotland) Act 1995 only of rights but the meaning appears to be the same (Norrie, 1995). The rights are necessary to give parents the powers to carry out their responsibilities and their duties. Earlier the Law Commission (1985) had argued in another working paper that a parent's right to non interference from the state, where it existed, was a necessary part of their responsibility for the upbringing of their children and was to promote the welfare of their children. The right was to give effect to the duty. The extent to which a duty-right in this context will be judged as a right, or will be judged according to the way it is exercised as a responsibility or according to the consequences of the way it is exercised is one issue that this study will look at.

Eekelaar (1991) argues that two senses of parental responsibility appear to co-exist uneasily in the 1989 Act with consequences for social work practice. The sense in which "responsibilities are a collection of duties and powers which aim at ensuring the moral and material welfare of the child" (page 38) co-exists with the sense in which responsibility refers to a role that is the parents' and nobody else's. The stronger is the second sense, the less room there is he argues to monitor the extent of the first.

Gaskins (1993), identifies the distinction between "affirmative duties" (page 10) which permit the state to command resources from the parent (a kind of claim right of the State), and "negative freedoms" (page 10) which forbid the state to constrain the parent. He argues that the second is a stronger feature of the Act than the first. He believes that whilst formally welfare is still paramount so strong are the countervailing values that it will in practice become simply one more factor to be taken into account. Eekelaar himself sees the retention of parental responsibility, even when a child is in care on a Care Order, as "nakedly ideological" (Eekelaar, 1991, page 45). A parental right has been divorced from duty.

Fox Harding (1997) on the other hand sees the influence of all four of her perspectives in the 1989 Act, and by extension in the Children (Scotland) Act. The requirement (Section 1(5) Children Act 1989, and Section 16 (3) Children (Scotland)

Act 1995) that no order should be made unless to do so would be better for the child than if no order at all was made (the so called 'no order principle') would seem to owe something to both the laissez faire and the support-to-birth- family perspectives, in particular their scepticism about the effectiveness of state action in complex family relationships. On the other hand the move from the language of rights towards the language of responsibility and in consequence placing the focus of attention on the child, which is evident in both Acts would tend to support a state paternalist view, notwithstanding Eekelaar's (1991) and Gaskins's (1993) reservations. The duty of local authorities to promote the welfare of children in need (Section 17 Children Act 1989, and Section 22 Children (Scotland) Act) could be said to derive from the support to birth family perspective. Finally the requirement to give due consideration to the views of the child, although not original in recent legislation, may be said to show the influence of the children's rights perspective (Section 1 (3) Children Act 1989, and Section 11(7) Children (Scotland) Act 1995).

The legislation is important here both because it reflects, as Fox Harding (1997) points out, different value positions but also because it is what gives social workers their authority to act. It does not, though, tell them what they should do. Gaskins (1993) argues that the 1989 Act redefines the strategic relationships between parents, children and the state but does not reduce implementation dilemmas for front line workers.

The key terms in the legislation such as significant harm (Section 31 (2) of the Children Act 1989), to suffer unnecessarily, impairment of health and development, reasonable excuse, beyond control (all Section 52(2) of the Children (Scotland) Act 1995) are as Gaskins (1993) points out not self validating labels which lead to self evident judgements. Social workers must interpret them and give them content in order to define a problem and propose action.

A similar point may be made about government guidance. This either tends to set out broad expectations or, in the case of child protection, a system of professional intervention which focuses on means not outcomes (Walton 1993). Because the ends are not clear effectiveness cannot be measured. Is it, for example, good to have a high rate of children on the child protection register because it appears to demonstrate an effective system for identifying children at risk, or is it bad because it demonstrates how much mistreatment has not been prevented?

The guidance notes issued by the Department of Health to accompany implementation of the Children Act 1989 argue that a more prescriptive approach would “detract from the duty... to decide in each case what is best for the children concerned” (Department of Health, 1989, para 3.14, page 17). How social workers manage this, and in particular how they interpret the grounds in Section 52 (2) of the Children (Scotland) Act 1995, and select a category for registration is one of the main subjects of this study.

Colton and his colleagues (Colton et al., 1995) identify a related difficulty in their discussion of the way Social Services Departments in Wales interpret the concept of children in need (Section 17 Children Act 1989, equivalent to Section 22 Children (Scotland) Act 1995). They argue that the Act imposes a political rather than a legal duty. Although the language is that of duty, service providers have discretion about how they interpret the meaning of significant impairment and reasonable standards. Placing the concept of need in the context of a residualist service has produced philosophical confusion and, it might be added, raised implementation difficulties reminiscent of those in Fox Harding’s (1997) third perspective discussed earlier.

Although the legislation does not tell social workers what they should do, it does contain features which have important implications for the way they must approach their task. First, thresholds are negative, such as suffer harm, impairment of development, lack of parental care, beyond control and so on. Social workers therefore are not expected to aspire on behalf of children to some ideal condition but must make judgements about what is bad enough or good enough.

Second, legislation assumes that a child’s condition will not be some whim which has no explanation. Responsibility must be ascribed. The child is beyond the control of a “relevant person” (likely to be a parent). The impairment or suffering are “due to” a lack of parental care (both Section 52 (2) Children (Scotland) Act 1995). In England the Review of Child Care Law (Department of Health and Social Security, 1985a) which was a precursor to the Children Act 1989 put it this way: “There must come a point at which the parents are, for whatever reason, so unable to exercise their responsibilities for the good of their children that action must be taken”(page 5). The significant harm which justifies intervention under Section 31(2) of Children Act 1989 must be due to a lack of "reasonable" parental care. This leaves it open as to whether it is the condition of the child or the behaviour of the parents which is the important factor. In much the same way delinquency was explained by lack of care

and guidance by Longford (1964), and Section 1 of the Children (Scotland) Act 1995 lists as a parental responsibility the provision of direction and guidance. Legislation makes the adequacy of parental care a test for intervention, and a matter for social worker judgement.

This approach may focus, as some have argued (Gaskins, 1993) on a residual category of personal welfare and so serve to limit the responsibilities which belong to structural factors in society as a whole. The context in which parental behaviour is placed by social workers and the way that they link behaviour and intention as well as consequence and then ascribe responsibility is a subject for study here.

Legislation and the social work role

Social workers' relationship to the law is not a straightforward one as the discussion in the previous section has indicated. Dingwall and his colleagues characterise social workers not as law enforcement officers but as "problem solving agents for whom the law exists as one possible resource for dealing with social troubles" (Dingwall et al., 1995, page 148).

Dickens (1993) argues that the state uses the law and legal discourse to counter the potential intrusiveness of welfare intervention but that it also uses "treatment-oriented welfare discourse" (page 92) to ameliorate the formally just, but inflexible, legal system. Neither discourse can afford to win outright because each relies on the other to reinforce its own legitimacy. Elements of both discourses are brought together in the concept of the welfare assessment. Social workers and medical staff conduct assessments of children and parents on the basis of which intervention is agreed or not. Parents may co-operate with varying degrees of willingness. Dickens (1993) posits a kind of matrix. Law means legal safeguards for parents but also statutory responsibilities to intervene. Welfare means co-operation with parents but also assessment of need and of the adequacy of care.

This view would seem to owe something to Donzelot (1980), who argued that the welfare task owes its legitimacy to its place in the context of the legal system. He introduces the concept of the "normalising agency" (page 115). He argues that the concerns of welfare agencies which he takes to be rehabilitation, treatment, education, socialisation, and the "conversion" of "unstructured families" (page 153), now dominate, where children are concerned, over those of formal justice. Together

with psychiatry they form what he calls the “tutelary complex” (page 96), which has indicative rather than coercive force.

In a United Kingdom context Garland (1981) pursues a similar theme, arguing that when private behaviour emerges into the public domain this may be used as a point of access by social work agencies to “straighten out” characters and “repair behavioural abnormalities” (page 29). Juvenile offenders are inscribed into an “extended grid of non equivalent and diverse dispositions” according to “the diagnosis of his/her condition and its appropriate treatment” (page 43). This he calls the “policing of characters, not crimes” (page 41). Day Sclater and Piper (2000) have made a similar point more recently about welfare interventions designed to “remoralise” the family, in particular parents (page 147).

Individualised disposals, which follow accounts which emphasise social history and therapeutic diagnoses, may not be consistent with formal legal rationality (Dingwall et al. 1995). The flexibility which results from this approach does, they argue, produce substantive justice. They conclude that the real impact of the statutory framework is to oblige social workers to develop defensible lines of reasoning, that is to make a credible case.

Social work practice – assessment and decision making

How then do social workers set about making a credible case? Assessment and decision making are closely related activities. The gathering and analysis of information may be the basis for decisions. Grimshaw and Sumner (1991) describe assessment as a “significant preparation for decision making, typically occurring at a potentially major point of transition in a child’s history”(page xii). Decision making is its key output. Maybe, though, they are more intertwined than that. Sometimes they are the same activity. Gathering and analysis themselves usually involve many micro decisions about what counts as relevant as a problem is defined. Sinclair and her colleagues (Sinclair et al.,1995) argue that assessment only has meaning when it is defined in terms of the purpose, the context and the manner in which it is undertaken. They identify seven possible purposes, all of them related to Grimshaw and Sumner’s points of transition.

The social work task according to Aldgate and Statham (Department of Health 2001) is to “undertake skilled assessments, make plans informed by evidence from theory and research and both co-ordinate and provide services for children in need in

different circumstances. Assessments, planning and helping are not separate activities. They rely on professional judgements informed by a theory and knowledge of child development, and the factors that have shaped parental capacity...Above all they should be shaped by evidence about the effectiveness of different modes of service delivery.” (page 136)

The Practice Guidance (Department of Health, 2000b) invokes Schofield’s argument that the distinctive nature of the social worker’s professional identity is a capacity to integrate in their practice the inner world of the self and the outer world of the environment both in terms of relationships and in terms of practicalities like housing (Schofield, 1998). It defines what in its view is the kind of knowledge required by social workers in order to carry out their task. This includes research findings, theory, and practice experience which together are to aid information gathering, its analysis and choice of intervention. The associated Assessment Framework (Department of Health, 2000a) argues that practice must be grounded in knowledge from research findings, statistical data, policy and guidance and “finely balanced professional judgement” (page 16), although these may be thought to overlap.

Others have raised the use of research findings by practitioners. Hallett and Stevenson (1980) in their study of child protection case conferences acknowledge the variable quality of some of the research on offer, but suggest that it indicates that clusters of factors may conspire to increase the risk to certain children and that knowledge of these should be used to inform professional judgement. In a later study in Wales, Giller (1993) calls for “an authoritative collection of research findings” to guide practitioners (page 29). Similarly Gordon and Gibbons (1998) argue that there are no quantified estimates of risk to assist social workers to reach decisions. The difficulty of identifying those most at risk and in need of protective intervention means that social workers require a stronger knowledge base.

However Dingwall (1989) questions the usefulness of this kind of technical guidance. Because child abuse is, on most definitions, a rare phenomenon a predictive test is likely to produce false positives far in excess of the true ones. This difficulty is, he points out, in addition to that of defining in the first place what it is one is trying to predict.

His reservations may be illustrated by a study of the Beckford Report (London Borough of Brent, 1985). The report placed the child in question in a high risk

category, which it does not define because, it somewhat confusingly admits, such a definition “will enmesh many cases which should not be caught in the net” (page 288). Citing Professor Greenland (an expert witness to their Inquiry), it says that 80% of children killed by their parents had been previously abused. This means that 20% had not been, and crucially says nothing about how many children abused on any definition were subsequently killed.

The Practice Guidance (Department of Health, 2000b) argues for the use of research of a different kind. This includes studies of child development. Attachment theory is recommended as a theory of normal development which offers explanation for some types of atypical development, including damaged self-esteem.. A strong association between significant harm and insecure attachments is also noted. In the same way psycho-dynamic theory should help social workers to understand how a child’s past and present may be related.

The Guidance makes the same case in respect of knowledge about parenting capacity. Research, it is argued, identifies the many determinants of parenting including personality characteristics, developmental history, the effect of present relationships and environmental factors. It quotes Rutter: “Good parenting requires certain permitting circumstances” (Department of Health, 2000b, page 10). Social workers will be helped in their task by understanding these and the possible effects of their absence.

These calls for more use of research are usually made in response to what are seen as inconsistencies in social workers’ assessments and decisions. Some earlier studies have argued that despite being “in a powerful position to influence what happened to children” (Vernon and Fruin, 1986, page 146) social workers are reactive and that many decisions occur by default. “There is an overwhelming impression of social workers’ passivity and their feelings of helplessness and being at the mercy of events and actions of other people.... Part of this can probably be attributed to a tradition of containing and responding rather than taking initiatives and to feelings of defensiveness generated by over-large caseloads and ‘bombardment’” (Department of Health and Social Security, 1985, page 21).

Packman (1986) found that the characteristics of children who entered care were not very different from those who were considered for care but not admitted. Giller found that many cases in which children were placed on the child protection register

were not qualitatively different from those that were not. There appeared to be little relationship between perceived problem, registration and the type of intervention in the family which was to take place (Giller et al., 1993).

Similarly Farmer and Owen (1995) found that good points about parents were sometimes used to counter bad and so avoid registration even when there was no logical connection between them. Sometimes the reasons for not registering were purely pragmatic, that for example there was no extra resource available. Like Giller they also found that it was often unclear how protection plans related to the risks identified. Both Giller and Farmer and Owen comment on the very limited attention given in conferences to discussion of what intervention is appropriate.

Corby (1987) found little consistency among social workers about the relative seriousness of different forms of harm to children or about criteria for assessing this. Although he found, for example, some correlation between registration and verbal references in case conferences to negative character traits and deviant behaviour by parents, sometimes parental history was used as mitigating factor to lessen the attribution to the parents of responsibility for what had happened. Consequently he also found that decisions about registration were in his view inconsistent. Sinclair and her colleagues (Sinclair et al., 1995) had pointed to a lack of specificity in decisions which follow assessment. It wasn't made clear exactly what was to be done, how, by who and by when. This would encourage inconsistency and drift.

An overview of research into more recent practice has concluded that there is still little matching of need to services. "The more normal pattern was what might be called a 'sticking plaster' approach based on what services might be in the medicine box. Families with complex problems were not assessed fully but were offered single services which happened to be available..." (Department of Health, 2001, page 119).

The criticism of social workers made most frequently in these studies is that their decisions are either based simply on common sense expectations of the effects of behaviour such as drug or alcohol misuse, domestic violence or criminality (Gordon and Gibbons, 1998), or on moral judgements about parent behaviour (Hallett and Stevenson, 1980; Corby, 1987; Giller et al., 1993). Corby also found that social workers made moral judgements of a different kind. These were judgements about their own role which was to be supportive and non intrusive. Because of this they were often ambivalent about surveillance and hesitant to make far reaching

decisions, the appropriateness of which may only be judged in hindsight. This last point was also made by Vernon and Fruin (1986).

Most of these studies have judged social worker activity against researcher or other devised criteria of consistency and rationality. By theory they usually mean theories about child development or human behaviour derived from empirical research. Dingwall and his colleagues in their ethnographic study of front line workers' decision making in child protection took a different approach (Dingwall et al., 1995). They focus on the professional judgement that is required in order to incorporate knowledge into practice in particular cases. They were concerned to understand practice as the practitioner understood it. They also use the concept of theory in a slightly different way.

They argue that social workers' judgements are a mixture of therapeutic diagnoses and social history. The individual focus allows for a flexibility of approach which adapts to constantly changing events. "Assessments are based on the cumulative probability of independently observed features occurring together....it is the concatenation" which renders alternative explanations unlikely (page150). New information is interpreted in the light of what is already established. Sometimes on the other hand the past is reinterpreted in the light of the new information. Because of this social worker judgements are iterative and processual in character. However because they have responsibilities for action in circumstances discussed earlier these judgements must periodically be frozen into one-off statements about the present situation. The authors are referring to court cases but the same argument could be made about case conferences and reviews.

They distinguish between clinical evidence of a child's condition which is gained from observation of physical symptoms, and social evidence which is gained from exploration of the immediate environment. This means the circumstances of an injury, family relationships and attitudes. It is important to understand the theoretical context within which observations are made. Social evidence provides for the interpretation of the clinical and it is the explanation for what is observed which is important. Sometimes the social evidence is available before the clinical and so sets up in advance as it were an explanation for what is observed, making it harder to see it in any other way. Clinical evidence may only be defined as mistreatment when it has been located in its social context.

Workers begin with an assumption that a child's condition will rarely be a chance whim of nature. Responsibility must be imputed to a human agency. An interactive process is at work. The character and behaviour of the parents is used to explain the condition of the child, but sometimes the moral character of the parents is inferred from the condition of the child. The central issue in child protection is therefore not the condition of the child but the quality of parental care and the moral character of the parents.

Workers try to distinguish what is within the control of parents from what is beyond them. In doing so they make use of what the authors call "lay social theories" (Dingwall et al., 1995, pages 55-57). These may partly be shared with others in society but may be culturally specific to their occupational group. This kind of common sense practical guide is provisional and may be adapted to fit any particular set of events. Thus whilst their housing may not be a matter over which parents have much choice, what they do with their house is. Whilst their income may not be a matter over which they have much choice, how they spend it is.

If some aspects of their economic and social circumstances are not within the control of parents the nature of adult to adult and adult to child relationships usually is. The social worker assembles a case in which the child's condition is "the end-product of a series of causal events" (page 70). The child's responsibility for his actions is limited by his status as a child, so the agent of these events must be the adults who are legally and de facto responsible for care.

Workers in this study make judgements according to a normative standard of family life which embodies stability, sexual exclusiveness, internal harmony and in which its members are law abiding. Absence of these and in particular the existence of domestic violence are grounds for questioning the moral character of the adults. Single parents who have been divorced, abandoned or widowed are treated more sympathetically than those who have never been married, especially if the latter have had more than one child. Decisions or non-decisions about whether or not to have children are judged according to common sense beliefs about the consequences for all children in the family.

The authors conclude that this approach to the scrutiny of families with children at risk of harm and to defining causative factors would, by itself, result in bringing forward far more children as candidates for coercive intervention than would be

politically acceptable in a liberal social order. There are however a number of features of the agency system which will tend to have the opposite effect of reducing the number identified. These they label under two broad headings; the 'rule of optimism' and 'the division of regulatory labour'.

Ideas of normality and deviance are not inherent to any behaviour but must be ascribed, in this case by social workers and other front line workers. Workers must decide how far to define a parent as the agent of his own behaviour. They must ask the question, "did the parent intend to mistreat the child in the sense that he knew how the child should be treated and chose to act otherwise?" (Dingwall et al., 1995, page 80). Ascription of moral character in this way is complex. Although parents themselves may volunteer accounts of their actions which neutralise the ascription agencies may do this for them. Two devices, 'cultural relativism', and the assumption of 'natural love' allow front line workers to prefer the most optimistic interpretation of behaviour.

Cultural relativism refers to a position which argues that all cultures are equally valid. The task of the front line worker is therefore not to impose a particular set of values but to facilitate clients in the realisation of their own. This device may be employed not only in respect of some ethnic groups or travellers, but also in respect of particular estates or kinship groups. It can be used to justify parent behaviour by reinterpreting it as normal and non-deviant or at least acceptable in its context.

Natural love on the other hand is categorised not as a justification but as an excuse, although the way the authors use the term it sounds more like a plea in mitigation. The assumption is that all parents will love all their children. This is not a matter of choice but is inherent in being human. The belief makes it very hard for workers to read evidence in a way which is not consistent with this. Evidence to the contrary must be overwhelming because it brings into question the parents status as a human being. The device is most often employed in borderline cases where parents with very limited capacities are able to demonstrate their moral worth because they love their children.

These two devices constitute the 'rule of optimism'. Singly or together they serve two purposes for front line social work. First they enable workers to bridge the gap between the ideals and the difficult reality of their practice, that it may be hard to make a difference. Families can be reconstituted as having integrity and personal

worth and so be capable of change. Second from a wider perspective the authors argue that contrary to much critical opinion surveillance agencies in liberal societies are necessarily weak. In the case of child protection part of what they call the liberal compromise is that families will be laid open for inspection provided that the state undertakes to make the best of what it finds. The rule of optimism is a means to that end.

The division of regulatory labour operates as a further constraint on intervention. This division has recently been the subject of criticism, but Dingwall and his colleagues explain what role it plays in a wider context. They distinguish between the professional organisational model and the bureaucratic model. These are ideal types. They argue that both health visitors and social workers work within a hybrid “bureau-professional” model of organisation (Dingwall et al., 1995, page 107). This tries to reconcile the personalisation of professional services with the public moral accountability of a bureaucracy. They suggest that within this model the working situation of the health visitor tends to the professional end of the spectrum whilst that of the social worker tends to the bureaucratic end. This has implications for the practice of the respective front line workers. Whilst health visitors will see their client as the particular child and will pay less attention to the family context, social workers will try to “analyse a child’s condition within the general social, cultural and economic circumstances of the family” (page 113). Health visitors will tend therefore, they argue, to identify more cases of mistreatment than social workers.

There is another difference. The worker in a public bureaucratic organisation must gatekeep and so will decide whether a referral is to be acted on. An assertion of mistreatment is a matter for enquiry. It may for example be seen as manipulative, a way to access a resource. To the referrer it is the end of the process of identification. To the receiver it is the start of a process. The net effect of the way in which the two organisations work is that cases are doubly sifted so that only the most severe survive.

One of the distinctive contributions of these authors to study in this area is to place frontline practice in its political context. In that sense practice is understood along the Fox Harding’s political-social dimension referred to earlier (Fox Harding, 1997). It is a response to what they call the dilemma of liberalism, which in this area is “how child rearing can be made a matter of public concern and its qualities

monitored without destroying the ideal of the family as a counterweight to state power, a domain of voluntary self-regulating actions” (page 214).

The family presents two problems for liberalism. They are the abuse of paternal power and the abuse of parental power. Relationships within it are not equal. The agency structure and the frontline workers within it give institutional expression to the state’s duty to monitor the exercise of power within the family. They suggest that the concept of a trust may be the most appropriate model for the parent-child relationship. The object of the trust is the promotion of the child’s welfare. Where the trustees prove deficient the beneficiaries have ground for legal action. In the case of children agencies must be licensed to act for them.

Their other distinctive contribution is to acknowledge that front-line practice is a matter of making moral evaluations of parenting behaviour. “Child protection raises complex moral and political issues....we should not disguise this and pretend it is all a matter of finding better checklists or new models of psychopathology, technical fixes when the proper decision is a decision about what constitutes a good society” (Dingwall et al., 1995, page 244).

The social workers in this study by Dingwall and his colleagues could be said to be placed partly in Fox Harding’s (1997) third perspective in that they are predisposed to defend the birth family, although as will be seen not in all circumstances. Following the analogy of the trust the authors identify some specific circumstances when practitioners in the licensed agencies act to redress the deficiencies of the trustees. These will be discussed in a later section of this chapter which examines levels of intervention.

Social work practice – working with parents

The work of Dingwall and his colleagues draws attention to an often neglected point that social workers’ judgements and decisions are not made as a doctor might diagnose a disease or a mechanic a fault in a car. Decisions about registration or care or types of intervention are likely to be connected to the way in which worker and parent work together. Their varying perceptions of the problems and of the purpose of intervention will affect and be affected by the decisions made.

Previous studies have noted the differences in perception by social workers and their clients. Social workers appear to reinterpret clients' requests for help so that they fit their own preconceptions rather than the expressed experience of the client (Mayer and Timms, 1970; Sainsbury, 1975). This means that social workers in these studies start from a belief that client change is their objective. Those most likely to be worked with were those who most appreciated the worker's therapeutic skills (Rees, 1978). In a more recent study of how social workers interpret the concept of significant harm, Seden and her colleagues (Seden et al., 1996) asked practitioners working with a sample of very complex cases to identify the changes that they were working towards. The first three of the groups into which their answers were categorised all involved changes in personal behaviour, in attitudes and in relationships, usually by the parents.

Tension in child care social work between help for a family in difficulty and the need to ensure that the development of the children is not endangered by the difficulty was acknowledged in the 1966 White Paper in Scotland. This warned that where "voluntary co-operation" was not forthcoming, where the family "deny need", or are "too infirm of purpose" to co-operate effectively, compulsory powers will be necessary (Secretary of State for Scotland, 1966, paras. 56 and 62 pages 16-17). The precursor of that White Paper, the Kilbrandon Report (Secretary of State for Scotland, 1964), considered that compulsory measures "will almost always involve working closely with the parents, helping them to resolve their problems.....assisting them and strengthening their natural instinct to further the well-being of their children" (para. 246, page 95).

The sharing of responsibility even under compulsory orders, which is a key feature of the 1989 Act is reinforced in the associated guidance: ".....local authorities must work in partnership with parents, seeking court orders when compulsory action is indicated in the interests of the child" (Dept of Health, 1991, page 1). In response to this, as Thoburn and her colleagues indicate, "doubts were expressed about whether attempts to work in partnership with parents might be at the expense of the safety and well-being of their children" (Thoburn et al., 1995, page 228).

Thoburn and her colleagues point out that until the mid-1980s parent participation was not mentioned in the literature on child abuse. The focus had been on the decisions made. Bell (1999) argues that involvement of families was "welded onto" the child protection system which was not designed to support it (page 238). By 1992

however Marsh and Fisher (1992) felt able to go so far as to claim that “partnership has become the dominating principle in welfare provision” (page 9). This may be because of the growth in general consumerist attitudes in society together with the controversy surrounding the publication of the Report of the Inquiry into Child Abuse in Cleveland (Secretary of State for Social Services, 1988). This was very critical about the lack of information given to parents by professionals, about the lack of consultation with them, and about the lack of support for them by social workers (Recommendation 3).

One difficulty in discussion of this issue is that it is not always clear what is meant by the term. Discussion constantly moves about using different concepts, such as partnership, participation, involvement, power sharing, task sharing, consultation, access to information, role division. Sometimes these terms are used interchangeably, sometimes as elements that contribute to the achievement of partnership.

In addition there are different ideas about the purpose of partnership and about the circumstances in which it is to be applied. The purpose may be a moral one, or a pragmatic one, or both. The moral arguments, that parents and children have citizens’ rights to define their own problems, to have access to information, to influence decisions are often reinforced by arguments that such an approach will produce a better outcome. Parents and social worker may compensate for one another’s limitations. Social workers may have some expert knowledge, but parents may be experts about their own children. They may then be a resource for the social worker (Family Rights Group and Department of Health, 1992).

In addition parents may be more committed to working with the social worker towards a solution to their difficulties if they have been involved in defining what they are, and what is to be done (York and Itzhaky, 1991). The social work role may be legitimised in the eyes of parents who have contributed to decisions about how that role is to be exercised. Similar arguments have been made in the education field, that a multiplier effect may operate, in that such partnerships between parents and teachers may produce effects greater than the sum of their parts (Department of Education, 1978).

Application of the concept or any of its elements may be particularly complicated where there is an issue about compulsory orders. Social workers’ duty to make the welfare of the child a paramount concern may sit uneasily with the continuation of

parental responsibility, and with ideas about sharing power. For example, Aldgate and Statham argue that the term partnership does not “reflect the tensions that surround social work intervention in cases of child mistreatment” (Department of Health, 2001, page 66). Acknowledging these same difficulties Thoburn and her colleagues replace the term with the broader concepts of consultation, information sharing, involvement and participation (Thoburn et al., 1995).

On the other hand Tunnard argues that “partnership is not about equal power, but about people working together towards a common goal...it is about empowerment...sharing information...and having some power to influence the outcome” (Tunnard, 1992, page 5). Professionals must give up some of their power. In a similar way Ryburn (1992) returns to the Mayer and Timms (1970) point made earlier and argues that social workers’ power enables them to define parents’ and children’s problems and needs. Compulsory orders are made because professionals have defined the problem in terms of some parental inadequacy as Seden’s workers did (Seden et al., 1996). For Ryburn empowerment is about “full participation” in the process (Ryburn, 1992, page 14). What in summary is being argued by both Tunnard and Ryburn is that even under compulsory orders there is an opportunity for negotiation, for delegation of tasks and of decisions in some aspects of the work to be done, and for continuing mutual review of this.

More recent empirical studies of practice and the involvement of parents raise a number of issues (Thoburn et al., 1995; Farmer and Owen, 1995; Colton et al., 1995; Department of Health, 1995; Department of Health, 2001). First, both Thoburn and Colton and their colleagues demonstrate that there is a gap between social workers’ own notions of ideal practice and their actual practice. Fewer worked in a participatory way with parents than had indicated that they believed was good practice. This is attributed to a lack of time, a lack of skill or to agency procedures. Second, closer involvement of parents means that they are able to provide context around a single event in a way professionals may not otherwise understand (Thoburn et al., 1995). This is seen as important because a focus on an abusive event may lead to neglect of a child’s wider welfare needs (Farmer and Owen, 1995). The Dartington authors (Department of Health, 1995) similarly argue that the chronicity of parent behaviour is as important as the severity.

Third, despite an acknowledgement by some (e.g. Farmer and Owen, 1995) that the needs of parents and children may be in conflict, all these studies and summaries

argue that it is important to try to meet the needs of parents themselves as a route to meeting the needs of their children. Colton and his colleagues approach this from a slightly different angle. The purpose of partnership, they suggest, may actually be to remove some responsibility from parents. They argue that partnership means support to parents in the exercise of their parental responsibility. Otherwise some parents may be forced to accept responsibility for situations which are beyond them. It is not always the children who are weak (Colton et al., 1995).

Agreement and co-operation – levels of intervention

The fourth issue raised is the relationship between the level of parent participation or involvement and the extent to which worker and parent agree on the nature of the problem. The greater the level of agreement about what has happened the greater is the chance of some collaborative working arrangement. Further, the more that this is the case the less likely it is that the child will enter care. This was the finding of Farmer and Owen (1995). They found that agreement (or disagreement) lay along three dimensions. These were agreement about what had happened and who did it; agreement about whether it was an accident or was normal chastisement because of the child's behaviour; agreement about the degree of risk to the child in the future.

Thoburn and her colleagues (Thoburn et al., 1995) also found some association between agreement about what had happened and who did it and the level of parent involvement. They also found some association between parent commitment to their child and the level of involvement and between the existence of child behaviour issues and a lack of involvement. These last two points may be related. Thoburn uses three very broad researcher devised categories to rate the level of involvement. The terms agreement and commitment were also researcher defined.

Thoburn's findings, however, are similar to those of both Farmer and Owen (1995) and Fisher and Marsh (1986). The degree of parent commitment itself may be related to parent definition of the problem. Parents may not only provide context and so help the social worker better to understand and define a problem. Their different values and preoccupations may simply see a different problem even when there is no misunderstanding about what has happened or its context. For the parent the problem may be not the abuse but the behaviour of their child which was the reason for the chastisement. Fisher and Marsh in their study of admissions to care discovered among social workers some anxiety about eroding parents' sense of responsibility.

The parents appeared to be indifferent to responsibility in this sense. Their concerns were with the notion of discipline and moral sanction. If they were unable to exercise appropriate control, someone else should do so. This was part of their sense of responsibility for their children.

Finally Thoburn and her colleagues (Thoburn et al., 1995) draw attention to the distinction between explaining to a parent what kind of work is required and negotiating with them about what should happen. Aldgate and Statham (Department of Health, 2001) take this further and identify what they call sham partnerships. In an argument that calls to mind Fox Harding's (1997) political-social dimension and Dingwall's dilemma of liberalism (Dingwall et al., 1995), either social workers use their authority to pressurise a course of action on reluctant but acquiescent parents or parents manipulate workers to sabotage what they do not want or force a course of action on a reluctant worker.

At what point does collaborative working become problematic? When does the nature of parent involvement change? Thoburn (1995), Colton (1995), and Farmer and Owen (1995) all argue that one reason for calling a case conference and seeking registration is to access resources in order to work with a family. However Farmer and Owen also identify a different factor which may better help to understand social worker thinking. Conferences are an attempt to control unpredictability "which not only threatened the child.....but threatened the professional...by undermining judgements and lowering self-confidence" (Farmer and Owen, 1995, page 100). In a slightly different context Aldgate and Statham (Department of Health, 2001) also suggest that partnership working is difficult with chaotic or disorganised families.

Dingwall and his colleagues (Dingwall et al., 1995) identify ways in which parents attempt to resist the worker and show how successful or not they were. These are categorised into justifications and excuses. Most justifications explicitly or implicitly attack the reliability or the legitimacy of the regulatory agencies and their staff. Parents may deny or trivialise the event in question, may try to argue that it was a justifiable response to the behaviour of their child, may claim they were acting according to some higher principle, or may explicitly attack the legitimacy or competence of the worker. Most likely to be successful at least in mitigating the disposal would be an attempt to explain their behaviour by an account of their own past and their desire to do better for their own children. In this way they will try to show that their moral character is in all other respects exemplary.

Parents who produce excuses do not deny the worker's account of the deviant behaviour, but may claim either that it was not intended at all or that they were not aware of the likely severity of the consequences. They may claim that their own free will was impaired by illness, by drink or drugs, or by uncontrollable urges or temper. Excuses are rarely successful forms of resistance because they call into question the parent's ability to refrain from the behaviour in future.

There are two sets of circumstances in which the nature of intervention moves from voluntary to compulsory. The first is what they term the failure of containment. When knowledge of a case spreads beyond a very small group of front line workers pressure may build for further action. They argue that physical abuse is most likely to attract attention in this way because it is often reported to a hospital or school. Therefore physical abuse disproportionately attracts compulsory intervention. Had the focus of their study been on child behaviour issues they might have made the same point about delinquency, as Garland has done (Garland, 1981).

The second circumstance is when parent compliance is not present or is withdrawn. Parents must act within their own limited capacities and must show at least minimal compliance. Non compliance undercuts their moral character and breaches the terms of the liberal compromise. Voluntary measures cannot work without some co-operation. The so called no order principle, referred to earlier, is a more recent innovation but reinforces the point being made.

Which parent figure? – gender issues

Much of the research and commentary in this field uses the term parent without discriminating between men and women (Farmer and Owen, 1998). O'Hagan (1997) argues that cultural and societal attitudes are reflected in research and training which does not take account of the significance of fathers. Consequently both argue that case conferences and their accompanying reports lack detail or depth about the role of male partners.

Earlier Dingwall and his colleagues had raised the issue but had not pursued it very far. "Women and children remain subject to a regulatory regime which owes more to the idiosyncracies of particular men...the (male-defined) boundaries of the private sphere constitute social and legal barriers to women and children who might seek to

enlist regulatory agencies in their own defence...(creating)... a potential for paternal absolutism..." (Dingwall et al., 1995, page 216).

Reinforcing this, Thoburn points out that in her study (Thoburn et al., 1995) lone mothers were significantly more likely to participate in work than either couples or lone fathers. Physical abuse by mothers is more likely to result in registration than physical abuse by men (Farmer and Owen, 1998). Rather more broadly Dingwall and his colleagues argue that the 'rule of optimism' will tend to filter out many groups leaving women and what they call the "rough" indigenous working class as proportionately more vulnerable to compulsory measures" (Dingwall et al., 1995, page 101).

How does this disproportionate concentration on mothers happen? Whilst acknowledging a high incidence of abuse by male partners, O'Hagan (1997) argues that because of the fragmentation of families mothers are simply more accessible. This state of affairs is reinforced because social workers do not encourage men to be involved, which itself is because they lack the skills to manage hostility and anger. This invisibility means that the power imbalance is reinforced. Marginalised men are still able to exert influence within the family. For Farmer and Owen (1998) the problem may be a more fundamental one. The child protection system focuses on responsibility and because of the gender divisions in child rearing responsibility for child mistreatment is taken to mean maternal responsibility.

Case conferences in particular, they argue, take little account of the different circumstances in which physical abuse occurs. Abuse by habitually violent men, for example, is different from that by stressed single mothers. A search for a family context means that attention slips easily from the abuse and the male abuser into more general scrutiny of the quality of the mother's care. Intervention is directed not at the abuse or the male abuser but at support for the mother. In these circumstances mothers often assume even more responsibility for care as they try to meet what they believe are the authority's expectations of them. Registration is then experienced as an additional burden.

Those who like Dale and his colleagues (Dale et al., 1986) follow a family systems approach to these matters, in which all are responsible in one way or another and all have a duty to change, appear to see the non abuser as in some kind of collusion unless she can prove that she is not. They take little account of issues of relative

power. In sex abuse cases mothers who were struggling to assimilate the fact that their children had been violated by their partners and who needed help to deal with their feelings of shock and self blame were treated like secondary abusers because they had failed to protect. What may be required, however, is not less context but a more sensitive appreciation of what is important in it, and an understanding of the implications of working with different family members.

Questions raised

This review has raised a number of questions which this study will attempt to explore. These fall into two very interrelated groups. First are the substantive issues of social work assessments, decisions and interventions. The second is the way in which social workers reach those decisions. That these may be interrelated is illustrated by for example Fox Harding (1997). Her perspectives were derived from discussions with managers, campaigners and academics in child care. This means that they derive from their beliefs about objectives and policy. The extent to which the perspectives encompass the individualised definitions, assessments and interventions of social workers in their daily practice can only be a matter for empirical enquiry.

Legislation and regulation as Gaskins (1993), Walton (1993), the Department of Health (1989), and Colton (1995) have argued set only the boundaries within which practitioners must work. Frontline workers must give content to the terms used. For example as discussed earlier legislation and regulation make a connection between a child's condition and parent behaviour. Aldgate and Statham (Department of Health, 2001) and the Practice Guidance (Department of Health, 2000b) argue that it is the task of social workers to examine both of these. They must assess the relationship between children's needs, parent behaviour and parent need (Colton et al., 1995). Farrington (1994) drew attention to a strong association between parent behaviour and the delinquency of their children. . Dingwall and his colleagues (Dingwall et al., 1995) maintain that the quality of parent care is the central issue in child protection. Ryburn (1992) regrets that social workers tend to define problems in terms of parental inadequacy, as, for example, Seden's workers did (Seden et al., 1996). This study examines how one group of workers make sense of these issues in their daily practice.

The connection between the condition of the child and the behaviour of the parent is closely related to a key concept in legislation and guidance, parental responsibility.

The way in which social workers understand the concept and apply it in their work is a central focus of this study. If as Dingwall and his colleagues argue (Dingwall et al., 1995) responsibility is not inherent but must be ascribed this study will examine how social workers do this. The elements of behaviour that they define as relevant, the context in which they place parent behaviour, the link between behaviour and its consequence and what they believe is within parent control and what is not will be part of this.

Some studies discussed above raise the related but distinct issue of the degree of importance to be attached to a single incident as opposed to the wider totality of a child's experiences (Colton, 1995; Department of Health, 1995; Farmer and Owen, 1995; Thoburn et al., 1995). Many child care cases come to workers packaged as it were as an offence committed, or an injury sustained. The degree to which workers focus on these matters as the problem to be addressed, or on what may be the more enduring aspects of a child's life and needs is another question which this study will explore.

The tension between working with a parent in order to help and the need to ensure that their care is adequate for the needs of their children may give rise to conflicts as was acknowledged by Aldgate and Statham (Department of Health, 2001), Farmer and Owen (1995) and Thoburn and her colleagues (Thoburn et al., 1995). These tensions although they may derive from their definition of the problem are likely to be particularly acute for social workers at the time they are proposing intervention. Similarly disagreements between social worker and parent, although they may also derive from different assessments of the problem, present their greatest difficulty at the point of intervention.

Some have examined the relationship between agreement or disagreement and the extent to which parents have participated in the intervention process (Thoburn et al., 1995). Farmer and Owen (1995) examined outcomes and found that disagreement was associated with entry to physical care. This study will examine in more detail the way in which the type of intervention is related to the worker's definition of the problem and the nature of agreement or disagreement with the parent. The potential incompatibility involved here has not been fully explored by other studies, though it was covered in broad terms by Dingwall and his colleagues in their discussion of what they call the liberal compromise (Dingwall et al., 1995). An objective of this study is to examine in more detail how workers manage this difficulty as they move

from assessment to intervention and decisions about the need or not for compulsory measures. For these reasons the point of access for this study will be the time of the children's hearing or the case conference.

Social workers must seek statutory measures when this is indicated in the interests of the child (Department of Health, 1991). When will that be? Dingwall and his colleagues argue that parental failure to co-operate with the social worker is a trigger for care proceedings (Dingwall et al., 1995). Farmer and Owen (1995) argue that registration is most often associated with presumed severity, with the mother being the abuser, with concerns being around physical or emotional care and with neglect, or when there were secondary concerns. Others (e.g. Thoburn et al., 1995) found what they thought was over-registration, whilst Farmer and Owen (1995) and Giller (1993) found the use of registration inconsistent and unrelated to the problem assessed.

Further reasons for seeking statutory measures were found in these studies and others (e.g. Colton, 1995). Some found that they were used as a device to access resources that should have been available on the basis of need, or that they represented an attempt by the worker to control unpredictability. It may however be that different statutory measures are proposed in different situations for different reasons. This study will therefore explore the relationship between the type of statutory measure proposed, the problem defined and the type of intervention proposed.

These are some of the substantive issues that this study is concerned with. It will attempt to explore them in more depth. This will be made possible by having only a small sample of cases, unlike the large numbers used in most of the studies discussed earlier. Concentration in this way will make it easier to break down some of the concepts involved into their constituent elements.

Discussion of these issues will be related to the way that judgements about them are arrived at. The extent to which social workers work in the rational detached way that others have suggested that they should, weighing evidence, making judgements in the light of previous research (e.g. Department of Health and Social Security, 1985b; Vernon and Fruin, 1986; Department of Health, 2000a,2000b), or the extent to which their assessments are based on lay social theories and are arrived at in the processual, iterative way that Dingwall and his colleagues found (Dingwall et al., 1995) will be a subject for this study.

Finally the approach taken by this study will differ from most others in another way. Many studies have used researcher imposed ratings and comparisons by which to judge social worker activity (e.g. Vernon and Fruin, 1986; Corby, 1987; Colton, 1995; Thoburn et al., 1995). This study approaches the substantive issues by trying to understand the way social workers themselves interpret the terms used in legislation and guidance. It is interested in the concepts that they employ and the meaning that they have for them, that is how they make sense of their own work.

Therefore the broad approach is not dissimilar to that taken by Dingwall and his colleagues (Dingwall et al., 1995). It differs in particular in two respects. First, it focuses on the concept of parental responsibility, a significant element in recent legislation and guidance in England and Wales and in Scotland. This was not current to the same extent at the time of Dingwall's study. Second, it encompasses generic child care issues rather than only child protection. A holistic approach to child care is implied by the concept of children in need as it was in much earlier reports (e.g. Longford Committee, 1964; Secretary of State for Scotland, 1966).

This study is therefore conducted largely in generic child care teams of social workers, so that there is less likelihood of pre-categorising. Social workers' own concepts and categories are the subject of the study. This perspective has major implications for the methods that are employed, and the relationship between them is discussed in more detail in Chapter Three.

First, because of the particular interest for this study in the way social workers understand parental responsibility it is necessary to explore what might be meant by the concept, responsibility. The term itself implies others such as intention, motive, and consequence. These would be particularly important in the relationship between parent and child. Also raised is the question of whether there are degrees of responsibility and therefore of what if anything qualifies it. What is the relationship between responsibility and rights, that is parents' and children's rights? It is important that some of these concepts are examined to provide a frame for discussion of their application to the substantive issues in this study. That is the subject of Chapter Two.

Chapter Two

The concept of responsibility

Introduction

If responsibility is to be ascribed in the circumstances suggested in the last chapter social workers are likely to have some sense of the meaning that behaviour has both to themselves and to parents and children. This implies that they will have some regard to the intentionality of behaviour, its motives and the relationship of both to its consequences. These concepts are explored in this chapter.

Unless these social workers believe in the idea of strict liability (Dingwall et al., 1995) they will have some sense of what it is that mitigates the ascription of responsibility. There may be degrees of responsibility. This chapter therefore goes on to discuss some concepts which should provide a helpful frame for examination of the way their individualised assessments approach this. The chapter ends with a look at the relationship between responsibilities and rights including the idea of duty-rights, which may be a particularly useful idea when trying to understand the role of the state in the private care of children.

Determinism and free will

Some determinists argue, following Newton, that human beings are objects in the world and so their behaviour must in principle be subject like all other objects to causal explanations. There is no room for choice or unpredictability, or personal responsibility. As Mackie (1977) puts it, the determinist argument is that “for every event there is an antecedent sufficient cause, a temporally prior set of circumstances and conditions, which is sufficient in accordance with some regularity, for just such an event, and which leads to it by a qualitatively continuous process” (page 216).

Challenging this, Warnock (1998) distinguishes between physical and biological theories. The former holds that brains are physical objects; every thought, wish, feeling that we experience is correlated with some brain state, which could in principle be identified. Each brain state is caused by a preceding brain state. Warnock, on the other hand, argues that a biological theory of the brain shows that each individual human being is unique. Each animal, even within one species, develops its own selective and adaptational system depending on what actually

happens to it during its life. Each human being develops his or her own awareness of the world and own value system restricted only by the genes which have been inherited. Genetic inheritance provides only a framework within which a person responds to their individual experience.

Benn (1998) notes that a determinist might defend his position by claiming that causal laws are “ statistical rather than strictly deterministic “and that “at the macroscopic level the world is as if strictly determined” (page 141). This would seem to leave a bit of a hole in the theory at an individual level.

Many on both sides of the determinist dispute argue that strict determinism is incompatible with free will and, therefore, with the idea of moral responsibility. To determinists this means that free will is an illusion, to the others that determinism is wrong. “Compatibilists” on the other hand attempt to reconcile determinism and free will. They follow Hume (1748, quoted in Benn, 1998) in believing that freedom is the ability to act or not act according to the determination of the will. Although someone does A, had he chosen to do B he would have done B. It appears to be the actions that are free; free actions are those that are done not regardless of one's choice but because of it. Where one's choices come from is irrelevant to free will, otherwise we would set up a process of infinite regression, (who chooses our choices and so on). The enemy of free will is not causality but compulsion.

Ayer (1954) argues that moral responsibility, far from merely being compatible with determinism, presupposes it. The alternative is that choices are random and accidental, and it is this which would deny personal responsibility. Choices depend on one's character which is derived from one's genetic inheritance and one's life experiences (as in Warnock, 1998) . To say that a person acts in character is to say that his behaviour is consistent and therefore predictable. Ayer, too, contrasts freedom not with causality but constraint. Constraints may be external (a pistol at the head) or internal (as with a kleptomaniac) or some combination of the two (as when one person has a “habitual ascendancy” over another (Ayer 1954 page 20). He then seems to redefine determinism by introducing the idea of explanation. “That my actions should be capable of being explained is all that is required by the postulate of determinism”(page 22). This is similar to Benn's distinction between reason and cause. Causes make me act, reasons explain why I should do so. One is, in principle, a subject for observation and experiment; the other is a subject of rational, normative reflection (Benn, 1998).

Aristotle (1987) argues that a person is a “begetter of his actions”(page 395), that he creates his own character. People “are themselves by their slack lives responsible for becoming men of that kind (self indulgent, unjust).....it was open to them at the beginning not to become men of this kind and so they are such voluntarily, but now that they have become so it is not possible for them not to be so” (page 396). It is not clear quite whether this means that character is identifiable other than by observation of actions. If so at what point does its formation cease to be voluntary and become determined by previous actions? Aristotle’s argument here may be reflected in social worker assessments of the behaviour and moral character of parents.

Compatibilists say that determinism is not equivalent to fatalism, neither does it lead to a mechanical account of our actions. Ayer (1954) argues that the word itself is misleading, because it suggests that “one event is in the power of another whereas the truth is merely that they are factually correlated” (page 22). He suggests that this is because of the tendency to confuse causal with logical necessitation and so infer that the effect is contained in the cause. Our behaviour may (sometimes) be predicted but only on the basis of what is known of our habits and our character and our circumstances, not on the basis of causal laws. This is explanation. The alternative would be randomness.

Warnock (1998) suggests an alternative way to approach the issues. Rather than start with the “supposed causal” laws of science, we should acknowledge “subjective phenomena“, the explanations people give and accept of why they feel as they do and act as they do (page 103). Both Warnock and Benn (1998) follow Strawson (1962) who identified our mutual “participant reactive attitudes” to one another (Strawson, page 67). The wide range of our reactions to a person who, for example, treads on our toe varies according to the degree to which we believe he could have acted otherwise, even when the pain is the same. These frameworks of interactions are shared with one another and are, says Benn, “a necessary condition for meaningful human relationships and institutions” (Benn 1998, page 155). We see ourselves as persons with reasons to explain our actions. We respond to one another as if to moral beings responsible for our actions. Even if there were some, as yet, undiscovered causal factor at work, it cannot explain the inner meaning and intentionality of our responses.

This study takes as its starting point that social workers and parents accept moral responsibility for their actions and respond to this in others as in Warnock (1998) and Strawson (1962). It accepts with Ayer (1954) that actions can be explained, that they are not random. It accepts Benn's (1998) distinction between a cause and a reason. It is aware of the difficulties with Aristotle's (1987) view that people are creators of their own character. All these ideas are important for understanding the ways in which the social workers in this study make sense of the concept, as will be seen in later chapters. However even if causal determinism is rejected moral responsibility is not a straightforward concept. It consists of different elements and is subject to a number of conditions which will now be discussed.

Intention and consequence:

Anscombe (1957) describes three senses of intention; intention for the future, intentional action, and intention in acting. The first sense, which she defines as a prediction made when the speaker is some kind of agent, is of little relevance to this study. The other two senses appear to have significance.

The distinction between a person's intentional action and his intention in acting may be an important one for the social workers in this study when they evaluate a parent's responsibility and moral character. An intentional action is an action made voluntarily with knowledge that that was what was being done. Some actions can probably only be intentional (e.g. assaulting someone, getting drunk, ejecting a child from home). Others may be either intentional or unintentional (e.g. hurting someone, omitting to do something). Intention in acting, on the other hand, refers to the actor's motives. These may explain the actions to him and to us. A person may intentionally kill another; his intentions in doing so may be, for instance, to avenge some earlier wrong or perceived wrong.

Mackie (1977), too, tries to make sense of intentionality. As a concept it is closely allied to responsibility and to consequentialism (the extent to which we are held to be responsible for the consequences of our actions, whether or not intended). This may be particularly important when assessing the effect a parent's behaviour has on their children. Mackie asserts that a person is responsible for all, and only, his intentional actions. Is it possible, though, to draw a clear distinction between intended and unintended actions? Some actions are clearly not intended as when someone is physically compelled to act or prevented from acting. It is not in this

case his action or his omission. Duress, on the other hand, does not completely remove intention from the actor. It may arise in two ways. Sometimes the threat or pressure has the effect of restricting the alternatives but the person threatened nevertheless intends his action; he does x rather than y. The restriction of choice may be used as a justification or an explanation but the action was still intentional. Judgement of responsibility might turn here, not on the degree of intention but on the relative badness of x and y. Sometimes it is the degree of pressure or threat (e.g. torture) applied to the actor that is the factor that must be weighed against what he then does.

Again a person who acts with a lack of skill or ability may intend his action under one description (e.g. driving a car) but not under another (zigzagging across the road). Mackie, however, argues that if the person persists in driving the car knowing that zigzagging will result then the latter is obliquely intended. This issue of the description given to an action has wider application. If a person does not know when he acts that a particular description applies to what he is doing, his action is not intended under the description. The knowledge available to him at the time he acted will crucially affect intentionality. Mackie argues that this applies even to someone who is ignorant of what he is doing because he is drunk. His actions are not intended, though Aristotle would make the man responsible "since he had the power of not getting drunk and his getting drunk was the cause of his ignorance" (Aristotle, 1987, page 395).

To Aristotle a voluntary action appears to be the same as Anscombe's (1957) intentional action. The only actions that he would see as not voluntary are those that result from compulsion by an external agent or from ignorance by which he seems to mean acting inadvertently, "ignorant of the particular circumstances of the action" (Aristotle, 1987, page 389) or, in Mackie's sense, acting under a different description.

How far then are we responsible for what we obliquely intend? Is what is obliquely intended intended at all? Some would argue that Aristotle's drunk was responsible only for getting drunk (intentional) but not for what he did or did not do when drunk. The question of negligence illustrates the difficulties here. If a person foresees as likely some harmful consequences of what he is doing but persists then these consequences are obliquely intended. If, however, he is only, vaguely aware that some harm may be a consequence of his carelessness, then harm is not intended but

since he knows he is being careless, his negligence itself is obliquely intended and he is responsible for that, but not for the harm that ensues which was not even obliquely intended. Where does the first case shade into the second?

Benn (1998) seems to clarify, some of the issues around consequences. Although some actions may be regarded as wrong merely on account of their consequences, most non-consequentialists regard the morality of an act as depending not on its consequences but on whether its consequences were intended. We judge actions more harshly than omissions even where effectively their consequences are the same. This is because, argues Benn, we are concerned to evaluate the agent as well as the action and to judge motive. We are, as Dingwall and his colleagues (1995) pointed out in the case of social workers, evaluating moral character. The slothful person is, for example, judged less harshly than the malicious.

Benn makes two other points of particular importance to this study. Firstly and perhaps the less relevant, is the doctrine of double effect where the intended consequences of an action are separated from those that are foreseen but not intended. Secondly he asks how far can anybody be morally responsible for all that he could in theory have made a difference to. How far into the future should the calculations go? How can the calculations be made anyway and even if they were possible, the effect would be to drown the significance of present intentions. The causal network would involve so many interconnections that the notion of responsibility itself would dissolve and nobody would be responsible for anything. Any retrospective attempt to ascribe some ultimate responsibility which might tempt some social workers would suffer in the same way. This is a point brought out in Chapter Ten in discussion of the accounts by some of the social workers of complex family interactions.

What removes or reduces responsibility?

When we hold someone morally responsible we are not simply regretting the state of affairs that we believe his act or omission has occasioned, we are blaming (or praising) him, adopting an attitude of disapproval (or approval). We only do this when we believe that he could have acted otherwise, when we would not accept the excuse "I could not help it". In the law the M'Naghten rules held that a person was legally responsible for his actions unless he was "labouring under a defect of reason or disease of the mind as not to know the nature and quality of what he was doing or

if he did know it he did not know it was wrong”(quoted in Glover, 1970, page 126). Some have argued that this is too restrictive and that defect of reason should not be the only factor that can absolve a person from responsibility. For example no place is accorded irresistible impulses (anger, fear, desire), though it would be hard to distinguish between them and impulses that are simply not resisted.

Maybe there is some confusion here between absolving someone from responsibility and ascribing responsibility but pleading mitigation. Glover (1970) distinguishes three senses in which the claim that “I could not help it” may be made. The first sense is where a person claims that the action or omission was involuntary and as such was not really his action or omission at all. This would include compulsion in the strict sense already mentioned but would also include forms of illness like a heart attack or paralysis. However there are degrees of involuntariness. Less severe illness, extreme exhaustion rather than paralysis may mean that the action could be accomplished but only by a great effort of will. Where is the point at which an action is not simply very difficult to do but becomes impossible?

Glover’s second sense in which the claim might be made is when a person acknowledges that, although the action is theirs, it was unintentional. By unintentional he means that it was accidental, a mistake, or that it was done inadvertently. However he concludes that a person may only claim that he could not help an unintentional action when there was no negligence. It is not clear when a mistake or inadvertent action becomes a negligent one, but it appears to be related to the degree of care that was thought to be due, and to the seriousness of the consequences.

Glover’s third sense is when an action is intentional, but a plea that it is excusable would be made. These might be because of threats, torture, or extreme need (hunger, thirst, pain). These are similar to duress, already discussed. Glover does not distinguish between threats or torture to the actor or to someone else, which might influence the extent to which the plea is to be accepted. Neither does he answer the question of how severe the threats or the need must be but suggests that this may again be related to judgements about the action itself and at least its foreseen consequences.

Later Glover introduces another sense in which the plea of “could not help it” may be made. Unlike the circumstances which may make the action excusable

“psychological incapacity” lies within the actor (Glover, 1970, page 86). He argues that limitations of reason (as in M’Naghten) do not exhaust the possible explanations for our actions. Weakness of will is not a matter of reason. A person may be unable to alter his intentions in response to argument, or if he does he may be unable to act upon them. He, therefore, could not help his intentional act if his intention was one he was incapable of altering. This seems close to a determinist position, except that it is clearly circumscribed. The intentions of most people, he argues, can be altered by giving them strong reasons for doing so, but a few people are still unable to do so. What type of reasons count here? The person must either accept the reasons but be unable to act, or he would accept them if he were not deluded. Glover is thinking of people with addictions or a mental illness.

There are some difficulties with this position. First, the ability to alter intentions may be a matter of degree. Where, echoing Aristotle’s (1987) point, does a heavy drinker become an alcoholic? Another difficulty is to identify the supposed causal condition and to show the connection between the condition and the behaviour. What, again, if the behaviour is the only or the main evidence for the condition? All of Glover’s conditions, however, can be applied to the way social workers give meaning to parent behaviour, and this is discussed in later chapters.

Mackie (1977), also, argues for making some people in some circumstances either not responsible or less responsible for their intended actions. In children, for instance, “the intensity of moral colouring of actions grows gradually as they become more mature, along with the expectation that that colouring will be effective as a control” (page 213). This raises two questions. Who, then, is responsible for a child’s actions, that is when are children behaving despite their parents’ care and when are they doing so because of it? How far is anybody to be held responsible for another person’s actions? As will be seen in Chapter Seven this question has implications for the way social workers make sense of children’s behaviour.

Mackie, then cites other circumstances (impulsivity, rage, terror, mass hysteria, drink and drugs) when a lesser degree of responsibility may be ascribed to a person for his actions. He devises three conditions, at least one of which actions of this kind must satisfy. First, in some circumstances (rage, impulse) “many aspects that an agent knows of will simply not be attended to” and someone with “low intelligence” may be permanently unable to bring a set of diverse factors into account (page 214). The problem with impulse has been referred to already, and how low must the

intelligence be and how diverse the factors? It is not clear either whether Mackie is saying that in these circumstances the action was not fully intended, or whether it was but that these are justifications.

The second of Mackie's conditions is the claim that a person was "not himself" at the time. This raises questions about what personal identity really is, but essentially the condition may heavily overlap with the first. The same appears to be true of the third where he returns to irresistible impulses, which he says may come from "outside the boundaries of a person's central personality" but are strong enough to overcome it (page 214).

Warnock (1998) is sceptical of pleas that would absolve people of responsibility for their actions. These, she says, come from a belief that someone from, for instance, a "deprived background" cannot be blamed for his behaviour because he is "conditioned by his sociological circumstances" (page 110). This may seem to be a caricature of the pleas that are made, but she is concerned to argue that whilst "poverty, bad housing, drug abuse, and consequent crime all make for deprivation", to regard this as a "total causal determinant" of behaviour is to deny that individuals in these circumstances are capable of "altruism, imagination and sympathy, the sources from which morality springs, and.... to forget their status as humans"(page 111).

Responsibilities and rights

The other element in the definition of parental responsibility in the Children Act 1989, and Eekelaar's (1991) and Gaskins' (1993) second sense of the term, is akin to what would traditionally have been called parental rights. It has a long history in our society, and was an important element in Fox Harding's (1997) first value perspective discussed in Chapter One. The presumption of parental possession, and freedom from state intrusion into family life remain strong values. Parents, said Locke (1948), "have a sort of rule and jurisdiction" over their children. "The bonds of this subjection" loosen as they grow older (para 55, page 28). Mill (1957) considered that children were "not capable of rational conduct in life" and so were excluded from his dictum that "over himself the individual is sovereign" (page 73). However, for both Locke and Mill parental rights implied obligations to children. Locke's parents, for instance, had "an obligation to nourish, preserve, and bring up their offspring" (para 56, page 28), though if they did not little could be done about it.

What kind of rights are at issue here? Hohfield's classification may be helpful (Eekelaar, 1973). A person has a right to act if others have a co-relative duty to permit the act or to refrain from preventing it. A person may also, however, have a right to act but at the same time a duty to do so. Perhaps this is what Locke and Mill had in mind. This kind of duty-right may be particularly relevant in child care social work. A right may be distinguished from a freedom in which case nobody else is under any duty to permit me to act or to refrain from preventing me, but neither am I under any duty to act. Rights to action are not the only ones. If, for instance a child had the right not to be subject to physical punishment, then others including parents would be under a duty not to inflict it. This would be a 'freedom from' right of the child, but a 'duty to refrain' of the parent (or teacher or other). Whilst a duty-right is the most useful concept here for the purpose of this study, there are other classifications.

Clark and Asquith (1985) make useful distinctions between universal and particular rights, between absolute and qualified rights, and also between moral and legal rights. Many moral rights are also legal rights, but even where they are not Hohfield's classifications could be applied to both moral and legal rights, though the moral 'freedom to act' would be constrained by the law existing at the relevant time and place. Which rights for children or for parents that social workers regard as universal or particular, as absolute or qualified or as moral or legal may affect the way that they assess each set of family circumstances.

Rights are not natural in the sense of inherent in being a human being. They are socially ascribed, albeit that some of them would be agreed by most people. Where do rights come from? Warnock (1998), whilst rejecting the legal positivist view that a right exists only if there is a law granting it, is sceptical about the anti positivist position too. Is there a logically prior set of higher rights from which positive laws derive, and if so where do they come from? She argues that appeals to universal human rights are really appeals to what she calls fundamental moral principles about ways in which it would be good or bad, to treat other people. However, it is surely only by seeing them in terms of rights that it is possible for those who suffer violations of the principles to argue that the violators desist or for others to do so on their behalf (irrespective of whether any specific enacted law has been broken).

Many welfare rights may not be rights at all but statements of good social policy, or of ideals to aspire to. No beneficiary of these ideals has a right to them, and there is

no clear corresponding duty. However, a person may have duties with or without corresponding rights. If duties are assigned to a role (parent, social worker, teacher) the recipient may have a claim-right to fulfilment of the duty, though its strength may vary according to the duty in question, the circumstances of the particular case, and the expectations and promises involved. On the other hand duty in the sense that we believe it is right to act in a particular way may involve no corresponding right by anybody else that we should do so. Many moral duties may be embedded in social expectations with little or no sense that these are associated with rights. Warnock (1998), after dismissing arguments for the rights of animals, suggests that our relationship to nature is one of stewardship, which means that whilst we may have duties to the rest of nature, nature does not have rights against us. This concept of stewardship has something in common with the concept of a trust used by Dingwall et al. (1995) to describe the legal relationship between parents and children. Trustees like the stewards have a duty to act in the interests of the beneficiaries. There are differences though. Whilst stewardship implies no rights, trustees do have rights against third parties, and they can be called to account for failure to discharge their duties.

Conclusion

To make decisions about children and parents child care social workers will have to evaluate behaviour and look for explanations for it. In order to do this, they are likely to try to understand intention and motive, that is what meaning behaviour has for the different actors. They will want to examine the relationship between the intention and the consequence of behaviour. Glover's (1970) conditions provide a useful frame through which to examine how they decide whether, for example, a parent could and should have acted differently. Aristotle's (1987) idea that people make their own character but beyond a certain point are not able to change it is a useful concept that may be applied to behaviour that might be explained by drink and drugs. It may however be applicable more widely than that, as is discussed in later chapters. The extent to which they employ the concept of psychological incapacity when ascribing responsibility is to be explored. Do they make a distinction between absolving from responsibility and ascribing responsibility but pleading mitigation, and in what circumstances?

Chapter Three now discusses what implications that the aims of this study and the concepts that are to be explored have for the methodology that is required.

Chapter Three

Methodology

Introduction:

The methods used in this study are designed to follow logically from the purpose of the study, its place in the context of the ideas and the literature discussed in Chapter One. The focus on parental responsibility and the associated elements in this discussed in Chapter Two suggests that some methods would be more useful than others. An approach is required which seeks out how social workers make sense of their own work. The first part of this chapter discusses the relationship between this perspective and the principles behind the research methodology which is to be used. This is followed by a description of the practical design and the techniques used, which follow from these principles. Finally, there is a discussion of how the material gathered is then analysed.

Perspective:

The terms used in legislation, and government guidance, such as, for example, 'parental responsibilities', 'suffer unnecessarily', 'health, development and welfare', 'beyond control', 'due to a lack of parental care', 'reasonable excuse' (Sections 2 (1) and 52 (2) Children (Scotland) Act 1995), or 'rights, duties and powers' (Section 3 (1) Children Act 1989) are all abstracted from any context. The terms do not define their own application. It is front line workers who must define the application. They must give the terms meaning within the daily circumstances of the lives of children and their parents, which again they must define.

As suggested in Chapter One, many studies of social work practice have approached these matters in a way that appears not to take account of this defining activity of social workers, their situated moral reasoning (Thorpe, 1994). Some studies of a positivistic tendency in the 1970s had two limitations. They treated concepts like 'unhappy childhood', 'immature personality', 'isolation', as objective conditions in order to try to show some correlation with 'abuse' or 'risk' (Ounsted, 1974). Others did not define the condition of children independently of the identification and referral process (Lynch and Roberts, 1977). Hutchinson (1990), Dingwall (1989) and Corby (1992) have all shown how definitions of child care problems imply

particular theoretical orientations and particular responses. As discussed in Chapter One other more recent studies have imposed researcher categories on the work of social workers they are examining.

The aim of this study, therefore, is to examine social workers' decisions about intervention in families in child care work. There are three distinctive features of the study. Firstly, the focus is on social workers' own understanding of their work. Secondly, it will be organised around the general concept of parental responsibility, which it has been argued above is an important element of recent legislation and an aspect (sometimes partially submerged) of earlier discussion and legislation. Thirdly, it is to examine the way workers manage the conflicts involved, that is the potentially incompatible demands that they make the child's interests paramount and that they work in partnership with parents.

The research questions which follow from these aims consist of six broad questions which contain many specific ones.

1. How do social workers assess a family's circumstances and thereby define a child care social work problem?
2. Why do social workers propose that intervention in a family is not required?
3. Why do social workers propose that intervention is needed, that is, why do they believe it is necessary to complement or qualify the parents' responsibility?
4. Why do they propose a particular type of intervention, that is, what do they believe are the tasks to be accomplished, and why?
5. Why do they propose that it is appropriate that intervention be on a voluntary basis?
6. Why do they decide that compulsory measures are needed?

These broad questions contain within them eight specific more detailed and interconnected questions.

- (a) How do social workers define the circumstances that they have to respond to? Are they focussing on the condition of the child and if so, what particular aspect of the child's condition? Alternatively is their focus on the behaviour of the parent and if so what on aspects of parental behaviour? Do they connect the two and if so, how do they do it?
- (b) Do social workers ascribe responsibility for the family's circumstances and if so, how do they do it? How far do they evaluate intention, motive and consequence, and in Glover's sense, 'psychological incapacity', or 'excusing circumstances'? How do they ascribe responsibility for the behaviour of adolescents?
- (c) Do social workers use expert knowledge in their definition of a child's condition, or of a parent's behaviour? If so, what kind do they use? Is it medical knowledge? Is it psychological knowledge? Is it policy and system knowledge? Do they use this knowledge to support other arguments, or does it provide the core of their argument? Do they use it, for instance, to connect parental behaviour to child's condition?
- (d) How far, if at all, do different ideas of rights and best interests enter social worker thinking as they define circumstances? How far do they try to balance parents' rights and children's rights?
- (e) How far does the legal and procedural framework affect social worker understanding? For instance, does the classification of grounds for hearings (victim of offence, lack of parental care, beyond control, offending behaviour) frame social worker definition of a family's or child's circumstance? Does guidance on criteria for registration do the same?
- (f) How do social workers connect their definition of the circumstances to their proposals to respond? Are they responding to an immediate event or to a longer term context?
- (g) Related to their definition of what it is that they have to respond to is the question of their objectives. How do they believe that their proposed intervention will achieve these objectives? Do they focus their proposals for intervention on the child or on the parent, or on both or on others? How far do they share

definitions, decision making and tasks with parents and balance this with their paramount duty to the child.

- (h) In what circumstances (that they have defined) do social workers propose intervention on a voluntary basis, and in what circumstances do they propose compulsory measures? How do they connect their choice to their definition of the problem and to their proposals for intervention?

These aims and these research questions indicate quite strongly the research strategy that must be pursued. Because the aim is to understand how social workers make sense of their work, researcher definitions of terms will not be very helpful. Whilst some measurement of social worker behaviour according to criteria set out by others is clearly necessary (e.g. Packman 1986; Vernon and Fruin, 1986; Department of Health and Social Security, 1985b; Thoburn et al., 1995) this is not likely to help others to understand social workers' own perceptions.

This is not a study of the outcomes of social work intervention, if by outcome is meant some measurable change in a child's social circumstance. In any case a rational actor model of decision making (assessment, decide goals, decide means, action, outcome) may not be helpful because it may impose a researcher's order on social worker activity. What may fit better is Schon's (1983) idea that practitioners participate in a reflective conversation with situations they become involved in. This is similar to the prospective-retrospective interpretations identified by Dingwall and his colleagues (Dingwall et al., 1995) and discussed in the first chapter. They argue that social workers constantly frame and reframe as they try to fit problem, explanation, and solution together. By this they mean that past events can be re-analysed to fit an actors present status and an unfolding present becomes further confirmation. Additionally a particular difficulty with outcome studies is to be able to define the outcome in such a way that it is unambiguous and would be interpreted in the same way by child, parent, social worker, and observer. Another is to be able to link the outcome to the different inputs and to the various processes that may have contributed (Smith, 1987). There are likely, again, to be multiple interpretations of each of these. What is it that is an outcome of what?

Such studies depend on a view of data as objective facts, on linking outcomes to antecedents in a consistent determinate way. The discussion earlier about the

difference between cause and explanation or reason is important here. What is being studied is how social workers define a problem out of a set of life circumstances that they have interpreted. Their perceptions of various dimensions of parenting and of the condition of children are selected from a real social context that they must first have tried to make sense of. Their explanation of these and their explanation of their own proposals for intervention are the subjects of this study. There are no social facts here, simply actors' explanations of their behaviour in the world as they understand it.

To return to the 'participant reactive attitudes' discussed in Chapter Two, the way in which social workers and parents respond to one another as moral beings responsible in some way for their actions is the social reality that this study is concerned with. Schutz's definition of the term social reality is a useful one here: "the sum total of objects and occurrences within the social cultural world as experienced by the common sense thinking of men living their daily lives among their fellow men, connected with them in manifold relations of interaction" (Schutz, 1954, page 27). Schutz believes that social reality includes beliefs and convictions which are 'real' because they are defined so by participants but which are not observable by sensory observation. People still have knowledge of them. Another person's behaviour is experienced as a fellow human being's actions, experienced, that is, in terms of its motives and goals. The experience of the existence of other human beings and of the meaning of their actions is the first empirical observation a person makes; the world is experienced as a "world of both culture and nature, not as a private but as an intersubjective one, that is as a world common to all of us..." (page 27).

Responsibility and the associated concepts discussed earlier are not things in the world that can be observed; they are attributed by both actor and observer. In a discussion of the concept of motive Blum and McHugh (1971) argue that the object of this process of ascription, as they call it, is treated as if he has the capacity to know what he is doing. Behaviour is therefore not random. Motives are used to connect biography to event, as a type of person is formulated. This may be applied equally to other concepts in this study. Intention and the degree to which actors can alter it (as with Aristotle (1987) and Glover (1970) earlier), as well as the constraints on their actions are questions of degree and for interpretation, and are ascribed. Similarly negligence and excusing circumstances are not inherent as facts, but are ascribed as observers define a person's moral character. In the social work field Thorpe (1994) argues that social workers attribute to their clients a moral career.

The nature of the research questions and the concepts involved quite clearly mean that an interpretative phenomenological approach is the appropriate one. Such an approach should make it less likely that the researcher will impose his own preconceptions on the social world to be investigated. There will, for instance, be no precoded questionnaires to restrict respondents according to the researchers assumptions. The phenomena to be studied would appear to be susceptible to multiple interpretations. A phenomenological perspective will allow exploration of the intentional, meaning directed behaviour of social workers and parents. Schutz (1954) adopts Weber's concept of *verstehen* or understanding (Gerth and Mills, 1948), but defends it from critics who say that it is subjective in that it depends on private unverifiable intuition. It is, for Schutz (1954), subjective in another sense. Its goal is to find out what an actor means in his action, in contrast to the meaning an action has for an observer. Knowledge of the world involves mental constructs and generalisations which it is the task of social science to investigate.

However strict adherence to the principles of concept and theory formation as in the natural sciences may result in abstractions remote from any everyday context. Unlike the natural sciences the observational field in social science may have meaning for those acting within it, and certainly does so in this study. They have pre-selected and pre-interpreted it. In order to understand this social reality the mental constructs created by social scientists must be founded on those created by the common sense thinking of the actors being studied.

For Schutz (1954) there appear to be two levels of *verstehen*, that of the actor and that of the observer (or the researcher). The constructs of the researcher-observer are second degree constructs that are idealisations of the meanings, intentions, and so on of the actors themselves. Schutz's notion of 'typicality' appears to owe something to Weber's ideal types (Gerth and Mills, 1948). All actors, Schutz argues, construct typical patterns of others intentions and motives, of which their actual behaviour is simply an example. He also believes, however, that social science must be objective, and so asks, how it can be possible to "form objective concepts and an objectively verifiable theory of subjective meaning structures"(page 34). The second degree constructs of the researcher are different, he says, because the researcher as researcher is "not involved", he has "only a cognitive interest" (page 34). He is detached from the "value patterns that might govern the behaviour of actors" (page 35). Others have seen this as less straightforward. Cicourel (1964) believes that the

researcher cannot assume that he and the actor share the same “subjective meaning structures” (page 199). He argues that what is needed is, first, the formation of a general model which would enable the researcher to recognise differences between how he ascribes meanings to events in the world and how the actor does so. There would appear to be another danger, too, that implicit assumptions held by the researcher intrude upon his attempts to ascribe meanings to the actor’s behaviour, much as a positivist approach might involve.

Although researchers may use these typicalities to interpret an actor’s reality, they can only be indicators suggesting that, and not claim to represent a universal reality. Other interpretations may be possible. Weber’s belief in the researcher’s objectivity is not really adequate to explain how their interpretations are connected to the social reality being investigated. What is the process by which a researcher generates an abstract view of a social situation? The researcher must show the connections between the phenomena and his concepts, and make his practical reasoning evident. Only in this way can the validity of his interpretations be established. Schutz (1954) argues that the researcher’s activities must be subjected to the same scrutiny that he makes of the actors that he studies, though presumably infinite regression must be avoided.

Schutz sets three criteria for the development of the researcher’s concepts. First, they must be logically consistent, by which he appears to mean that the researcher can show exactly how he created them, that there is no implicit bias. Second, they must contain the subjective meanings of the subject actors. Third, they must be adequate, by which he means they must be compatible with those of the first degree and everyday experience. They must at least be recognisable to the actors themselves.

A phenomenological approach may be criticised because it would be context specific, though such a criticism might be made of a more pre-structured approach too. It might be criticised on the grounds that it ignores the external social structure that constrains actors unknowingly, that is, it places too great an importance on free will and actors’ subjective meanings and may collude with their false consciousness. This implies that there is some other reality and consciousness that is not simply different, but that is superior. It may be claimed, justly, that some structuring is imposed even when using this approach. It is not claimed that there are no limitations to using a phenomenological perspective, but it is argued that such an approach is more suited to the research questions and concepts involved in this study

than is any alternative. It seems to be most fitted to provide a basis for exploring how child care social workers make sense of their work.

Design and implementation:

Design and its implementation followed from the perspective and the principles just discussed. It was dictated by the kind of data that was needed to answer the research questions. This determined, therefore, the sample, data generation methods, and the analysis

Sample

The most effective way to explore social workers' understanding of their work and their definitions and explanations would appear to be to ask them about them and to read what they write. However it also seemed important to anchor this to their behaviour with particular individual cases, rather than to explore only their ideals and aspirations. It has already been said that how social workers define the context of their behaviour was a goal of this research, and this required 'live' cases. Therefore the sample for this study had to include social workers and cases, the former 'nesting' in the latter, in the phrase of Miles and Huberman (1995, page 29)).

There were a number of theoretical and practical issues to consider in deciding which social workers and which social work cases were to be examined. Honigmen (1982) argues, for instance, that it is necessary to have a clear cut definition of the universe before selecting a sample by whatever means. It was not clear what would have constituted the universe for this study. Would it be all child care social workers in Scotland? In the UK? Would it include only those working in generic child care teams, or those working in specialist settings as well? What about capturing the range of child care work by, for instance, ensuring that all possible grounds of referral were included. Perhaps capturing differences that may be associated with different local authority management practices, or cultures was important, including different office cultures within them. All these may affect some types of child care work more than others. Perhaps gender differences between social workers would be important. It was clear that if all these factors were to be taken into account a huge sample would have been necessary, far in excess of the resources of a single researcher in the time available. For practical reasons the research had to be less ambitious and had to take place within one local authority. Given that the potential

universe might be subdivided in a number of irregular, frequently changing, and not always knowable ways, use of a single local authority appeared to fit adequately to the exploratory and indicative nature of this study.

However, there remained further selection to be made. The local authority in question had approximately fifty four social workers based in seven 'child and family' teams and two child protection units which conducted investigations into allegations of physical abuse (inflicted injury) and sexual abuse. Burgess (1982) argues that sampling involves decisions about where, when, who, and what, whilst for Miles and Huberman (1995) they are about settings, people, events, and processes. For both of them it is the purpose of the research and the research questions that must set the parameters of the choices that are made. Most of these have implications for sampling in this study. The choices to be made here were about which social workers, what aspect and stage of their work, and which cases.

If Schon (1983) is right about the reflective conversation, then for many activities including social work practice it may not be clear when decisions are actually made. There are, though, critical points where choices and recommendations are declared. For child care social workers these may come with some initial screening activity, it may come at allocation, or it may come at points of public presentation like children's hearings or child protection case conferences. This is not to say that incremental choices are not made at other points in between, but it is at these points that some kind of summarising declaration is made to say that 'this is what I think'. Parton (1996) regrets the lack of recent research into child care social work responses at initial referral stage, when judgements are made about how cases are going to be categorised. There may have been some merit in focussing on that stage. It was decided, however, that a focus on the stage where social workers have to make recommendations to child protection case conferences and hearings would better enable exploration of the research questions. At these points the social workers will have generated for themselves more understanding of the child and family than at the earlier stages, when they may be relying on the judgements of others. Most importantly, it is at these points that they must recommend compulsory or voluntary measures, set out a care plan, and give their explanations for their choices.

It was not possible to interview all fifty four social workers, let alone all of them about all aspects of their work. It was decided that an attempt should be made to encompass as wide a range of the most frequently used 'grounds of referral' as

possible. Since the sense made of the grounds by social workers would be likely to be an aspect of the research, to preselect only certain grounds might be to beg the question, especially as the child and family teams deal with them all except for initial investigations of injury and sexual abuse which are within the remit of the child protection units. It was also agreed with the child care management that because of the expected length of the interviews no social worker should be interviewed more than once. These then were the broad parameters of the sampling choices.

Once agreement had been reached with senior management to allow access the researcher wrote to the nine team managers setting out the broad purpose of the research, what he was seeking from social workers, and asking for their co-operation. All agreed to participate. Three asked the researcher to attend team meetings to explain further and answer questions, the others said that this was not necessary. It was agreed with the team managers that when asked for a case by the researcher they would select the most recent case from their team to go to a hearing or conference, or if that had been more than two weeks previously then the next one to go was to be selected. The purpose of doing it this way was so that the researcher knew nothing about the case until it had been identified. It was then left to the researcher to deal directly with the social worker and to negotiate an interview. Initially the researcher followed sequentially a pre-prepared list of teams. When all teams had provided a social worker for interview, he started again. This was to spread the burden evenly. However one team manager, despite having agreed to participate did not produce a case and eventually his team had to be excluded. In practice there were inevitable delays between case identification and interview so the researcher split the remaining eight teams into three groups and all the team managers in each group were contacted at about the same time. This enabled some juggling when there was a delay with any particular social worker. Fewer than half the interviews took place on the first date agreed, because of other demands on social worker time or because the social worker was sick. No social worker refused, even though it had been made clear by the researcher at the start that there should be a right to refuse.

It had been accepted that there needed to be a broad spread of grounds and of recommendations for compulsory or voluntary measures. Towards the end a case with 'offence' grounds was specifically sought because there had not been many, and an offered case of physical injury was refused for the opposite reason. Similarly a case with a recommendation for physical care away from home was sought near to the end. Otherwise the automatic selection procedure followed produced an even

range of cases. Two teams provided four social workers, two provided six and the other four teams five each, making a total of forty interviews. It was thought that this number was necessary to produce sufficient of the various case types and social worker recommendations. It is impossible to know how representative these social workers are. They constituted more than seventy percent of this local authority's child care social workers. Social workers may inhabit a similar culture, have similar training, but their skills and personalities differ; their working environment often differs in unknown ways. There were thirty two women and eight men; the youngest was twenty six and the oldest fifty six; the mean age was forty. They had an average of just over eight years post qualifying experience in social work (range was from six months to twenty five years) and an average of just under nine years in child care work (range was the same).

Data generation

The methods chosen to generate data were dictated by the nature of the perspective of the study, and by the research questions. The purpose of the study was to understand how social workers explain their actions, and what meanings they give to events and actions within the social reality they have defined. To achieve this understanding it was necessary to listen to how social workers themselves explain their world.

It was necessary, therefore, to minimize the distorting effects of a researcher devised pre-structured questionnaire. In any case such an instrument was unlikely to be flexible enough for a study of this type. What was wanted was to be able to explore layers of thought rather than to skim the surface and this would not have been possible with a structured instrument. The advantages that such a method brings, for example, for quantitative surveying of large numbers of respondents were not required in this case. Pre-structuring must assume that researcher and social worker would understand questions and answers in exactly the same way. As was argued earlier it was important to obtain social workers' explanations of their world within a context that they have defined and tried to make sense of. These contexts and the kinds of events involved varied widely, and no structured instrument could have encompassed such variety without a high level of distortion. To answer the research questions in these circumstances meant asking social workers different questions and similar questions in different ways. Some thought was given to including some structured questions at the start of an exploratory interview, or by means of a

questionnaire sent in advance and collected at the time of the interview. This was rejected because the factual questions that might have been appropriate (details of age, family structure, grounds of referral, offences, some dates) were few in number and anyway were easily answered from the social background reports which had been sent in.

It was originally intended to include some observation, by the researcher, of the social worker at the relevant hearing or case conference. It was thought not that this would produce an alternative data source which could challenge or corroborate some other reality, but that the meanings and explanations might become clearer and a fuller understanding achieved. Workers may have had to defend their position at some point. This might have produced material for follow up in interview. However this was rejected for two reasons. In the researcher's experience, social workers often say very little at hearings, relying on their report to speak for them, so it was not thought that much would be added to the researchers understanding, that he could not gain in a much richer way in interview. The second reason was a practical one. By the time the case was identified hearing and case conference were about to take place, and in some cases had already taken place. This was especially so for case conferences which are arranged and take place within a few days. These difficulties set against the doubtful benefits to the study meant that this was not pursued. It is usually difficult to know anyway at what point people are actually formulating decisions, or establishing that an event or an action is a relevant piece of evidence as they define their reality. Formal occasions like hearings or case conferences may be where their arguments are displayed but rarely where they are developed. It may be quite an invisible activity. Observation of social workers as they went about their daily work combined with more spontaneous interviewing in context, as was achieved by Dingwall and his colleagues in their child protection study (Dingwall et al., 1995) would not have been practical for this researcher.

This means that two methods generated data for the study; the social background reports, and the interview which was the main method. First, the social background reports were read as an introduction for the researcher to the social worker's account of their piece of social reality. They had not been written for the researcher, but as a task in their everyday work. In only three instances was the final report not completed at the time the case was identified by the team leader. Each report can therefore be understood as the work of an intentional actor making a case to a decision making forum as part of his or her daily work. The expectation was that the

report prepared for the identified hearing or case conference would be sent in, plus any earlier reports that the social worker thought might help to explain his thinking. This was negotiated between researcher and social worker at the time the latter's willingness to participate was confirmed, and was because social workers in some instances have assumed that panel members or case conference attenders will be familiar with past events and so their reports may sometimes be short updates. This may particularly be the case where an earlier conference or hearing was recent.

Although the research questions were used to develop a core list of broad topics to be explored in interview, the importance to this study of understanding social worker thinking in its context meant that the reports were primarily the source for the development of an interview guide for individual interviews. Most reports contain an account of the child's circumstances, behaviour, something about his parents, some history of events prior to the immediate reason for referral to the social worker. They contain an account of what action, if any, the social worker believes is required and a recommendation as to whether some form statutory intervention is needed. They usually give, sometimes quite briefly, reasons for the social worker's opinion. Sometimes reasons are implied rather than stated. They often give some indication of how the social worker connects events as he develops his or her account. They are the first indication to the researcher of what for any particular social worker is the social reality in the selected case. They proved a very fruitful source of ideas for issues to be followed up in the interviews which followed, and, not unimportant, saved interview time in that some basic factual details about the family, or child, or grounds, or sequence of events did not need to be asked there.

They therefore provided for the researcher a point of reference to the social worker's understanding, that is they were an account of his or her work as it was done. This proved useful in some of the interviews when the researcher could refer to the report and say, for instance, "...but here you were proposing such and such..." This is not to say that the purpose was to 'catch the social worker out', but it enabled discussion to develop out of an apparent contradiction.

However the reports had their limitations as data sources, and would have been quite inadequate if they had been the only source. They varied in length and in the detail they contained. Some discussed alternative disposals, others only one. It was not always evident why the social worker wanted to pursue a particular course. It could not be known what had been left out, what argument closed off. Some reports raised

more questions than they answered, and the researcher sometimes lacked some context that would help interpretation. They could not be interrogated. Essential though they were in the development of the interview guides, this was their main use, as feeds for the main source of data generation, which was the interview.

As has been suggested, the exploratory nature of this study meant that a structured list of questions would not have been an appropriate method of data generation. One importance of the study lies in attempting to understand how social workers understand the context of their actions, that is the situation in Thorpe's situated moral reasoning (Thorpe, 1994). A limitation of a structured instrument may have been that it would have abstracted the actions from their context. Social workers' definitions, meanings, and explanations of their reality were likely to be too complex to be discovered by a structured instrument. The forty cases themselves attached to the social workers were always likely to be too varied for one set of pre-designed questions to be appropriate. Denzin (1978) suggests that there are three types of interview, ranging from what he calls the schedule standardised interview, via the non schedule standardised interview, to the non standardised or unstructured interview. The middle type requires that all respondents are asked the same questions though in varying sequence and wording. The third type employs no schedule at all. The method employed for these interviews appears to lie somewhere between Denzin's second and third type, and might be termed loosely structured. This approach appeared to be the most likely means by which social workers would be enabled to give their own accounts of their piece of reality, and would allow the researcher the flexibility to explore this. However, there was a need for some structure to enable a focus on the research questions, and to maintain the interest in the concept of parental responsibility. In this sense the interviews were akin to Burgess's "conversations with a purpose". (Burgess, 1984, page 102)

Whilst loosely structured interviews fitted the nature of this study well, they are not without problems of their own. Both Cicourel (1964) and Denzin (1970) raise questions about the degree of validity and reliability that can be achieved in interviews. Cicourel argues that errors in interviewing arise "because the researcher and the actual questions are both potentially misinterpreted and misinterpreting respectively" (page 76). He believes that there is a tension between reliability and validity in that "meaning structures are anchored in idiosyncratic, situational...definitions" whereas "routinisation" which might make for more

reliability would make the interview “sterile” (page 97), and data derived from it less valid. As far as this study is concerned that would tend to undermine its purpose.

Both Cicourel and Denzin regard the interview as a social act in its own right. As such, the perceptions of each other held by interviewer and respondent must affect the data generated. Most pieces of social interaction in everyday life involve tacit assumptions as to the other person’s meanings, and these are not always right. People define themselves in different ways according to their perceptions of the other person, and may present only certain parts of themselves. This will present therefore particular difficulties for a research interviewer concerned about the validity of the data to be generated. Mason (1996) questions the extent to which it is ever possible fully to understand the complexities of the interview interaction.

There are a number of matters that must be considered. The degree of rapport achieved between interviewer and respondent may affect what is derived. Too much detachment and the meaning taken may be different from what was intended. If the interviewer is too close it may be more difficult to concentrate on the research questions and the concepts required for the study. Any interview that seeks meanings and explanations must attempt to get close to the common sense thinking of the person being interviewed, and this is easier if researcher and interviewer inhabit social worlds that overlap. This was a particular issue in this research because of my own biography as a former child care social worker, and team manager, albeit in England. This had advantages for the research in that situations described and language used were often familiar. Naïve misunderstandings were not very likely, and any attempt to seriously mislead would be more easily spotted. Penetrating a private world was not a problem. However there were dangers. As a former insider I might collude with explanations rather than question them or seek further elaboration, or try to push to another level. Indeed in one or two of the very early interviews there were some signs that this happened. Subsequently the interview guides developed from the social background reports were strengthened in that more prompts and probes were put in advance. In these early interviews the ‘why’ question was not asked sufficiently, as I had made my own assumptions about the social workers’ meaning and intent, rather than ask for theirs. This was quickly corrected and maybe the question was asked too often later, with consequences for the length of the interviews.

Denzin (1970) described the interview as a situation of muted equality, but it is not really very equal. The researcher initiates, chooses the questions, and areas of focus, yet in a study of this kind he seeks entry to the respondents own understanding of social reality. The respondent has only the negative power to resist and give little. In these interviews careful management was necessary to avoid cutting off developing areas of discussion, the outcome of which was uncertain, but at the same time to ensure that the research questions were covered and data important to the concept of parental responsibility were generated in the time available. Although inevitably this was easier in some interviews than others, it was, I believe, adequately resolved.

So how were the interviews conducted in practice? Once the team leader had identified the case the researcher spoke on the phone with the social worker to discuss which reports should be sent. The researcher insisted that the social background report for the hearing or case conference be sent to him, and it was agreed that the social worker would decide which other reports, if any, would help to 'fill out' the researcher's understanding. In the same telephone conversation, the researcher outlined very broadly the purpose of the study, and sought to reassure the social worker that the interview was strictly confidential, and that the tape had no sinister purpose but was necessary because of the length of the interviews and the researcher's poor memory. It was also made clear that it was an exploratory study and that as far as the researcher was concerned there were no 'right' or 'wrong' answers. These explanations and reassurances were repeated, later, just before the interview itself.

All but one of the forty social workers had been allocated these cases within the previous six months. The other had been working on it for ten months. Interviews therefore began from that point and sought an account of what information the social workers were given and what they believed was expected of them at allocation. They then followed broadly the sequence of events as recounted by the social workers up to the point of their recommendation to the hearing or case conference. This seemed to fit well with the narrative way social workers talk about cases and enabled the researcher to ask a lot of 'why' questions, particularly about how the social worker connected different parts of their account. So that the question 'why' did not appear to be too critical and make the interview feel like a cross-examination, it was frequently asked obliquely; "I was interested in x, could you tell me a bit more about that"; "I was not quite sure what you meant by..." something in the report or said earlier; "That was interesting, can you tell me what your particular reason for that

was”; “What did you think that might achieve at that time?” The interview then focussed on the recommendation and the reasons for it, and the care plan that went with it. Similar styles of follow up questions were used at that stage too.

The shortest social worker interview lasted forty minutes, the longest two hours and ten minutes. Only three others went to a second tape (i.e. lasted more than ninety minutes), and only three took up only one side of the tape. Most of the remaining thirty three took between seventy and ninety minutes. Those that took around ninety minutes were about the longest possible at one sitting; fatigue for both social worker and researcher had set in before the end. All interviews except one, however, were conducted at one sitting, the exception arising because the social worker was called away on an emergency. In this case part two took place four days later. One interview used a tape that deteriorated so that only about thirty minutes is decipherable, and in one interview the researcher pressed the wrong button and the whole of the first side is blank. Otherwise there were no technical problems.

Analysis

In the same way that the purpose and perspective of the study explains its design and data collection methods so the method of analysis is directed at answering the research questions and understanding the way in which social workers make sense of the concept of parental responsibility, and the expectations held of them in this area of their work. Two features of this study have particular implications for what constitutes data, and for the way it is analysed. First, it is a study of the way social workers themselves describe and explain what they are doing very close to the point where they are doing it. Second the specific focus of the study requires that from the social workers' accounts is built up second degree constructs about the way workers make sense of the concepts of parental responsibility, of working together, and of social worker duties. There are two levels of interpretation. One is the workers' interpretations and definitions of a child's circumstances. The second is the analyst's interpretation of that. The empirical data here is not, for example, an injured child or an offending child or a sequence of events in a family, but how the social workers explain these, connect and interpret events, and how they explain their own responses. The analyst's task is to draw, in Schutz's (1954) sense, typicalities of social worker meanings and explanations as given in their accounts of their own work.

How was this done here? The process was mainly an inductive one, but not in a pure sense. Social workers in interview used a narrative style as they gave their own accounts of their work. Data with meaning for the researcher did not just emerge from these. First, the purpose of the research and its concepts and questions required that the narratives were punctuated by prompts and questions during the interview. Second, the researcher then selected from the interview transcripts according to his same research interests. This means that although social workers' accounts contain their meanings and explanations these had to be extracted by the researcher, who selected those aspects of the accounts which he thought would help to answer the questions at the heart of the research. Meaning is still inferred from the workers' accounts but this is mediated by the researcher's interests. There was a tension in this process between the need to keep close to the contextual detail in the accounts and the need to abstract and categorise the material in a form that would enable the researcher to derive conceptual frames that cut across cases. The benefit of a narrative descriptive style by the workers in interview was that they explained in their own way what they were doing and why, and how they made sense of their work. The alternative, to have them answer pre set questions, might have closed off the contextual detail, and abstracted meaning from its context. However the disadvantage of this method was that it rendered subsequent categorising and the development of typologies more difficult.

First, the selected 'data bits' (text from the transcripts) had to be coded. Coding was an attempt to organise the material and build a classification out of the narrative. The NUD.IST package was employed to do this. It was a difficult task, especially at the start. The accounts are individual, often idiosyncratic. The first effort was far too detailed in that too many codes were used. Miles and Huberman's (1995) prescription to select, focus, simplify and display seemed far from what was achieved. In retrospect they were developed too early and derived not from the data, but from prior researcher ideas about case types, and legal and procedural categories. If coding is an early attempt to develop tentative answers it failed in this instance. This was followed in contrast by a period of reading and re-reading waiting for relevant data to, as it were, shout out. It did not. Further reading this time with the research questions in mind and an orientation to the main conceptual issues of the research was more productive. On this basis coding was revised so that there were fewer broader classifications and they became more focussed on the social workers' interpretations. This proved more flexible and allowed for the development of a

range of typologies and understanding of differences between workers' interpretations. In one respect, however they were still not adequate. They focussed on what the workers planned to do whilst not developing sufficient understanding of how they were defining the problem in the first place. Yet further re-reading and some exploratory memo writing (Burgess, 1984; Strauss, 1987; Miles and Huberman, 1995) was therefore necessary to try to develop understanding of the way that workers defined their child care problem, and to develop a typology of this. Ultimately this proved very fruitful and a complex typology was devised, which indicated, for example among other findings, the way in which workers do transcend the grounds of referral. This is discussed in detail in Chapters Five to Ten.

As the number of transcripts coded increased it became possible to link typologies of problem definition with those developed to explain the way workers intervened and the way they used statutory measures in doing so. It is important to understand that the typology developed, though rooted in the social workers' accounts, is researcher constructed according to the aims of the study. On the basis of these typologies was then developed an explanation of the way that social workers understand the idea of parental responsibility, how they place it in context, what constrains it, and the implications this has for the way that they conceive their social worker duties, and the way they work with parents.

How is it possible to know whether the interpretations and arguments in this analysis are valid? There is not any ultimate truth in this kind of study, but attempts have been made to make clear the starting concepts, and the logic which connects them, and the research questions to the methods of analysis. Negatives are sought and attempts made throughout to show the range of explanations, and when some are applicable and when others are. Extensive quotations from social workers in interview are employed throughout as a form of evidence for the arguments made.

Chapter Four which follows sets out some factual details about the forty cases on which the study is based. The chapters which follow that constitute the substantive study.

Chapter Four

The forty cases

The method by which the forty cases were selected was described in the last chapter. Although the way the social workers make sense of their work with the forty families is the substance of this study, the cases all have characteristics that may be said to act as a frame within which they work. Over these the social workers have little influence. The children have genders, ages, their families are structured in particular ways although that is often quite fluid, the grounds of referral have already been selected, and the parent figures in the household are in paid work or not, although that too is fluid.

Numbers of children, their ages and gender:

The forty cases contain a total of sixty children who are subject to the selected hearing or case conference. In some instances there are other siblings or half siblings in the household who are not part of these proceedings, and in others siblings who have left home. The distribution is as below:

Table 4.1 Families and children subject to hearing or case conference

Families with:	Number of families
One child subject to the same hearing or case conference	27
Two children subject to the same hearing or case conference	8
Three children subject to the same hearing or case conference	3
Four children subject to the same hearing or case conference	2
Total children	60

Where there are three or four children included all are aged eight or less.

The children range in age from five months to sixteen years. There are twenty five girls and thirty five boys, their ages distributed as in Table 4.2, over the page:

Table 4.2 The children – age and gender

Age group	boys	girls	Total
0-5 (inc.)	16	10	26
6-12 (inc.)	8	4	12
13-16 (inc.)	11	11	22
total	35	25	60

Parent figures in the households:

Social workers attempt to ascribe responsibility for care to parent figures who in some instances are recent arrivals in the family, or are parents not of the child subject to proceedings but of half siblings. Parent figures in the forty families change over time. In eight of these families they have changed during the previous twelve months, although in many other families there have been more changes during the lifetime of the children. Families in which there are two natural parents present at the time of the preparation of the hearing report number fourteen although in one of these the father is on a short term prison sentence. There are fifteen lone parents, one of them a lone father, and there are eleven reconstituted families, of which nine contain the natural mother of the child concerned in these proceedings. The other point that should be made is that sometimes the fact that a parent was absent may be seen by the social worker as a significant factor either in their definition of the problem or in their response.

By way of comparison, Thoburn and her colleagues record that sixty percent of the families in their study contained either two natural parents or a parent and step-parent (Thoburn et al.,1995). This is very similar to the position here.

Table 4.3 summarises the parent figure composition in these forty families:

Table 4.3 Parent figure composition

Composition	No. of families
Two natural parents	14
Lone mother	14
Lone father	1
Reconstituted family	11 – natural mother = 9 - natural father = 2
Total	40

Grounds of referral and reasons for case conference:

Although the grounds of referral have been chosen by the Reporter, this may sometimes have been partly on the basis of earlier information supplied by the social worker, among others. In that sense the social worker may have already begun to make sense of the case, and influenced the selection of grounds. They would not in that circumstance be solely an outside ‘given’ that must be worked with.

For case conferences the position is different. Calling a child protection case conference is largely a decision for the social worker, though often heavily influenced by others. In these circumstances to give the reason for the conference would beg the questions to be considered in the next three chapters. In nine of the eleven conferences, the social worker recommends registration under one of the three categories (neglect, physical, or sexual abuse). This is partly a consequence of the research design in that conferences are often not called if registration is not to be sought. This research would not therefore have picked up such cases. In the other two cases where registration is not recommended, the category which would have been chosen would have been quite obvious (one physical injury and one risk of sexual assault). What is given therefore in the table below as reasons for the conference are the registration categories used or appropriate.

There is a single ground or category in thirty two cases. There are multiple grounds in eight cases. In four cases there are two, in three there are three, and in one case there are four grounds. This means that there are a total of fifty three grounds in the forty cases. The most frequently occurring combinations are “beyond control” with “offences” or with “fail to attend school”, but “impairment of health and development” is also combined with each of these. Where there is more than one child involved in a case the grounds and categories are applied to them all. In Table 4.4, therefore, what is recorded is grounds in cases, not grounds totalled up for each child.

Table 4.4 Grounds of referral and registration categories

Grounds / categories	No. of grounds / categories
(Section 52 (2) (a)) Child is beyond control	6
(Section 52 (2) (h)) Child has failed to attend school without reasonable excuse	10
(Section 52 (2) (i)) Child has committed an offence	9
(Section 52 (2) ©) child is likely to suffer unnecessarily or be impaired seriously in his health or development	10
(Section 52 (2) (d)) Child is victim of an offence (physical injury)	3
(Section 52 (2) (d)) Child is victim of an offence (sexual assault)	2
Child injured or at risk of physical injury (case conference)	6
Child sexually assaulted or at risk of sexual assault (case conference)	4
Child is being neglected (case conference)	1
(Section 52 (2) (b)) Child is falling into bad associations or is exposed to moral danger	1
(Section 52 (2) (k)) Child has misused a volatile substance	1
Total	53

Note: The categories given here summarise the relevant grounds of referral in Section 52 (2) of the Children (Scotland) Act 1995. The case conference categories are the registration categories for the child protection register. Section 52 (2) is reproduced in full in the appendix, as are the registration categories.

Parent figures and grounds and categories:

Since it is part of the subject of this research to explore how social workers define the problem, and, in doing so, how they make sense of the grounds and family composition, it might be thought to beg the question to try to see at this stage whether there is any association between the two. However, simply as a background to the discussion in the following chapters, Table 4.5, below, sets out what association there is. Except for “beyond control”, all grounds and categories occur in families with all types of parent composition other than that of the single lone father.

Table 4.5 Parent composition and grounds of referral and reason for case conference

Parent composition of the families concerned	Child has committed offence	Child failed to attend school	Impaired health or development	Physical injury/victim of offence	Sexual assault/victim of offence	Child is beyond control
2 natural parents	4	4	2	3	2	
Lone mother	2	3	4	3	2	3
Lone father	1	1				
Reconstituted	2	2	4	3	2	3
Total *	9	10	10	9	6	6

Note: In this table the category “Physical injury (case conference)” and ground “Victim of offence (physical injury)” have been combined as have the equivalent “sexual assault” ground and category (see Table 4.4).

* The subjects of the case conference for “neglect” (all in one family) live with their lone mother, and the child who is subject to both the “moral danger” and “volatile substance” grounds lives with her lone mother.

Employment:

It might be expected in a common sense way that levels of income may have some effect on how a family cares for its children, and its difficulties in doing so. Thoburn and her colleagues record that in their study one or both parent figures were in regular work in thirty six percent of cases (Thoburn et al., 1995). Here forty three percent (seventeen) of the families have at least one parent in work. However, as with the grounds of referral and parent composition, it will be the subject matter of the following chapters to explore the extent to which this is a factor taken into account by the social workers. The data presented here is provided for background. Employment status frequently changes and what is presented in Table 4.6 is the position at the time of the hearing or case conference. There is insufficient information to record whether employment is full time or part time.

Table 4.6 Employment status of parents

	Number of families	out of a possible
Two parent figures working	9	25 families with two parent figures present
Female parent figure working	12	39 families with a mother figure present
Male parent figure working	14	26 families with a father figure present
No parent figure working	23	40 families in the study

Only two of the fourteen lone mothers are working. The lone father is not working.

Recommendations:

The recommendations that the social workers make to the twenty nine hearings and eleven case conferences are to be discussed fully in Chapter Twelve. Again it would be to beg the question at this stage to connect social worker recommendation to grounds or category in any explanatory way. How the social workers make sense of the grounds is one of the subjects of the study. The relationship is presented here simply as a background or partial framework to that discussion. Some of the hearings follow one or more continuations. The social workers' recommendations in these instances have not always been the same through earlier hearings as the one they make at the final disposal hearing. Reasons for the changes will be discussed in Chapter Twelve.

Table 4.7, below, indicates the recommendations which are made at the final disposal hearing or case conference.

Table 4.7 Recommendations

Recommendation	number
Discharge	8
Foster care supervision	8
Residential care	2
Home supervision	11
No registration	2
Registration	9
total	40

Shown below in Table 4.8 are the social workers' recommendations according to grounds and registration category for the thirty two cases where there is only one ground or category. For this reason the totals for recommendations will not always equal those in Table 4.7.

Table 4.8 Recommendations according to grounds and registration category

Recommendation	Child commits offence	Child fails to attend school	Impaired health/d development	Neglect - case conference	Physical injury	Sexual assault	Beyond control
Discharge	2	3			1		
Supervision with condition - foster care		1	5				1
Supervision at home.	2	1	2			1	1
Not to register					1	1	
To register				1	5	3	
Supervision with condition - residential care	1						
total	5	5	7	1	7	5	2

See Table 4.4 and the appendix for a fuller account of the grounds.

Summary:

These orientating details about these families are of three kinds. First they include factual information (ages, gender, social worker recommendations), second legal and administrative categories (grounds of referral, categories of registration), and third researcher selected information about family composition and employment, selected because as the ensuing chapters show these are issues which form part of the way the social workers make sense of their work. However this data is only the starting point for the exploration of the world of the social workers in this study. How they then move from this stage to develop context, explanation, ascribe responsibility, that is how they define the problem, is the subject of Chapters Five to Ten. Following that, Chapter Eleven examines what work, if any, they decide requires to be done with

child and parents, how they think tasks should be allocated between themselves and the parents, and their reasons for their decisions. Chapter Twelve looks at their recommendations on the need for compulsory or voluntary measures, and their reasons for those, that is how they connect these to the work that is required and the problems that have been identified.

PART TWO
DEFINING A PROBLEM

Chapter Five

Defining a problem – introduction

The orientating data about the forty cases described in the previous chapter do not answer the question of how the social workers made sense of the cases. They supply a framework within which they try to define a social work problem, and decide whether to intervene. All except one of these social workers had been allocated the case within the previous eight months. Other than in one instance (a within team transfer) all were allocated following a referral from outside the team. The referrer had, therefore, provided information and had defined a problem and had defined it, at least provisionally, as a problem for social work (for example, citing offences committed, failure to attend school, injured child, poor parenting, or child out of control) In addition, in many instances, the family had been previously known to social work so there were old records.

The social workers, however, were not agents of the referrer, processing without question what had been passed to them. Dingwall and his colleagues (Dingwall et al., 1995) found that for workers in the receiving agency a referral was not the end but the start of a process, a matter for enquiry. One of the purposes in conducting this study among child and family team social workers rather than in specialist teams was to find out how far they transcended the legal and procedural categories when they defined the problems for themselves. Another was to see to what extent they went beyond the problem presented at referral to make sense of it within a context. In interview, one social worker spoke of the danger for social workers of too easily linking how a child presents now with current events, without also exploring other historical explanatory factors. She was talking about events within families, but equally the legal and procedural categories and presenting problems at referral may provide an inadequate basis for a researcher to understand the activities of these social workers. The research questions required that layers of context be explored.

The Assessment Framework (Department of Health, 2000a) pointed out that assessment is a process not an event. The way these workers approached their task bears this out. Reflective, often tentative and interim judgements meant that the social workers did not always follow, even in interview, a logical sequence whereby

they defined the problem, decided on the work needed as a response, and then what statutory backing was required. Growing understanding and, for example, the initial response of a parent or child to the work begun or proposed would sometimes require a partial reframing of the problem. For the researcher, trying to understand the application of the idea of responsibility, this meant moving back and forth between problem, intervention, and the question of the use of statutory measures. As social workers attempt to place explanatory context around events and experiences within families so the researcher must attempt to explain the workers' activities in the same way. The workers' interventions, for example, can only be understood in the context of their definitions of a child care social work problem, and their use of statutory measures only understood in the context of both of them. To attempt to understand, for example, the workers' plans for intervention, whilst substituting the problem definitions of, for example, panel members, parents, schools, or researcher, would produce a distorted picture of the social workers' world. Problem definition, intervention, and their use of statutory measures are seamlessly connected. However despite this, these three aspects of the social worker's task may be regarded as conceptually distinct and for the sake of clarity this is the reporting sequence that will be followed, although when discussing the intervention proposed, or the statutory measures chosen, connections will be made to the problems defined. Part Two, therefore, is concerned with how the problems are defined.

As was described in Chapter Three, repeated readings and re-readings of transcripts were necessary to try to derive some structure from forty apparently idiosyncratic and unrelated accounts of their work by these social workers. Various categories, themes, and approaches were tried, found wanting and rejected before a broad structure was found that appeared to "fit" the data. This broad structure entails three dimensions to child care social work problems as defined by these social workers. The structure is at a level of abstraction that is helpful to understanding and argument without straying so far from the accounts given that context and complexity are lost. The dimensions, although arrived at after reading the transcripts, are similar in some respects to Eekelaar's 'victims and threats' (Eekelaar et al., 1982) and Packman's (1986) 'victims and villains', and reflect two of the four aspects of parental responsibility set out in Section 1 of the Children (Scotland) Act 1995*. Eekelaar's concepts are referred to in Chapter One. Packman's are explained below**.

However it became clear during the interviews and later from the transcripts that social workers saw harm to children and concerns about their behaviour in a more

complex way than these two broad groupings would indicate. Issues of behaviour and harm may be related in respect of the same child, perhaps in the way that Longford and Kilbrandon had suggested (Longford Committee, 1964; Secretary of State for Scotland, 1964). In particular it was quite clearly apparent that social workers' understanding of what constitutes harm to children includes emotional harm. So strong a value is this that it is the third dimension. They appear to start to define problems of emotional care and the emotional condition of children as they develop their understanding of the behaviour, control, harm and protection issues. Both children whose behaviour excited attention, and those who were subject to harm of various kinds may, according to these accounts, suffer emotional damage.

The three broad dimensions eventually devised reflect a need for structure, but one that was flexible enough to encompass understandings that were not bound by conventional case type categories, or particular grounds of referral. The research interest in the concept of responsibility, in particular, meant that the capacity to develop a typology of the way the concept is employed that can cut across types of case was necessary. The first of these dimensions is harm to children, and the failure to protect them from harm. This includes their health, physical injury, sexual assault, or exploitation. This was a significant issue for these social workers in twenty six of the forty cases. The second includes children's behaviour, and the control and supervision of that, which was a significant issue for the social workers in twenty three cases. The emotional condition of children and how their emotional needs were being met or not was the third and was a significant issue in twenty one of them, to varying degrees and in different ways.

The placing of the cases within one of these dimensions is to some extent a matter of judgement by the researcher. In thirteen cases only one of these dimensions is

* Children (Scotland) Act 1995, Section 1(1)a declares that a parent has the responsibility to "safeguard and promote the child's health development and welfare"; Section (1)b that a parent must provide "direction" and "guidance" to their child. Section 1 and Section 2 as well as other selected sections are set out in the appendix.

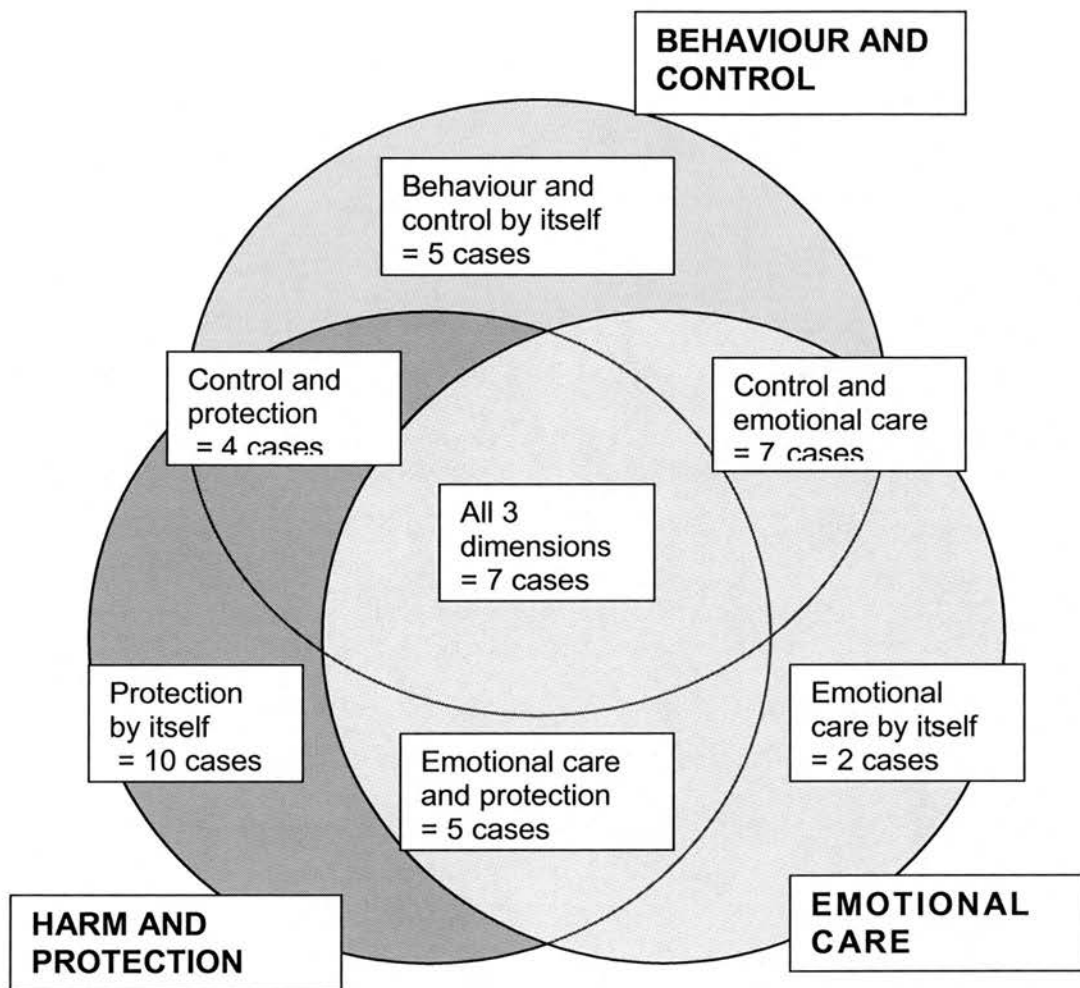
** Packman distinguished three categories of children who were candidates for care. These she called the 'volunteered' who were children whose parents sought temporary care to relieve some stress or because of family illness. The second category were the 'victims' who had been subjected to harm, and the third were the 'villains' whose own behaviour made them candidates.

significantly present by itself. Mostly they arise in combination with one other, but in eight cases issues from all three are present in the social workers' accounts. In the course of an interview a social worker may make reference to an aspect of a case that is then referred to again only occasionally or not at all. A decision has to be made about whether the case should be placed in the dimension reflected in this aspect. For example a social worker may, in discussing behaviour and control problems, make some reference to the safety implications of the behaviour and lack of control, but it may be clear from the account as a whole that this is, for this social worker, only a very minor feature in the definition of the problem. Judgement has to be made about whether to include this case in both the 'behaviour and control' and the 'harm and protection' categories or only in the former. In order not to too ruthlessly exclude material that is part of the social workers' definitions, the threshold for inclusion has been set as a low one. It is important to make the point that the dimensions are not synonymous with groups of grounds of referral. They are derived from the workers' accounts, and each dimension includes cases that between them involve all the six main grounds of referral outlined in Chapter Four. The way these three dimensions are distributed across the forty cases is illustrated in Figure 5.1, below.

Each of these dimensions will be considered in turn. This approach has the risk that the dimensions will be artificially compartmentalised, and may obscure the extent to which social workers move between them. For instance, much discussion of behaviour and control takes place in the context of a discussion of emotional care. Discussion of harm is often in the context of emotional care or of the emotional consequences for children of a lack of protection. However it is believed that the advantage of this relatively loose structure is that it will enable the connections between the dimensions to be examined, whilst demonstrating the ways in which the workers reinterpret the information they are presented with at referral. At the same time there is sufficient structure through which to commence some analysis of the ways in which these social workers make sense of their work.

In these forty cases social workers are presented with phenomena, like a bruise, a fracture, a child who has committed a crime, or not attended school, By itself a fracture is a medical matter, failure to go to school an educational or legal matter, and so on. How they make sense of these and define a social work problem is the subject of Part Two. The approach which seems to provide the most fruitful way to understand how social workers do this is to follow the pattern of how they go about their task, that is examine their own accounts of these cases, what they said was

Figure 5.1 Dimensions of problem definition in the forty cases



happening, what they thought about it, and why. The phenomena are not unexplained happenings that just are. These workers attempt to build a context that explains the phenomena. In doing so they are also ascribing responsibility. To try to understand this involves looking at the extent to which they define problems in the context of the behaviour of the parents, and the extent to which they define them in other ways. This should help to answer one of the research questions which asked whether social workers focussed on the condition of the child or on the behaviour of the parents.

Social workers in these cases are attempting to answer three overlapping questions; what has happened, or is happening, how or in what way did it or does it happen, and why it has happened. None of these questions is a straightforward one. Sometimes it

is necessary to understand how and perhaps why something has happened before what it is can be defined. Consideration of a parent's intent may be necessary to define what has happened to the child, but sometimes intent can only be understood in the light of observation of the 'what' and the 'how'. Sometimes the answer to one of the questions is obvious, (the 'what' question for instance), and the social worker will focus on the other two. Sometimes they are unable to answer all three questions in respect of one case, or one question does not seem to be relevant; the 'how' question, for instance. It is a task of providing layers of explanatory context around phenomena until there is a problem defined. This is often uncertain and tentative.

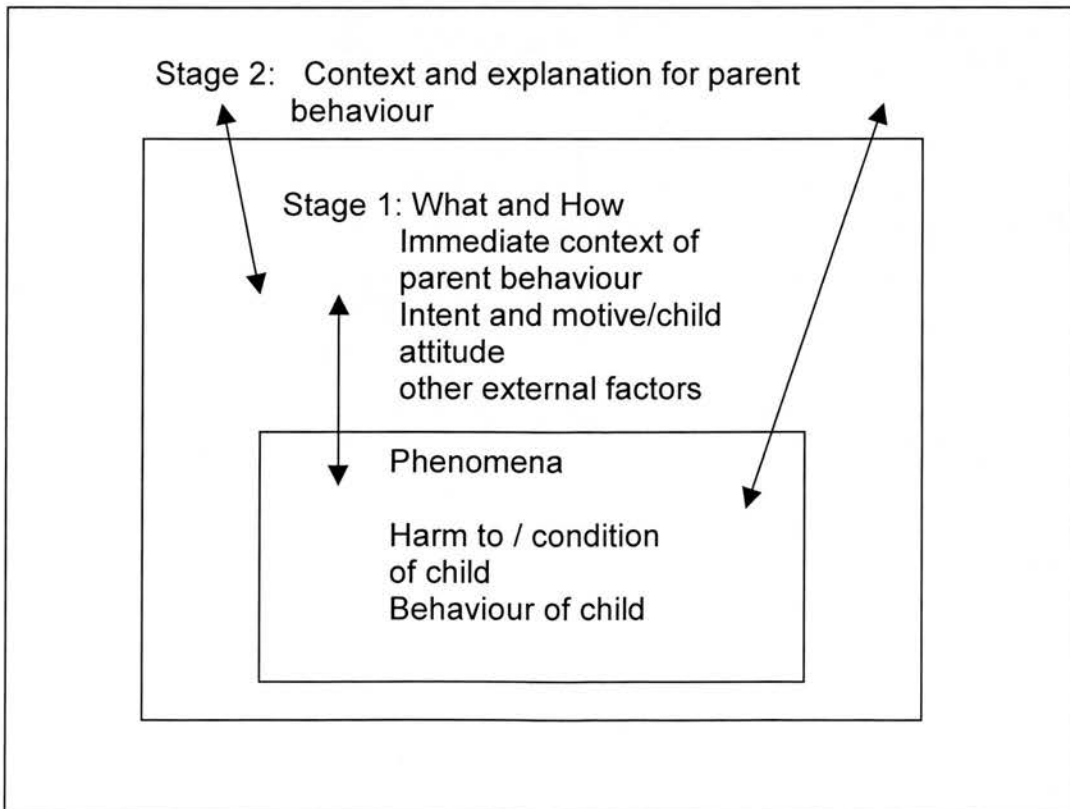
Dingwall and his colleagues found that workers continually framed and reframed in the light of new information (Dingwall et al., 1995). In a different though related way the workers in this study move between two complementary stages to try to explore these three questions. These are set out in brief summary in Table 5.1 below. This is because the first two questions are often pursued together, the answer to one only making sense in the context of the answer to the other. The 'why' question may be answered on two levels; that is it may be an attempt to explain the immediate reason for behaviour or condition or it may be an attempt to place this a wider or historical context. Usually these workers try to place the one in the context of the other. Present behaviour or interactions are not usually single events, but are part of an accumulation of actions, experiences and responses over a long period. The first two questions, the 'what' and the 'how', are the subject of stage one, whilst the third, the 'why', may be the subject of both stage one and stage two. Not all these workers explored the stage two 'why' question, either because they had been unable to obtain information at the time of the interview, or because they did not believe that doing so would help them to decide how they should act. This will be examined later.

Social workers do not always pursue these stages progressively, but will, much in the manner of Schon's reflective practitioner (Schon, 1983), move back and forth between them, each stage providing context for the other in the way illustrated in Figure 5.2. The behaviour and condition of the child may give meaning to the behaviour of the parent as much as the behaviour of the parent may give meaning to the child's condition. Much parent behaviour is important for child care social workers only because they are parents. The outcome of the processes illustrated in the figures is the definition of the social work problem.

Table 5.1 Elements of the stages in problem definition

<p>Stage 1</p> <p>What has happened? How did it happen? Exploration of immediate context to what has happened</p> <p>May involve micro observation of child's appearance, the surroundings, of parent- child interaction.</p> <p>Condition of home including structure of the house Listening to accounts of child's behaviour including child's own Child's attitude, intent, behaviour</p> <p>Parent behaviour, intent, motive, present actions towards the child</p> <p>May seek medical advice/speak to police/school</p>
<p>Stage 2</p> <p>Try to build a context around stage 1.</p> <p>Stresses in parent's life, their history, relationship difficulties, poverty, confidence and self esteem, illness including depressive, level of understanding, drink or drugs a factor?</p>

Figure 5.2: Context and explanation for parent behaviour



The three dimensions will be discussed in turn next. How the social workers manage stage one for each dimension will be discussed first in Chapters Six, Seven and Eight. This will be followed in Chapter Nine by a discussion of the way they manage stage two for all three dimensions. This is because the explanatory context they develop at this stage is in many respects common to all three dimensions. Chapter Ten, the final one in Part Two, will discuss what all this means for the way social workers appear to understand childhood and apply the concept of responsibility when they are defining the problem.

Because of the wide age range of the children in this study, and because many of the concepts and ideas employed in it are applicable across different age groups, and so as not to complicate the writing style, the terms 'child' or 'children' will be used throughout, even when discussing fifteen year olds.

Chapter Six

Defining a problem - harm and protection

Introduction

As was seen in Chapter One, one of the four aspects of parents' responsibility in respect of their children, set out in Section 1 of the Children (Scotland) Act 1995 is to "safeguard and promote the child's health, development, and welfare". One of the twelve grounds of referral is that the child is likely to 'suffer unnecessarily' or that 'his health or development is likely to be seriously impaired due to a lack of parental care' (Section 52 (2)c). Four other grounds concern children who have been victims of offences or are members of a household where that may occur (Section 52(2d-g)). The data in Chapter Four indicates that fifteen of the grounds of referral employed in these forty cases were from those categories in the Act. A further eleven cases involved case conferences called under Child Protection Committee procedures.

Colton (Colton et al., 1995) and Gaskins (1993) have emphasised the discretionary nature of the social worker's task as they give content to legislative labels. This chapter is concerned with how these social workers understand physical and sexual harm to children, that is how they explain it and how they define it as a social work problem. The usual approach to discussing protection is to follow the registration categories in child protection procedures, inflicted injury, sexual harm, and physical neglect. The method adopted here is to examine the way social workers themselves approach and define the problems. This often appears to cut across the registration categories, though some approaches are more common with cases in some categories than others. This is not to argue that the usual categories are misleading for the purposes for which they were devised, but that the method adopted here seems to offer the best way of understanding how social workers themselves make sense of their work in this area.

Among these cases a variety of harms to children are observed, alleged, or reported. By themselves lists of harms to children have little meaning for the social workers in this study. They are phenomena which require definition and explanation. The workers' task is to decide whether they are simply random natural happenings, or whether there is an explanatory context that defines them in such a way that a social work problem is identified.. Even to record the phenomena as in Table 6.1 below is

difficult without providing some explanation which interprets. However, the simple list below raises several issues that usefully illustrate one part of the social workers' task in trying to define their problem. For example, they must decide when a mark is a bruise that requires further exploration. That means they must try to understand what it is and how it got there, and so provide an explanation that defines it as a social work problem, or not. In the same way they must define sexual assault or inappropriate sexual activity in a particular instance by developing an explanatory context. They must provide a context that explains poor health either as a medical or as a social work problem, and decide that medical treatment not carried out is necessary, and then explain why it was lacking?

Table 6.1 Phenomena which must be explained

Phenomena indicating harm or potential harm	No. of cases in which it occurs
Bruising	7 cases
Unspecified marks accompanying bruises	1 case
Burns	2 cases
Broken leg	2 cases
Rib fractures	1 case
Brain damage including haemorrhage	1 case
Retinal damage	1 case
Bite	2 cases
Sexual assault excluding penetration	2 cases
Living with or thought to be about to live in a household with a convicted sex offender	3 cases
Suspected age inappropriate sexual activity by the child	1 case
Poor health	3 cases
Necessary medical treatment of child not carried out	3 cases
Young children left alone at home on several occasions	1 case
No food in the house on several occasions	1 case
Child condition or parent behaviour which indicates risk of injury within the home	3 cases
Child condition or parent behaviour which indicates risk of injury outside the home	5 cases

In some cases there may be little argument about what has happened, and maybe not about how it happened either. For example a parent may admit, even report, that they have chastised the child causing bruising. In these instances the social worker may start by exploring the third question, why it has happened, that is developing a stage two explanatory context. However, even here the social worker may first want to know more about the 'how', that is the immediate context around the parent's actions, their intent and the state of mind.

Sometimes the phenomena observed or reported is not harm to the child, but behaviour by an adult which allegedly poses a threat of potential harm to the child. For example, a care giver or prospective care giver may have a history of offences against children, or a parent's own behaviour may allegedly be the threat. Here the worker must place the parent's behaviour in the context of their role as carer for particular children with particular developmental needs. There may be here as well some tentative examination of a wider context that might explain why the parent behaves in this way. This may help the worker understand better the immediate context of how the behaviour will impinge on care of the child. How they make sense of the immediate context will be explored later after a discussion of the way these workers pursue the first questions which are the 'what' and the 'how'.

What and how

In cases involving injury, and in those involving poor health the social workers may pursue a course of quite detailed examination at a micro level of how the child presents to them. This is an attempt to assess both the harm to the child and to infer the way the harm occurred and thus to define a social work problem. Where injury is concerned this includes examination of the extent of the injury, the place on the body, the intensity, the number of injuries, as well as sometimes an attempt at a reconstruction of possible events surrounding the injury. In this way they are trying to define for themselves what it is that has happened. In order to decide the answer to the 'what' question they must explore the 'how' question. They may also make inference from observation of the parent's interaction with the child and talk through the parent's own account of how the condition occurred.

In the extracts below one social worker very clearly illustrates how the ‘what’, and the ‘how’ questions interact with each other as she tries to place context around an incident in which a lone mother has admitted smacking her two year old child. The way in which the child presents is examined for clues about how the condition occurred and the intent behind the mother’s actions:

“...we were looking at what extent of smacking, what extent of bruising, where were the bruises...looking at colouring, pattern, you know giving an indication of intensity...these bruises were on the nether regions, buttocks, thigh, we weren’t talking about the face, we weren’t talking about near the neck, near the head, ears that kind of stuff...what we did see was grip marks on the sides where she’d obviously held him and smacked him...it’s not like definitive, you know but with experience you can get a gauge of what’s going on...”

So far this social worker has been trying to answer the detail of the ‘what’ and the ‘how’ question, but expands from the single reported incident to see if this is in the context of other injuries. Throughout, the child’s condition and mother’s behaviour are produced as context for one another. She develops her understanding of the intent involved in mother’s behaviour, and some idea of her state of mind. Moving on to a fuller evaluation of what she found she indicates how she connects some of her observations to her conclusions, not only in this case but more generally:

“...grip marks are not a good sign...mum is quite tense, dark navy blue, or quite red and sore, so we are looking at that level of intensity...also for us that’s important because it’s indicating whether a medical has to be done or not...is it near any organs, vital organs, like a smack’s gone up the back, or if there’s anything round the head area at all; bite marks as well are also a really bad sign of tension, you know real kind of danger stuff...this was smacking, must have been sore, and that’s another thing, too, it’s the level of pain that must have been inflicted over what length of time...mum was saying she just lost it and gripped him and smacked him...so we’re not talking about a systematic smacking over like an hour, or, kind of torturing a child or whatever...it’s a blow out... no other grips...”

She goes beyond the particular incident that triggered her investigation, and assesses the significance of other bruises she has seen, and moves in to the immediate context of mother’s actions:

“I love seeing bruises on bairns at that age...I also like seeing dirty bairns, it means they’re active and they’re exploring...this

child just seemed to have too many bruises for the kind of contained living-room that he was in, mum is anxious and doesn't let him out a lot, let him explore, so it would indicate to me he was bumping or he was not being watched...is it lack of supervision... is there a co-ordination problem here, a medical problem?"

The social worker here uses her observation of other bruises to develop the start of an explanatory context, and further questions she must try to explore. She also raises another issue that will be explored later, that of the use of medical knowledge to establish the 'what' and the 'how'.

This approach is also employed by other social workers with cases where the concerns are not about injuries, but about children's health. In these cases the social workers make use of micro observations both of the children and of the physical conditions in the house. They are trying to decide how these children became like this. What they observe about the children is not, usually, for them some whim of nature, but must have an explanatory context, which they attempt to infer from their observations. They may try to make use of medical expertise in order to eliminate other possible contexts to what they observe.

For example, one social worker, asked jointly by the Housing Department and the health visitor to investigate a family in a very dirty house where there were concerns that this was affecting the health of the three children (aged from twelve months to three years) gives this account in which she explores the interaction of three kinds of context to the condition of the children, environmental, medical and parent behaviour:

"...they were extremely dirty and it was ingrained dirt, not just, you know, playing that morning...one of the problems was of course a coal fire and the shed on the landing where they're supposed to keep the coal is full of rubbish and the coal is actually in the house...the kids play in it and it's just scattered all over the house. They're walking in it, and they've got their bare feet...their clothes were filthy, their hair was badly needing cut...it was long, matted, hadn't been washed for a long time, they all had colds, you know runny nose and round about their nose, mouth, it was that sort of red almost cracked skin where if a child's not getting their face washed properly their skin gets inflamed...it was the middle child looked like a wee waif...I expected him to be a lot younger...I was surprised when she said how old he was...very thin, just looked kind of numb, wasn't interacting with his brother, wasn't making a sound, wasn't behaving as a normal two year old,

just sitting there, so I was kind of worried about him.”

“...they were all on bottles, even the oldest was on a bottle, and that was causing horrendous hygiene problems because she wasn't sterilising anything....the kids weren't eating off plates, they were eating off the floor, you can imagine they are not wearing nappies and eating off the floor, it was like a sheet they put down on the floor, the sheet's filthy, just using their fingers, it just made your stomach wrench you know watching this”.

This social worker deals here with some of the 'what' and the 'how' questions as she attempts to define a child care social work problem. There may be problems with the building itself, a matter which she explores later. The dirt was long standing. The children were not washed regularly to the point where it may cause them some discomfort and their hair had not been washed for a long time. These last two matters raise parent behaviour issues. She is not sure how to interpret the appearance of the middle child and returns to that later, exploring whether this is to be explained in a medical or a social context. Finally she connects her observations of their eating practices to what she has been told by the health visitor about a high rate of gastro-enteritis. Each of these last two is context for the other, and both are placed in the context of parent behaviour.

Another social worker, elsewhere, also connects her observations of cat faeces and cat urine around the living area of a house where a child of less than one year was crawling and putting his hands to his face, and overflowing rubbish bins in the kitchen, to the child's persistent diarrhoea and other infections. The infections are placed in the context of the physical conditions; they are not for this worker unexplained medical phenomena. She explains the physical conditions, not by social or economic circumstance beyond the control of the parent, but by parent behaviour. The problem for this worker is defined by these contexts, although she will later explore the stage two context, that is why parent behaviour is as it is.

Not all social workers, however, find micro observation of this kind as fruitful a basis for defining what has happened nor for developing an explanation of how it did so. Two others workers, in different cases, both investigating the circumstances of spiral fractures of the legs, both try, alongside the parents to reconstruct what might have happened to two children aged five months and two years. Attempts at reconstruction fail to answer to the satisfaction of either of these social workers all the questions about how these injuries occurred. Either the reconstruction of events

which was feasible to the social worker was denied by the parent, or, whilst agreed, it did not answer other questions in the social worker's mind. In such circumstances when social workers have difficulty establishing what happened and how it happened, they move on to explore parent behaviour and attitude. They appear to assume that the child's condition must be explained in the context of parent behaviour and that their task is to try to establish how. It is as though they believe that to develop and understand parent and child interaction more generally would provide clues from which they may infer what had happened. How social workers make use of the immediate context to a child's condition is discussed shortly after a brief discussion of the way that they make use of medical expertise.

As discussed in Chapter One Dingwall and his colleagues (Dingwall et al., 1995) argued that social evidence was necessary to give meaning to the clinical. Sometimes these social workers also look to the clinical as a basis to evaluate the social. Farmer and Owen (1995) have noted how some case conferences had difficulty in reaching informed decisions because of a lack of medical input. Whilst these workers proceed most of the time by seeking common sense lay explanations for phenomena developed through experience, they sometimes seek assistance elsewhere. In six of these cases where social workers are trying to understand what has happened to a child they seek or plan to seek assistance from medical services, which they believe have a particular expertise, and may provide clear answers, and define that part of their problem for them:

“I was fairly confused [about how this injury occurred], there was a lot of questions thrown around that I wasn't sure of and needed to have clarified by the medical people who had that kind of knowledge...I wasn't sure exactly what had happened to that wee boy.”

However medical knowledge is rarely as absolute as this social worker hoped. Doctors are often as uncertain as the social worker, there are conflicting conclusions from different medical staff, and even when the medical advice is clear the social worker still has a further task to place this in some environmental context if a social work problem rather than a medical one is to be defined. This social worker for a child in hospital with multiple injuries illustrates the first point, as she recounts what the doctor told her:

“...may have been caused by different things, he wasn't entirely sure about it, there was retinal haemorrhaging and

he felt it might have been caused by shaking, but then again it might not have been, because he had this history of retinal problems anyway because he was premature”.

Another social worker for a child in hospital to be investigated because of a ‘failure to thrive’ is told by medical staff on the ward that the child’s condition is a result of ‘lack of folic’ in his diet, because he was not being fed the right food, but was told by a doctor that it was a result of his low birth weight. For the social worker this distinction would be important. If the latter is the case then the problem is largely a medical matter, but if the former, questions are raised about the care he receives, the food that is bought, the way that he is fed, in short questions about the intent and competence of the care giver. That would be a social work problem.

Even clear medical advice does not, by itself, define the problem for the social worker. Medical advice may be that an injury would require an adult’s force, that healing fractures are of different ages (and so therefore there were a series of injuries, rather than one resulting from a single incident), and that none of the injuries could have been the result of an accident, but the workers must provide context to this if they are to ascribe intent and responsibility. All these circumstances arise among these cases. Table 6.2, below, sets out the relationship between the medical advice and the social worker’s task, following the two stages that social workers move through to in their attempt to define a social work problem.

Table 6.2: Medical knowledge and the social work task

Medical advice	Social work task
Multiple serious injuries Injuries occurred at different times Would have required an adult’s force Definitely not caused in an accident What degree of pain would have been involved	What and how: Try to decide what the person inflicting actually did Try to decide how the parent cares for their child (feeding, washing etc)
Child’s state of health, or the nature of the child’s infection, including how it might have been contracted	Try to decide who inflicted an injury
What is lacking in diet	Immediate context: Try to decide what was their intent Try to decide what was their disposition towards the child. Try to build a wider context to the inflictor’s behaviour

Immediate context

Most social workers try to go beyond the what and the how of the referring phenomena. A definition of a social work problem requires some context to the immediate piece of behaviour. Parent behaviour more generally will be important context. Partly this is because a slightly wider context helps in a search to understand the parent's disposition towards their children. Understanding their disposition may provide some clue to their intent in the present event. Intent is necessary to define what the problem is. Often workers will start their attempt at definition by examining this immediate context. This happens because micro observation and reconstruction of the kind described is not always possible. Many concerns about the condition of children are cumulative over a period and what can be seen is only the transient present.

Sometimes, as with the cases of the fractures above, observation and reconstruction, whilst possible, do not help the social worker to understand what happened. In these cases the social worker moves on to context as if that will enable them to infer what might have happened and what might happen in the future. Unable to find out how the fractures happened, both these social workers move on to try to explore family relationships and parent attitudes to each other and to the children, as though building a family profile in this way will enable them to infer what had happened. They also use this to redefine the cases. One of them decides that:

SW "...there is no indication that this wee one had been deliberately abused, physically abused....no evidence that pointed to mother being an abusive parent if you like, she didn't present that way at all".

CS: "How would an abusive parent present?"

SW: "I look at the quality of the relationship between mother and her children basically. There were no concerns that the relationship was anything other than a loving one"

Both of these social workers then move away from the fractures and attempted to redefine the problem in terms of common sense categories such as 'a lone mother may struggle' or the 'presence of a new stepfather may produce stresses and strains in a family'. Here is one of these social workers, who still does not know how the leg was fractured, with his revised version of the problem:

“...here was a woman who genuinely cared for her kids, but could drift into relationships out of her own needs, if you like for company, and so not take as much responsibility for ensuring the safety of her kids as she might have..... she would struggle with two kids, this woman was on her own so I was looking at social work support with her on a voluntary basis... ..and also refer her to Homestart.....”

A tendency to sidestep the issue of the injury to focus on some other area of difficulty was also noted by Farmer and Owen (1998) as a way of remaining involved with the family. However, here, this attempt to open up a case and see it in a different way from the focus of the referral, also occurs even when social workers believe they know what has happened, and how it has happened. This is so when an injury is seen as a minor one; a bruise that is faint for example. As if reassured that the matter is less severe, the worker moves from the legal or procedural categorisation to one that emphasises family relationships, and the support needs of the family. In other words in these circumstances they by-pass the medical (or clinical) explanation and head straight for the social.

Whenever the worker moves into exploration of this layer of context it is always an attempt to explore the usual behaviour of the parents towards their children, and immediate environmental factors to produce an explanatory context for the child's condition. The attempts by these social workers to do this take two forms. One is where their context includes the actions of a parent that are thought to directly harm their child. Another is where it includes a failure to act, which is thought, in part at least, to explain harm. Some cases may contain elements of both, where the parents' behaviour may be seen as erratic, or where a distinction is made between the behaviour of two parents.

The first of these forms usually arises where either physical injury or sexual assault was the concern of the precipitating referral. Injuries to children that the social worker is sure have been inflicted directly by a parent are almost invariably explained as a response to a child's behaviour. However these explanations differ in type. For four social workers over-chastisement by a parent unable to cope with a child's demands on them explains injuries inflicted on younger children, and in one case on a twelve year old. To these social workers the aspect of this explanation which is most important is the parent's inability to cope, and their behaviour, rather than the demands or the behaviour of the child. The child's behaviour is seen either

as normal in the sense that all children would behave in that way at that developmental stage, or if it is unusual, it is explained as to be expected in that child's particular circumstances.

In Chapter Two reference was made to Anscombe's definitions of intention and the difference between intention and motive (Anscombe, 1957). The social workers here are making sense of the inflicted injury partly by ascribing intent to the parents' behaviour, and intent itself is placed in the context of the parents' disposition towards their children. This interest in the disposition of the parents is partly because it may help to explain motive in the particular instance, and partly because it is in many ways for these social workers of overriding importance as context to the condition of their children. Other studies (e.g. Thoburn et al., 1995; Department of Health, 1995) have also noted the damage that a chronically unfavourable environment may have on children. The interaction between disposition, motive and intent as factors in problem definition is discussed further in Chapter Ten. Here the parents' reaction to their inability to cope manifests itself in different ways that helps to indicate for the workers their disposition towards their children. Either it does so as part of a pattern of violence in which physical punishment is consistently used to control the children, or it does so as an occasional explosion of frustration and anger.

Regular use of physical punishment is itself explained, here, in different ways. On the one hand it is explained by fractured family relationships, a stepfather, rigid and authoritarian, for example, attempting to control a child resentful and long unprotected by her mother, who has pursued her own needs before those of her child; that is, both the violent control and the child's behaviour are explained by the failings of the adults. This may include both the violent control by the male parent figure and what is seen sometimes as the tacit complicity of the mother. On the other hand frequent minor injuries are believed to occur because mothers' (almost always mothers in these instances) methods of control are too violent because the mothers do not understand the developmental level of their children, and that there are other ways to control them. In this case as well, the context of the injuries is the behaviour of the mother, not the behaviour of the child.

The difference between these explanations centres on the social workers' view of the differences in the emotional care accorded the children. In the first type of case parents are seen to pursue their own interests with little thought for their children, whilst in the second the parent is seen as warmer and more committed to them. The

first is a moral failing; the second a cognitive one. Emotional care is a central concern of these social workers, and will be discussed later.

Injuries arising in the context of occasional outbursts of violent control are more often explained here by the parents' own cognitive and emotional difficulties rather than any failings in their disposition towards their children. Parents' frustration at their inability to understand their child's demands is matched by the child's frustration at not being understood. The context of this may be the intellectual limitations of the parent or it may be the parents' stress in the face of competing demands from relationships or from work. For these social workers the child's behaviour is explained by the behaviour of the parents. This kind of explanation is well illustrated in this account by a social worker for a five year old whose lone mother has admitted over chastising him in frustration because she was unable to persuade him to go to school:

“.....she was so distressed about the whole day, in terms of she'd used a lot of energy trying to get him out to school in the first place, she was very upset over the way she had lost control.....the wee boy was just totally out of control...she was trying to distract him to some extent...but he had a huge tantrum and was kicking her...he won't go to bed until she does and recently he has had her up half the night trying to persuade him...so she hadn't been sleeping that well.....”

The social worker though explains more fully. The child's behaviour was not some random happening and is explained in the context of the behaviour of his mother, who is at a temporary address having moved, not for the first time, to exit from an abusive relationship:

“...attendance was a major problem, and she has resorted to smacking him, but not let go of herself before, and I tried to explain to her a wee bit how he might be feeling if you are in the habit of moving from place to place, he might be quite concerned that you're not going to be here if he goes to school or even to bed....especially as she has left other children with friends...”

In this account both the child's behaviour and the mother's behaviour are placed in a context, so that the whole becomes the problem for the social worker not simply an injury resulting from over-chastisement.

In cases of sexual assault, as well, social workers try to place context around the assault but do so in a way that envelopes both the father who has committed the assault and the mother who has not prevented it. In this way action and failure to act may combine to help the social worker define the problem. To varying degrees sexual assault is thought to represent the controlling power of the father figure in the family. The way this power is exercised is important to these social workers, but so is the role of the mother. In all these cases the role of the mother is presented as context to the father's abusive behaviour. Physical presence, manipulation and secrecy were seen as the weapons used by these men, but they operate in a context of what the workers define as the weakness of the mother. Manipulation and secrecy work to exclude and deceive the mother and to make the victims complicit in the assaults. This social worker describes how one stepfather exercised his power in a family with two adolescent girls:

“..there was obviously verbal messages, but nothing to do with threats, but it was more of a link to his fantasies surrounding the acts.....things like you have to tell me you enjoy it, so the the girls would say whether they were enjoying it... to reinforce his kind of fantasy that he was doing something nice.....his physical presence, the girls certainly knew who called the shots in the family..no overt threats, just the position he held within the family would be sufficient....the older girl knew it shouldn't be happening, yet the guys physical presence or whatever was still allowing this to take place...”

For this social worker, however, the stepfather worked within a context that partly explains (but does not justify) his behaviour. That context was the weakness of the mother:

“It is a vulnerable family, and I think a lot of that vulnerability comes through Mum...she needs to be reassured on a day to day basis; you can almost see a situation setting up where you get somebody like (stepfather) who likes controlling people and he moves into that vulnerable family and controls them....he sort of knocks his partner's self esteem and anything that goes wrong for him he blames mother for it.”

This social worker is not alone. In all of these cases the social workers explore the role of the mother more than that of the father. Partly this is because they try to assess the mother's ability to protect their daughters in the future. They all expect the mothers to protect their daughters, but first they must understand why they have not done so. These social workers think it unrealistic to expect mothers to know the ways

in which sex offenders work. Their manipulation takes the form of “grooming” and building trust in the daughter, whilst at the same time arranging circumstances so that the mother will not be aware. Mothers are victims as much as their daughters. One social worker puts it like this:

“Up until now I think people have had unfair expectations of her in terms of expecting her to recognise his behaviour, expecting her to know how he manipulates people. She has been part of that process and she hasn’t been able to recognise that...I mean I see mum as much a victim in this situation as the daughter...”

This has obvious implications for the work that is needed, which is discussed in Chapter Eleven. Of most concern, however, to the social workers when they are defining the problem is the mothers’ reaction when the assaults are revealed. The shock of discovery may make some mothers deny that anything has happened. According to these accounts, unable to cope with the guilt they cannot cope with the child’s feelings because they are not able to cope with their own. Farmer and Owen (1998) made a similar observation. More often, here, there is ambivalence as they go through what one social worker called a “grieving process”. They have lost the sense of their daughter as a child, lost the feeling of being a good mother, and lost the man they have been having a relationship with. Anger at the accusers because they have disrupted their lives extended, in one case here, to blaming the daughter:

“bad little bussom, five years old taking her father off to play these games”,

parodied the social worker explaining the double effect on the child, first the offence and then the blame.

This focus on the mother’s ability as the key protector, is partly in these cases because the fathers had left the home following revelation of what had been happening. All these workers assess the moral and cognitive understanding of the mother. Questions asked by all of them when defining the social work problem are: does mother believe what has happened? Does she think it is serious and wrong, especially where there has been no penetration? One mother here thought that nothing had happened when a medical revealed no penetration. Does she understand the likelihood of repetition? Does she feel strongly enough, and is she strong enough to keep the man away? In other words, the person harming the child may have been the father, but definition of the social worker’s problem is mostly a matter of

assessing the mother. This is not because they see the mother as equally to blame for the assault. Dislike for the men involved was usually intense, and mothers were often seen as victims too, and in need of support and reassurance. However these workers see the children as their primary responsibility and with the men gone they must assess the mother's ability to protect in future, as well as help her to do so.

Omissions

Failure to act by a parent has a much wider application than in cases of sexual abuse alone. For eight of the social workers, it is parents' lack of structure, routine, and organisation to their parenting that is of concern. There are echoes of Donzelot's concept of unstructured families in these accounts (Donzelot, 1980, page 153). The importance of consistency, of planning and regularity, are stressed as essential features of parenting, and their absence is a key part of the problems defined. The disorganisation and inconsistency took different forms and was explanation not only for poor health and unsafe practices but also for social and developmental deficits for the children.

These are frequently accounts of the failure to do everyday caring tasks with their children, and domestic tasks about the home. Not getting up, getting breakfast, washing, changing, and feeding the baby at regular intervals, taking five year olds to school, cleaning the home routinely to a level that means that it poses no risk to their children's health are seen as particularly important. Parent behaviour in this way has meaning to a child care social worker only in the context of their role as a parent. In all cases it is the combination of several features of this sort that causes the concern. In some cases, reflecting the Dartington authors' identification of what they call a "special victim" (Department of Health, 1995, page 21), it is seen as more of a problem because the child is premature, or is developmentally delayed. Parent behaviour is thus placed in the context of the particular needs of their children.

Typical of this kind of account is this one by a social worker who tries to place a mother's behaviour and what she saw as the actual and potential dangers for the children in context of each other. Almost all of the parents in cases of this kind are lone mothers, although the mother referred to in the extract below lives with her boy friend who is the father of one of the children. The worker defines her social work problem in this way:

“...I would say that my main concern was mum's lack of

organisation, em.....she was unable to get up and organised in the morning to get the oldest child to school, and get her there so she wasn't smelling of urine... get the babies washed and fed, get them to clinics, get them to doctor's appointments.....because of the health issues for the children...C had a urine infection that had never been followed through and it could be quite dangerous for a five year old who was having continual problems in that area, the middle one was very clumsy, and always bruised yet she'd never been for his developmental assessments...the baby had problems feeding and vomiting. Sometimes she wasn't at home when C comes back from school....I was very concerned about the quality of parenting, that was mainly through mum seemed to just no grasp the elements of risk, or you know what was important, she seemed so laid back... she was so disorganised and the lifestyle which she kept was so disorganised, but consistent care and attention were vital for this baby, and even more for the older child because he was developmentally delayed...he needs structure”.

In a slightly different way another (lone) mother who is out and about late at night with her baby who is passed from one relative to another, with a different house, different carer each night is similarly, in the social worker's view, not providing the routine and consistent care that the baby needs. The baby eventually enters hospital. Failure to pick up prescriptions, obtain medical treatment, to secure inoculations, or keep hospital appointments over long periods are seen as consequences of parent disorganisation. Despite the limitations of medical expertise as an aid to diagnosis and to help the worker define the problem, medical expertise in treatment is given a very high priority in many of these accounts and failure to secure it viewed with concern. This was often related by the social workers to what they saw as the particular needs of individual children.

Sometimes this kind of behaviour may interact with other environmental factors, but not in a straightforward way. For example, in five cases housing difficulties interact with parent behaviour, but they are never the main explanation for the condition of the child. In two cases the mother has been allocated a house she did not want, or in an area she did not want. Although the social worker in each case recognises that this may reflect a lone mother's lack of bargaining power vis a vis the Housing Department, in her definition of the problem it is a factor which aggravates personal limitations, but does not explain them. Parent behaviour is more important to the workers. The complex interaction of housing difficulties with parent behaviour is

well illustrated in this account of a family with three young children, living in a filthy house:

SW: "...the microwave, the fridge, the oven and cooker was just... you would need a chisel to get through, it wasn't just weeks dirt you know and fat and food, it had been months. And the sink was full of...it was like...the water was black, there was potato peelings, tea bags, dishes all mixed in, and a really strong smell of damp.....

CS: Where was the damp coming from?

SW: I think the windows. I mean the actual standard of the house was very very poor, all the windows were bad, and there is a flat roof, they're on the top floor...very cold, no central heating and the windows are really bad at letting in draughts... it's a kind of a notorious area, this street.....they're really just needing to put a bomb underneath it, it's shocking that people are having to live there"

Here the social worker manages to combine in her account the mother's failure to clean the kitchen for months and the poor structure of the building itself. She does not though use the structural condition of the house to directly explain mother's behaviour, though it partially explains for her why the children are cold. She also thinks they are not appropriately dressed, which is mother's responsibility. She tries to place some explanatory context around what she sees, that is, mother's behaviour and attitude:

"...within seconds of speaking with mum I realised we've got a problem here as well....she has a big smile on her face...it's all going to be okay....no euphoria that would be too much, but it didn't reflect somebody living in absolute squalor, you know..she just didn't seem to be that affected by it, but then each time I went back and Home Care went in she had done nothing at all.....the problem is mum will not persevere".

Although it is mother's behaviour that is of concern, this worker also gives an account of a discussion with mother's boy friend (and father of the children) who she suspects lives there intermittently. He blames what he calls mother's laziness for the conditions. The worker rejects this commenting dismissively:

" that's typical....of course it is always the woman's fault.....he could be doing more".

However her rejection of the cultural assumptions about parent roles is not the main reason that this worker tempers her imputation of responsibility to mother. She later returns to trying to make sense of the family circumstances, and the role played by mother's behaviour, and that played by the condition of the house, seen as a constraining factor outside mother's control:

“.....despite all the problems that mother might have in terms of care of the house and care of the kids, there's a lot of problems that are beyond her, you know, the dampness, and the kids suffer from bronchitis every single winter.....it would be very easy to say this is mother's fault, but I'm quite sympathetic towards her circumstances, like financial, housing, as well as the fact that she has three children under five....she is one of life's victims...”

She has however another twist yet to her explanation, illustrating how for these social workers explanatory contexts frequently overlap. The family have been asked to pay additional rent off the arrears in order to speed up a housing transfer. Instead they buy a car:

“I think they are probably a bit better off than most who are purely on Income Support and nothing else, but they mismanage their money....he went off and bought a car, and if they'd been paying that off the rent they would have been out of that house”.

Later this social worker moves to stage two and explores other explanations for mother's behaviour which lie in her personal history, which will place another layer of context around what is there already, and in this way further defines her social work problem. Stage two in problem definition is discussed later in Chapter Nine.

Safety and supervision

The relationship between protection, safety, and supervision is understood in respect of children of most ages, and is a factor in the social workers' problem definition in ten cases. Lack of cognitive understanding about what methods of supervision are age appropriate which leads to confusion provides context to frequent injuries in one family. More often these accounts include young children who make frequent visits to casualty departments with fractures, burns, swallowed objects, mishaps not deliberately inflicted but the result of a failure to supervise what the child does. In another family a child of eighteen months running about the house unattended whilst

his parents are asleep drunk on the settee. In another five and six year old children wander about on a busy main road or play by a dam whilst their mother does not know where they are. For the social worker these events derive their meaning from a context that is their age and their parents' behaviour. Lack of focus by parents who are overwhelmed by their responsibilities, and maybe drinking too, all combine with a lack of awareness of the risks to their children. This is best summed up by this worker for a family of lone mother and four children aged under seven:

“[mother] had no idea, she knew they were out playing but not where...when that was raised with her she found it difficult that it was her responsibility to know where her children were and to be supervising them and guiding them, it was, well they just go and what am I supposed to do about it? ..you know, I'm just a parent..... that's the kind of attitude that was around...”

An inability to supervise the behaviour of adolescents is associated for the social workers with a remarkably similar kind of danger as was the case with younger children. They may not fall in the dam or be knocked down on the main road, but the argument goes, if fourteen year olds are stealing motor bikes they may kill themselves. They may become involved with drugs that may harm them, or they may, because of their youth, naivete and inexperience be exploited by older people, as this social worker for a fourteen year old boy explains. The boy goes out as and when he wants to a house frequented by older youths and which the police have warned the parents about explains:

“[he was] putting himself in a risky situation when maybe he couldn't control what was happening around him...being out at night with older people and he could have been a victim, just because of his age really.”

Lack of supervision is context not only for physical harm in these accounts but also for other child conditions and behaviour, which are discussed in the next chapter.

Conclusion

To define a problem within the harm and protection dimension these social workers engage in a search for an explanatory context. To define what has happened and how it has happened they explore both the child's condition and parent behaviour. Both give meaning to the other. In other words in answer to the first of the research questions they pay attention to both and one does not make sense without the other.

Even where the child's condition is serious or potentially serious there must be a context which explains, and the search for this is part of the attempt to reach a definition. A child's condition is rarely attributable to a whim of nature. Responsibility must be imputed. Intent and motive are sometimes inferred from what is perceived to be parent disposition towards their children, but sometimes help to define the latter.

Much though not all in these accounts equates parent responsibility with mother's responsibility. In the nine families where inflicted injury was the issue there were three lone mothers, three pairs of natural parents, and three stepfathers. In three cases the injuries were inflicted by father figures, in three by mothers (two lone) and in three cases the inflictor remained unknown. On the other hand all except two of the families where physical neglect was the main issue were headed by a lone mother. Four of the six families where sexual assault or the risk of sexual harm was identified contained two parent figures, and two had lone mothers. Where a general failure to supervise and protect older children was present it was associated with a lone father, two lone mothers and a natural mother and stepfather set up.

In these circumstances it is difficult to draw conclusions about the gender assumptions of the social workers. They are responding to the particular family constitution which confronts them. In ascribing responsibility they tend to do so in respect either of the only carer or of the carer who is the natural parent. In most cases here this means the mother. Farmer and Owen (1998) have argued that one consequence of giving background information in a case conference is that discussion becomes diverted from the original allegation to a more general scrutiny of the mother's care.

The particular issues involved in sexual assault and its risk have been considered above. Other than this, where the problem dimension is harm and protection, the exploration of context around an originating event has, for these workers, a more positive purpose. It is a search for explanation, an attempt to find reasons for behaviour, which usually recast the mother as of basically good moral character beset by her circumstances, which may include an inadequate male partner. This is a related finding to that of Dingwall and his colleagues who argued that an aspect of the 'rule of optimism' (discussed in Chapter One) was that workers tended make the best of what they found to define parents as having moral worth (Dingwall et al., 1995). In this study the exceptions to this involve behaviour by the mother which is

also rejecting or emotionally damaging to her children. Then she shares responsibility with the father figure.

In one respect, however, these accounts confirm the findings of others (e.g. Sinclair et al., 1995; O'Hagan, 1997; Farmer and Owen, 1998). These social workers interacted less with fathers than with mothers. They concentrated on the main carer which in this study (as more widely) usually meant the mother. Fathers were less accessible and in these harm and protection cases had often gone completely by the time of involvement. Mothers had been present more consistently over a longer period and so the workers thought that therefore there was more to say about them. Where the dimension of care is the child's behaviour or emotional care social workers are a little more likely to explore the behaviour of both parents.

Social workers may seek the help of medical knowledge but it is often inconclusive. When they are unable to make sense of the child's condition in this way, that is explain an injury, they try to infer what has happened from an exploration, sometimes a rather cursory one, of family relationships. They appear to start from an assumption that injuries will only occur in the context of flawed relationships between the adults.

There is little evidence of the systematic use of research findings in the manner suggested by the Practice Guidance (Department of Health, 2000b). When workers were asked what knowledge they drew on they were either unable to say or they answered vaguely along the lines of "a bit of everything, I suppose". This may be misleading. Some of these workers had been in child care work for some years (see Chapter Three), and theoretical knowledge and practice experience would be hard to disentangle, the latter incorporating the former. This is lent some support by the finding that some workers when discussing a particular aspect of a case would spontaneously raise for example attachment theory, or what they thought was evidence of the high recidivism rate for sex offenders in order to explain their definition.

For the most part they work according to some common sense beliefs about parent stress and cognitive understanding, about the importance of order and routine for young children, and about the importance of parents having a positive disposition towards their children. These beliefs play a similar role to the lay social theories of Dingwall and his colleagues (Dingwall et al., 1995). They do not appear to be exactly

the same theories (sexual exclusiveness and so on) and this may reflect the later era in which this study has been conducted. Dingwall's concept of natural love appears in the definitions of these workers in a different way. For these workers it is not a starting assumption that must be displaced only by overwhelming evidence. It is a matter that must be established or not in order to aid explanation of the child's condition. The importance to these workers of parent disposition is a matter which will be returned to in the following chapters.

Chapter Seven

Defining a problem - children's behaviour and control

Introduction

The Children (Scotland) Act 1995 Section 1(1)b makes provision of 'direction' and 'guidance' one of the four aspects of a parent's responsibility in respect of their child. Six of the grounds of referral (Section 52 (2)) relate in some way to the behaviour of a child. The fifty three grounds of referral and registration categories used in these forty cases, were set out in Table 4.4 in Chapter Four. Twenty seven of these relate in some sense to the child's behaviour. The subject of this chapter is the way in which the social workers make sense of these children's behaviour and the way in which they make sense of the concepts of supervision and control. These two terms are used here because they seem to capture more accurately than the wording of the Act what the social workers have in mind, namely a closer less detached relationship between child behaviour and parent behaviour.

The concepts of supervision and control appear to have a wider application for these workers than simply parents' response to 'bad' behaviour by their children. Supervision and the safety of children has already been discussed, but the supervision and social development of very young children appear to be included as well. One social worker for a case involving an adolescent set out what she thought more generally were a parent's responsibilities:

"...consistency, safety... warmth, all the kind of basic things, to make sure they get to school, to know where they are, you know, most of the time, to keep tabs on them....

I mean if your son was out and about, or isn't at school or what have you, I mean for him to be wandering about, I mean is he safe? You don't know, keep bringing him in at a reasonable hour of the night..."

Another worker for an eight year old thought control was a more subtle matter:

"I think there's been a general lack of control since A was a small child.....all the little ways, rather than just smacking, like education and kind of expectations of behaviour and of attitude, I think perhaps that didn't happen".

In many accounts social workers distinguish between control and supervision on the one hand and domination and negative condemnation of a child by a parent, on the other, raising questions about parent attitudes and disposition towards their children and the purposes of control for the parent. The workers are interested in the meaning that control has for the parent, and the way that it may explain behaviour by the child. It is in accounts which raise this that the relationship between child behaviour and emotional care is most often explained. This will be examined in more detail later.

As Table 7.1, below suggests it is more difficult to devise a list of child behaviours free of interpretation than it is to produce a list of harms to children. Phenomena of this kind presented to social workers by referrers, including the Reporter, are often a mixture of fact and allegations about behaviour that may involve a high degree of disputed interpretation. Whether or not a child has been to school, or burgled a house is, in principle at least, capable of being established as fact. This is not so with 'abusive' or 'disobedient' behaviour, for example which, whether at home or at school has been interpreted as such. Reporting that a child is 'beyond control' is similarly not to state a fact. It is usually presented as a failing of the child, rather than the parent, and is another potentially disputed interpretation. All these are starting points for these social workers as they attempt to define the problems as they see them.

Although social workers do not pursue the same kind of micro forensic examination in their attempt to establish 'what' has happened as many of them do when presented with harms to children, they do, in much the same way, focus closely on the immediate context of the behaviours presented. Dingwall and his colleagues made a distinction between delinquency and child protection because in the former the child was the agent (Dingwall et al., 1995). These social workers see it differently. In their accounts almost all child behaviour is explained in the context of the past or present behaviour of the parents. Although only one social worker went so far as to say that "a child is born a blank person", most behaviour is explained by reference to the parents' behaviour directly towards the child, or to their attitudes and disposition towards the child or to their lifestyle and other activities. In this way these workers follow the arguments made in the Practice Guidance, that behavioural interactions result from the meaning of one person for another (Department of Health, 2000b).

Table 7.1 Phenomena which must be explained

Child behaviour and its control	No. of cases in which it occurs
Goes missing from home	5 cases
Out and about late at night	7 cases
Out and about during the day	4 cases
Parent alleges disobedient /abusive behaviour at home	6 cases
Thefts from home	1 case
Not go to school	10 cases
Disruptive behaviour at school alleged	7 cases
Thefts at school	2 cases
Commits criminal offences (police involvement)	9 cases
Violent or abusive behaviour in neighbourhood alleged	1 case
Parent acknowledges difficulties with control of child's behaviour	16 cases

Child behaviour does not in most of these accounts occur out of some chance whim of the child. This is the case even for those social workers who believe that an adolescent is responsible for his own behaviour and must accept the consequences of it. What this means is that the problem for social workers is not defined in a linear way. That is the child's behaviour is not independently defined and described and is then said to be caused by or is a response to the independently defined and described behaviour of the parent, which in turn is a response to some other independently defined factor. All three provide context that helps both to define and explain the others. A parent's behaviour is defined in the context of the behaviour or condition of the child, as well as in the context of other stresses and conflicts in the parent's life, which are themselves defined in the context of the parent's behaviour and so on. Each helps to make sense of the others. There are only two exceptions to this among these forty cases, and they involve children who are believed to have a medical condition. Here, the social worker tries to establish what the child is doing, including the form that this takes. For example, whether the offending is done alone or in a group, when truanting, or at night, and so on. This is the equivalent of establishing

what has happened to a child and how it happened, discussed in the previous chapter. In order though to define a social work problem this behaviour must then be placed in the context of parent behaviour and attitude to the child, and interactions within the family. This is the immediate context that gives meaning to behaviour and makes defining 'what' has happened possible for these workers.

Finally, when control and supervision are discussed it is by reference to the lack of them or to some weakness in the way they are exercised. In this, social workers reflect legislation and government guidance which uses terms like "lack of...", "failure to...", "...so unable to exercise responsibilities..." and "impaired development". Social workers must in their daily work with individual families give content to parent responsibility in a way that the legislation and guidance does not (Bainham, 1990). This means that it is difficult to make much sense of what would be adequate or appropriately exercised control except by inference, or perhaps through discussion of the intervention that is thought to be needed.

Inconsistency and lack of routine

For many of these social workers consistency, and routine emerge as important and beneficial factors in the lives of young children as was seen in the last chapter. Here as well their absence explains both difficult behaviour by the child, and their parents' inability to adequately respond to this and to exercise control. Inconsistent discipline or supervision and a lack of clear boundaries are identified as explanations for poor behaviour by children of all ages. They arise according to these accounts mostly in families with a lone parent or in reconstituted families where there may be inconsistency and conflict between the parent figures. Inconsistency of this kind is an issue in two ways. First, the micro interactions between parents and children, that leave children confused about what is expected of them, are sometimes placed in the context of a parent struggling with the control and supervision of quite young children because they do not understand what a child is capable of at that age. The parent, always the mother, is frustrated by unfulfilled expectations that the child is not capable of following. Stressed and lacking in confidence the mothers in these accounts then sometimes behave erratically towards their children. In this illustration, the behaviour and intent of the mother of a two year old are mismatched. Desperately trying to respond appropriately, she was constantly doing the wrong things.

"she didn't really have the ability...she was reacting to his behaviour..."

just responding knee jerk to whatever he wanted she did...not feeling safe within her setup, it was her at his control...it was obvious there wasn't a lot of consistency around. At one minute she was responding with a toy to him the next it was a scream at him....he was actually pointing, he was telling her what he wanted.....she wasn't responding, she was responding with a toy”

It is not only a lack of cognitive understanding that provides explanation for inconsistency of this kind. Another mother, of an older child, an eight year old who had never had much confidence in her parenting abilities, but who feels under great stress and has ambivalent feelings towards her son was near the limit of her ability to cope. This as well as a wider stage two context reaching back into her personal history provides an explanation for her difficulty in controlling her son and the mixed messages she was giving him, which confused him. Here both stages provide context for each another.

“...he was being told to behave properly and then encouraged by her action not to behave. For instance, when he was kicking her she would be laughing at him, very much trying to trivialise that behaviour, but then it would reach a point where she couldn't cope with it any more and she would lash out at him”.

Second however other workers interpret consistency in a slightly wider way. A parent's failure to set clear boundaries, rules, and to maintain sanctions is, for many social workers, a part of the context of a child's behaviour. In this they concur with the importance attached to this aspect of parenting by the Assessment Framework (Department of Health, 2000a). This kind of inconsistency may have developed incrementally over several years, and may itself have a complex stage two explanatory context. Consistent boundaries and sanctions are believed to mean stability for the child. One social worker was quite definite about this:

“I have a theory that kids like being disciplined fairly...you need to be firm, you need to be consistent, and you need to try and sit down and try to communicate with them”

Another saw consistency as a benefit to the parent as well as to the child, and illustrating a sense that emerges from these accounts that the parent, often but not always the mother, should be but frequently is not the person who manages the daily life of the family:

“...she needed to be consistent in sticking to [her sanctions], she can't give in and let him rule her”

Sometimes these circumstances arise when a lone mother is working and leaves the child alone in the morning and evening. Sanctions like ‘grounding’ become unenforceable especially when the child is excluded from school. One social worker thought that in these circumstances the job may have to go:

“You have to be consistent, and you have to rearrange your lifestyle, or perhaps give up your job to give him the attention and supervision he needs, if they’ve gone off the rails...I know people have to pay their bills, but I don’t think that working in the fields she was going to be earning much more than she was getting on benefits..... this lad was definitely needing some attention, supervision and some consistency”

Another social worker for a ten year old left alone in the morning and afternoon by his lone mother, who had intermittent periods working, thought that the boy’s behaviour was a result of a general lack of supervision from his mother, who had few rules consistently applied:

“[mother] told me about people who would come back and complain about his behaviour towards older people, towards other children, him hitting other children, and I always discussed with her how that was linked to a lack of supervision, that she really had to know exactly where he was and that the situation before and after school wasn’t helping.”

These two accounts show how the workers explain the mothers’ difficulties handling their child’s behaviour in the present, and at the same time explain the development of a pattern of behaviour over time. They also illustrate the way in which parent behaviour itself (like going to work) is given meaning for the workers by the behaviour of the child.

In neither of these cases is the fact that the mother works the only reason for inconsistency. Absence at work simply aggravates other difficulties in the families. More often where inconsistent control is identified there is some sense of parents out of control of themselves, parents who complain that it is their children who are out of control, but to the social worker appropriate control has not been exercised. In some families the parent is unable to work out the boundaries of the parental role, and who is actually setting boundaries in the family, if anyone is, may be hard to determine. One fourteen year old girl, for example, who does not go to school, is seen as at least negatively in control of her attendance because:

“mother finds it very difficult to actually set down that these are the rules , and we’re going to stick by them and make a routine.... in terms of who has control, that fluctuates very much between...I don’t know that really mum has had a great deal of control for some time.”

Parents may have other preoccupations, including their own health, physical or emotional. In some families this may mean that an absence of any discipline at all is followed by sudden and arbitrary imposition of controls that owe more to the parent’s emotional condition than to the immediate behaviour of the child. The parent is pictured in the middle of some kind of pandemonium with a lot of screaming and shouting in which the parent’s voice is simply one among many.

For these social workers lack of supervision, and lack of consistent boundaries affect behaviour via their effect on the child’s unmet need for attention, and their feelings of insecurity. Security in this sense is to be distinguished from safety discussed earlier in the context of supervision and protection. It is the sense of confusion and of being adrift that is the context which explains the behaviour, though one social worker also thought that a child would experience lack of supervision and being left for long periods to his own devices as rejection. The ideas of rejection and of emotional security will be examined more thoroughly in the next chapter.

Inconsistent care is often associated with conflict between parents. This includes conflict between the parents about the care of the children, other conflict between them but which has effects on the children, and conflict between them but in which the children may become involved as participants. The conflict is not only between parents who are still living together. Parent conflict helps to explain control problems in seven cases, (children aged from eight to fifteen) but in different ways. Conflict allows the child to manipulate and to play off one parent against another. The social workers see the children in these situations as adrift emotionally, but often at the same time able to affect the parent conflict and reinforce it. This social worker explains the behaviour of the child of divorced parents who offends, goes out and comes home when he wants in the context of the lack of consistency between the parents. He feels emotionally unsafe, she argues:

“...he can play that for as long as mum and dad don’t get together.... and put up a united front so that he feels held, that both his parents are pushing together...”

A former husband, who has briefly taken his son to live with him, both undermines the mother and confuses the child as this social worker for the fourteen year old boy in trouble for offending explains:

“A lot of it is to do with mum and dad’s relationship and the lack of consistency in parenting this lad. I think he’s probably quite lost, this wee lad, getting a lot of the wrong messages. He sees his own parents not getting on, and father quite severely bad mouthing his mother, but he’s spent most of his childhood with his mother, and he always knew that when his father washed his hands of him, his mother would always be there to pick up the pieces...”

To this social worker the problem here is a child who is “quite lost”, returned by his father to his mother at the first sign of trouble (a further alleged offence), but returned to a parent of whom his father has been very critical, a parent who, moreover, has always been his main carer, who has “always been there” for him. So mother is undermined and the child is confused.

The manipulation may have consequences more far reaching for the parents too. This is the case in reconstituted families where the child exploits conflict between the natural parent and the step parent, both to maintain some freedom for self but also to widen the wedge between the parents. In these cases the conflict becomes a wider one in which the child is a participant, both as a third party independent and as a would be ally of the natural parent. This social worker for a fourteen year old, in trouble for minor offences and at home a “free agent” who came and went as he pleased, illustrates this:

“...he was maybe floating about, doing his own thing, he was in control, the more we worked to try and bring them together to control C the more difficult they found that and it did tell on their relationship and they would often not agree at our meetings or they weren’t speaking....that played right into his hands, because in some ways he would be quite happy for them not to be speaking...mother always stayed quite loyal to C and certainly stepdad thinks she would take C’s side against him”

To another twelve year old girl the objective is the removal of the stepfather. Mother has had a succession of partners, at least one of whom has been violent to F. There is a history of manipulation between mother and F. Now, in control matters, mother

says to partner and to F what each wants to hear. The result is confusion, and according to the social worker “a big mess”:

“...it’s trying to get them to come into the middle somewhere and stand together, show a united front, because she was wanting them to split up because she didn’t like him, wanted her mother to herself and if she saw any chink in being able to do that she’s going to use it....”

In both these last two cases the result, intended or not, is a kind of stand off as the step-father, for the present, wishes to maintain the relationship with his partner. This inhibits assertion of control, and allows at least temporarily an unspoken and often volatile alliance to continue. In all these cases child behaviour is made sense of in the context of the behaviour of the parents and of their conflicts. The interaction may not appear to be within the direct control of anyone, but to the workers its importance is as an explanation for the behaviour of the children.

Control and the assertion of self by the child

Nine social workers explain control problems, in part at least in the context not of a lack of consistent supervision, though sometimes that is present as well, but of the child’s response to hostility, condemnation, and rejection by the parent. Although one social worker acknowledged the difficulty of tracing the interaction regressively back to some original source, they all explained children’s present and recent behaviour, and the problem of control in the context of the parents’ attitude and behaviour towards them, rather than vice versa. This does not mean that they see children’s behaviour as an automatic response over which they have no control. To refer back to the discussion on responsibility in Chapter Two, the one is not in the power of the other. The behaviour may be explained by the parent’s attitude. It is not caused by it. It is still the child’s responsibility to, for instance, resume school attendance, stop offending, be less confrontational at home. For example one social worker, who had given a very clear account of how the behaviour of a fifteen year old could be explained by his treatment over a long period by his father, had this to say about whose responsibility it was to change his behaviour now:

“He had to be aware that it was his responsibility. I don’t think you could put that on to the parents, I mean he was the one that was going out and offending, and he was the one that was going to have to stop, regardless of what had been in the past...I think any damage that had been done was in the past...they (parents)

can't undo the damage that has been done".

Despite this, these social workers do often see the behaviour as an assertion of self by children whose identity and sense of self worth has been damaged by their experiences of being parented. The damage has been done in different ways, but what all seem to have in common is that the parents have pursued some other agenda that has pushed these children to the periphery of the family, or their expectations have denied their children recognition of their own separate and valid identity. To these social workers the children's behaviour is an understandable if confused reaction to that, a part of their struggle to retain a place in their family, or to demand recognition.

Three social workers employ the idea of disruption to the continuity of care as an explanation for behaviour and control problems. One thirteen year old boy, for instance, who has already been brought into care by the night duty team, goes missing from his foster home. He has spent several years moving to and fro between his separated parents each of whom eventually sends him back to the other, and from each of whom he has gone missing. Neither parent seems committed to G who "painfully" makes vain attempts to contact his father to establish access. The explanation for G's behaviour is rooted in his experiences with his parents. In this worker's account the child is struggling to remain part of his family which has excluded him and "shipped him off" as a problem. Disruption may work by damaging the child's sense of belonging and having a consistent source of support. His behaviour is a response to that. The parents' response to this behaviour in turn would appear to be a continuation of the approach that had led to it in the first place, namely avoidance, a kind of circular process.

Disruption may involve a cycle of interaction that becomes, at least partially, context for the behaviour of both the child and the parent, as the child's response to the disruption explains the parent's counter response. This worker's account of the response of a fifteen year old girl to a long period out of her home illustrates how many workers connect behaviour to the child's emotional condition. This girl had returned to live with her mother and half siblings at the age of thirteen after many years with her grandmother. She had entered a household where everyone else understood the rules; she shared a room with sisters who did not want her there:

“...it was quite difficult for some body to come back in her early teenage years to a new setup, one that she had been away from

for a long time and to actually try to find her place...the other kids could give her a hard time.....V is the outsider.....and the question for her remains, 'why me, why am I not part of your family, why have the rest managed to stay a part, what was different about me?', and I think that is rejection."

V stayed out overnight, chose the wrong friends, was abusive in the house, behaviour which to the social worker was not abnormal in itself ("more a teenage flavour"), but which provoked mother's anger, and further angry responses from V.

As in the previous case, mother's response was to demand care, so as to remove the problem rather than try to solve it. Although the social worker acknowledges that there are other factors in this particular family that contribute to the control problems (mother's emotional difficulties, a stage two context discussed in Chapter Nine), the history is, for her, context that helps to explain the present. Neither the behaviour of the child nor that of the mother were random occurrences. Each is to be explained.

"I felt that they had to have a sense of what had happened...it was always there...it has led to where we are, this is why it's happened, and this is what we are left with".

Disruption to care in this sense is not the only way self esteem may be damaged as will be demonstrated more fully in the next chapter, but where disruption occurs this appears to be how it affects the child, and how it explains the child's behaviour. With other children self esteem is damaged when control appears to be an exercise in power, when it is not accompanied by empathy or even care. This may happen when parents persistently place their own needs first, and the child's attempts to assert herself in response become reasons for condemnation and rejection.

For example, one twelve year old, is manipulative, aggressive, and sometimes violent, but despite her mother's claims that the girl is "psychotic", the social worker believes the behaviour and control difficulties are explained not by some medical condition but by the way she has been parented. Her mother's numerous changes of partner brought in with little or no preparation for the child, partners who lacked any commitment to the girl, leave her feeling unwanted by her mother. The social worker sees the child's behaviour as an attempt to obtain some recognition for herself in this situation, and the parents' response to this in turn (demand for care) as an assertion of power in their own interests. This idea of control as power or even domination

surfaces also in another account of a thirteen year old girl in another reconstituted family:

“..one of the things I felt quite strongly in K’s situation was that she was controlled a lot of the time...you have to go to school, you’ve got to wash up, you’ve got to go up to have a bath, whatever, but there wasn’t much care in her life...no one to go to when she needed a cuddle... a lot of negatives, precious little positives..... there were huge battle grounds in the family about people exerting their will”

There appears to be some disjunction between parent and social worker about the practice of control in many of these accounts. Many parents may justify their controlling behaviour towards their children by reference to their social duty, or their family duty to their other children, or to the child’s best interests (Day Sclater and Piper, 2000). They are in the wording of the legislation giving ‘direction’ and ‘guidance’, but for the workers who must give content to the parental responsibilities outlined in government guidance care also involves warmth and positive reinforcement of feelings of self worth for the child (Department of Health, 1995). In these accounts children’s behaviour and control difficulties are in many cases to be explained by the lack of these in parent behaviour towards their children. This means that both the behaviour and the control difficulties are explained by the disposition of the parent towards the child.

Denial of a child’s identity is explanation for control problems in yet another way in a case involving a nine year old and his lone mother. So obsessive is mother’s dislike of the boy’s father, with whom he still has contact, that she cannot separate the child from the man. She is unable to prevent her feelings about her ex-husband from driving the way she cares for her son. She constantly tells him that his father was a bad man, and that he is just like him. Mother in this way envelops the child into her own bitter feelings about her ex husband, thereby denying him a separate identity. The boy therefore lives up to the expectations that he would be bad:

“.....I suppose she was blaming his behaviour on the genes rather than his upbringing”.

This connection between control problems and denial of self esteem and positive identity are explained slightly differently by another social worker. It is related not to the parents’ other preoccupations that deny the child’s need for recognition, but to the parents’ unfulfilled expectations of the child. B (aged fifteen) offends and is

“disruptive” at school, behaviour which to the social worker represents his way of gaining from his friends the esteem he has always been denied from his father. In a series of contexts within contexts, including a stage two explanation, the social worker tries to explain what happens in this family.

“Father thought he had had a hard life and pulled himself up by his bootstraps, so why was B not able to cope... we don't neglect him....he was obviously quite indulged materially, quite spoilt, as simple as that...there was a coldness about him [father]...I would say his father was a man that wouldn't suffer fools gladly and B was not very clever. Father was a man that wanted to put on a front to the outside world, and felt shown up by B.
....he was not able to respond on a very loving level and being quite punitive in his approach and at the same time trying to win him over by giving him material things.
I think he (B) felt rejected...he was hurting...there was an anger directed at his dad...his dad was quite belittling to him treated him with contempt”.

B's behaviour is placed, here, in the context of his father's attitude and behaviour towards him over many years, and fathers attitude in turn is placed, perhaps more tentatively, in the context of his own history. To the social worker the problem is not simply offending behaviour, but B's anger and need to assert his identity in the face of his father's contempt.

Parent failure to make adolescents take responsibility for their lives

As noted in Chapter Two, Mackie (1977) argues that the intensity of moral colouring grows gradually in children, and as they mature acts as a control. These workers focus on the role of parents in promoting this process. There is a third group of four cases where the social workers explain the child's behaviour (fail to attend school and offending) in the context of an over protective attitude by the parents. Aged from thirteen to sixteen, these three boys and one girl all live with both their natural parents. Although in one case the social worker acknowledges the possible existence of another factor (a possible psychiatric condition), their main focus is on the parents. As with the other cases it is the behaviour of the parents here as well which explains the behaviour of the children. Their accounts describe parents who lack a realistic appreciation of the expectations held of their children by the world beyond their family. In a sense they collude with their children and both retreat into the safety of the family. It is an illusory safety and encourages their children to believe

that problems can be evaded rather than resolved. According to the social workers' accounts the parents either avoid negotiating with this outside world, so that problems remain unresolved, or they seek to find ways out for their children that merely postpone the latter's need to face up to their own responsibility for their actions. Both the controlling parents and the over protective parents are responsible for the behaviour of their children although in different ways, and in the context of very different dispositions towards their children.

Conclusion

Although these social workers acknowledge that adolescents must learn to take responsibility for their own behaviour they attempt to place an explanatory context around all child behaviour in much the same way that they did with child condition. Children of all ages are deemed to behave within and without the home in response to the behaviour towards them primarily by their parents. Although there is occasional recognition of the part played by neighbourhood delinquent culture and peer groups in offending behaviour, and some criticism of the inflexibility of some school staff, it is mainly the behaviour of parent figures which explains child behaviour in these accounts.

Parent behaviour towards their children in this problem dimension appears to fall into three categories. Other than in the third (failure to make adolescents take some responsibility for their own behaviour) which is seen as benign but mistaken, parent behaviour explains child behaviour by way of its effect on their emotional condition.

Lack of consistency of expectation and failure to set boundaries around behaviour is reminiscent of the similar parenting characteristic identified in the harm and protection dimension. The effect on the child is different here. Whereas in the harm and protection dimension children, usually younger, were passive victims, in this dimension they react and respond to the meaning that the parent's behaviour has for them. If the meaning is confused this is reflected in frustration and erratic behaviour. Lack of consistent boundaries affects children's behaviour via their unmet need for attention and feelings of insecurity. In these circumstances social workers define children as socially and emotionally adrift.

Most seriously regarded in these accounts is child behaviour which is explained as an assertion of self by children who are subject to persistent hostility, condemnation and

sometimes rejection by one or both of their parents. This is not because child behaviour itself is more severe. It is not. It is because the workers view the parents' behaviour as more emotionally damaging. Whereas a failure to set consistent boundaries is seen as a sin of omission which leaves children confused and adrift, but not necessarily crushed, persistent condemnation, which involves a greater degree of intent, damages the child's self esteem and sense of worth. The main problem here is the parents' negative disposition towards their children.

Imputing responsibility is not straightforward. The behaviour of lone mothers is explained in the context of stress, of their own emotional difficulties, sometimes not helped in turn by the behaviour of the non-resident father. However parent behaviour in reconstituted families is more often seen in the context of patterns of interaction where each person behaves according to the meaning the behaviour of others has for them. Parents in both groups are sometimes seen as not really in control of themselves. The prime responsibility however remains that of the adults not the child. The meaning of responsibility in problem definition is discussed further in Chapter Ten.

This discussion of children's behaviour has made more evident the overwhelming importance which these social workers attach to emotional care. That is the third dimension in defining a problem and is discussed next in Chapter Eight.

Chapter Eight

Defining a problem - emotional care

Introduction

The Children (Scotland) Act 1995 makes no particular reference to emotional care. However, Section 1 (1)(a) identifies one of the responsibilities of parents towards their children as “to safeguard and promote the child’s health, development, and welfare”, which, as will be shown, these workers take to include emotional care. In its guidance to social workers the Assessment Framework (Department of Health, 2000a) stresses that children need to have a clear sense of identity, self esteem, and stable relationships with their parents characterised by emotional warmth. It also noted an association between poor outcomes and rejection, blame and scapegoating of children.

Here too it is front line workers who must give content to the legislation and government guidance (Gaskins, 1993). By emotional care in these accounts is meant that aspect of care that tends to promote or to undermine what the social workers see as children’s need for self confidence, self esteem, self worth, security and a clear sense of their own identity. Although emotional care and the emotional condition of children are, for these social workers, closely connected to matters of harm and protection, and behaviour and control, they form a separate conceptually distinct dimension in their definitions.

The twenty one cases included within this dimension contain between them all the main grounds of referral or reasons for case conference outlined in Chapter Four. Despite this, only one child in these forty cases was referred, primarily, because of concerns about his emotional condition (even here the ground of referral employed was ‘beyond control’). The importance of this dimension of care to these social workers becomes evident via their attempts to define problems of behaviour, control, and protection from harm. They redefine what have been referred as problems in these other areas at least partly in terms of the emotional condition of the children, and the emotional care given them by their parents. In this respect these workers are seen to be putting into daily practice the views of Daniel’s subjects who were highly sensitive to the emotional needs of children, and in particular to the undermining of self esteem especially where this was chronic (Daniel, 2000).

It is even more difficult to list phenomena in this area which are free from interpretation than it was in the previous section on behaviour and control. However there are a number of phenomena either evident at referral or identified very early in social work involvement that may be regarded as roughly equivalent to the harms and behaviours recorded in the previous two chapters. They are shown in Table 8.1, below. They differ from the others in that they usually consist of the attitude or behaviour of the parent rather than some characteristic of the child. The condition of the child is inferred. For example, the initial referral in five cases was a demand by the parent that the child be removed into care. In three other cases this was an early request or threat by the parent. Often this was associated with strong condemnation and hostility towards the child expressed to the social worker by the parent, who usually defined a behaviour and control problem.

Table 8.1 Phenomena which must be explained

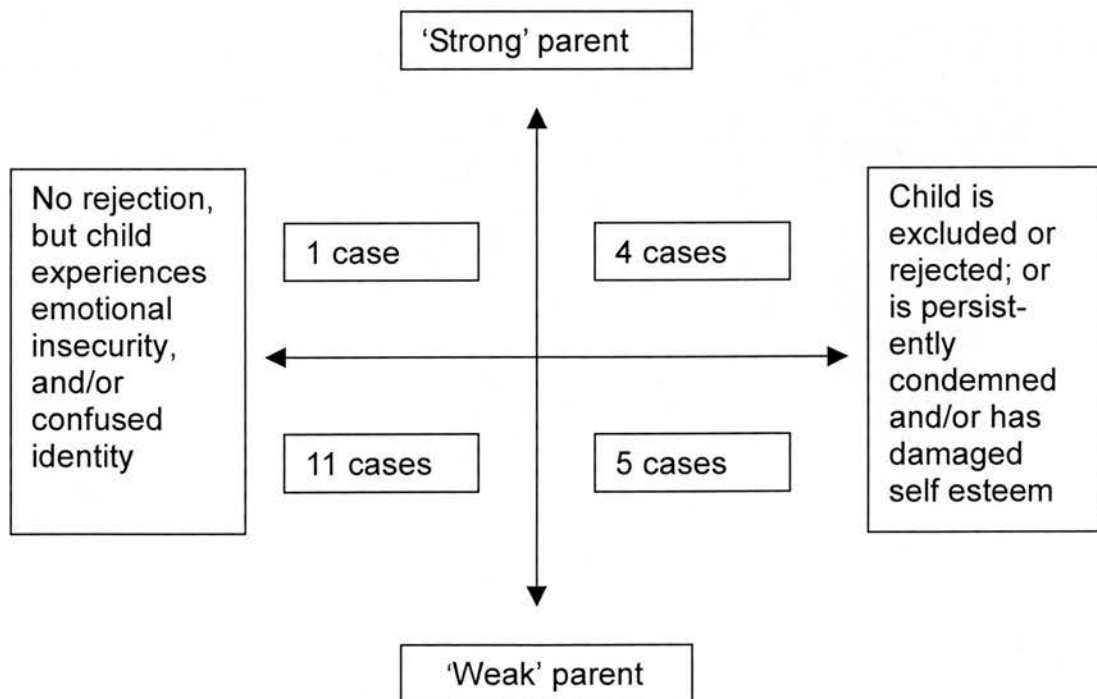
Phenomena indicating child's emotional condition	Number of cases in which it occurs
Child ejected or seriously threatened with ejection from home	8 cases
Child subject to consistent/frequent hostility or condemnation from parent	9 cases
Child has under-developed sense of self or sense of self threatened	2 cases
Child unable to manage friendships with own age group	1 case

However, this group of social workers go on to build context around this and to define a social work problem that goes beyond behaviour and control to encompass what they see as damaging emotional care and the child's emotional condition. It is rarely possible to establish a child's emotional condition as a 'fact'. Some workers acknowledged in interview the difficulty of defining clearly good or poor emotional care, a point made also by Daniel's subjects. They define it only in the particular case. The workers will often infer the condition from the child's behaviour, or the type of emotional care from the parent's attitude or behaviour. To define a social work problem they must place each in the context of the other. As previously they

explore the interaction of parent and child and the behaviour and attitudes of both, in other words move through the immediate context in stage one. The problem is not, for example, 'a child with low self esteem' or a 'domineering parent', but each would be explored in the context of the other, and each of these has been interpreted as such by the social worker.

These workers give accounts of the condition and care of particular children in particular families. It is necessary to derive from these accounts some typology of the ways in which they made sense of the dimension of emotional care. This appears to be best conceived via two sub dimensions. One is the degree to which the parents are believed to be in control of themselves and are seen as strong or not. The other is the degree to which at one extreme the child is seen to be rejected by the parents, subject to hostility or condemnation or excluded emotionally from the family, or at the other there is no rejection but the child feels insecure emotionally, or their identity and sense of self is confused. Figure 8.1, below, illustrates this.

Figure 8.1 Dimensions of emotional care



The 'strong' parents are believed by the social workers, here, to be in control of themselves and usually to be a dominating and controlling presence in their families.

This does not mean that their control was always successful, but that their wishes tended to be the ones that were expected to be acted on. None of these parents is a lone parent. More frequently encountered here are parents who, because of the circumstances of their own lives, are not in control of themselves, and have pre-occupations that overwhelm their ability to care confidently for their children. Their interaction with their children is inconsistent and their support for them is erratic. Their own emotional confusion, lack of confidence, and low self esteem means they are not able to help their children feel secure, or develop self esteem of their own. These are the 'weak' parents in the figure.

Each dimension, here, is a continuum. Cases do not all fit neatly into one or other segment in the figure. In some families one parent is seen as strong, and the other not, with different implications for how the social worker explains the child's condition. Sometimes there is a degree of rejection alongside insecurity and confused identity, sometimes not. In only one case is a child's emotional condition seen as a random medical happening and that is suggested by the worker only tentatively. As was the case with harm and behaviour, the child's emotional condition is almost always explained in the context of the behaviour and attitudes of the parents. Sometimes the social worker may need an understanding of the child in order that they can begin to make sense of the behaviour of the parent, but more often they will move from the latter to the former. Sometimes, especially when the children are young, the subject can only be approached through the behaviour of the parents and inferences made about potential consequences for the child's emotional condition.

In most of these twenty one cases the control or protection issues are important concerns. With control issues it is often the emotional condition of the child and the emotional content of the care given by the parent that enable the worker to explain the connection between parent behaviour and child behaviour. This means that the child's behaviour is often explained by her emotional condition which itself may be explained by her parents' behaviour. Where protection issues are concerned it is emotional damage associated with physical injury or sexual assault that the social workers focus their attention on. This does not necessarily mean damage believed to result from the injury or assault itself but that these harms occur in a context that also explains emotional damage of some kind. The workers often regard the latter as more significant.

There is a further group of seven cases beyond those encompassed by these sub dimensions. These seven cases illustrate in a different way how important emotional care is for these social workers. They are all cases where there are concerns about poor physical care, physical injury, risk of sexual assault, or problems with the child's behaviour. However, compensating for these concerns is what the social workers perceive to be good emotional care. This too is similar to Daniel's finding that her social worker subjects believe that 'emotional abuse' is more serious than physical abuse or neglect (Daniel, 2000). This group of accounts will be discussed following consideration of those in the four segments of Figure 8.1 above.

The four dimensions of emotional care

The issues contained within each of the quarter segments will be considered in turn, beginning with those in the 'south west' segment which includes the largest group of cases (eleven). Here, there are two overlapping categories of concern, namely what the social workers perceive to be the child's feelings of emotional insecurity, and their confused or uncertain sense of their own identity. Sometimes both of these are believed to be present for the same child, and sometimes only one of them. They are explained in the context of parent behaviour that may itself be explained by their own emotional or other difficulties, a stage two explanation.

Insecurity is described and explained in different ways. There is often a close link to a lack of control by parents who themselves are overwhelmed by other demands on their energies. Sometimes this was because the parent was simply not present. "Being there", a phrase used by a number of these social workers, is important, because it appears to equal attention for the child. Adolescent offending is placed by some workers in the context of the child's insecurity which is itself explained by parental abdication, as one put it. One fourteen year old, for example, who is drifting about in the neighbourhood and whose offending behaviour is increasing, lives with his divorced mother who,

"did sort of abdicate in a sense, instead of realising her own responsibility, was giving it to other people, like Auntie P, in ways that were probably harmful to D without her realising it... he needed a stronger parent, whereas mum was being a wee bit weak....D was probably feeling quite insecure by that, that his mum wasn't being as strong for him as.....she wasn't there for him.just not getting any attention from her.."

This boy's offending behaviour and failure to go to school were the grounds of referral, but for this social worker, they are explained in part by his feelings of insecurity, itself explained by the behaviour of his mother. In this way the social worker has redefined the problem.

Although the issue for the parent may be, for example a child's behaviour at home and in the neighbourhood, for the social worker it becomes his need for more attention from his mother, and the lack of consistent boundaries provided by her. This social worker for a ten year old boy believes that his behaviour must have an explanation, but mother had no

“kind of explanation why he behaves like that, and [nor did she accept] his lack of you know boundaries, that he'd experienced no kind of security and stability from that, consistent boundaries.”

The social worker believes that his behaviour and his bedwetting are to be explained by the lack of security provided by his mother.

A lack of boundaries manifests itself in different ways, and may explain different emotional conditions. Even when parents are present there is sometimes a sense of both parents and children at the mercy of events, of nobody in control of themselves. Parents' other needs and lack of confidence overwhelm their ability to provide consistent care for their children who use this to manipulate space for themselves. It is as though the children are attempting unsuccessfully to find the boundaries in their family. Children's need for boundaries and consistent parenting echoes the discussion in earlier sections about the importance of structure and routine. The absence of these is sometimes the context for hysteria and demanding, sometimes violent behaviour continually appeased erratically in various ways by their parents.

Although the manifestation is the behaviour and the parents' inability to handle it, this must be understood according to these accounts in the context of the erratic and uncertain care the children receive. To the workers the matter for concern is the children's unstable emotional condition that this interaction indicates.

Emotional detachment from consistent sources of support and guidance does not always manifest itself in such demanding and violent ways. Another social worker explains one adolescent girl's overdose following trouble with her boyfriend in the context of the disintegration of her relationship with her mother to whom she had

been unable to turn for support. The father, who had controlled everyone in the family, sometimes violently, had left the home and left a mother, who was then,

“unable to take control of any situation at all as regards the children.....
M was angry at her mum for being unable to take control....there wasn't any stability, any security there for M and throughout her life she's never really experienced what you would call any firm and stable security, and that's had an effect on how she views her mother and her mother's lack of control....I think she's very unstable emotionally.....there's some sort of gulf there with her mum now so that she couldn't reach her for help for a way out”.

There appears to be some circular reinforcement according to this account. Already insecure because of her mother's lack of control, the girl is unable to turn to her for support as an adolescent, so increasing her feeling of being adrift. The mother's own weakness is explanation for her daughter's lack of emotional stability and her behaviour. In turn mothers problem is located in the stage two context of the abusive relationship she had had formerly with her ex- husband.

The difficult and sometimes volatile behaviour of young children is explained similarly by insecurity engendered by their parents' behaviour. This was seen clearly in the account in Chapter Six about harm and protection, of the five year old whose extreme behaviour was explained by the social worker in the context of insecurity and his mother's frequent moves away from abusive relationships. That worker defined her social work problem as a very insecure child whose condition was explained by his mother's behaviour. This to the worker was more significant than an alternative which would have been a physically abused and badly behaved child. A social worker for another younger child (N, four years old) approaches it from a slightly different perspective. N moved about with his mother, sleeping in the homes of different relatives, had no consistent reciprocal relationship with his mother, did not know where he was going to be each night. Care and control were delegated haphazardly and exercised by many different people. Uncertain and confused, he was quite aggressive and frustrated at nursery and had tantrums with his mother who found him difficult to manage. When he is eventually left with relatives of her boyfriend, mother rarely visits, and when she does so spends only five minutes with N. He is very upset and has further tantrums. Mother, who had her own tenancy, moved about for emotional and practical support for herself, but to the social worker this was at the expense of commitment to her son, who reacts to insecurity in the only way he knows.

Despite their differences all these accounts explain the child's condition in the context of the lack of a strong parent felt to be in control in the life of their family. The problem is not primarily to do with rejection or hostility, but with the failure of the parents for various reasons to give sufficient consistent attention to their children. The social workers have reinterpreted the grounds of referral, which were all concerned with behaviour or physical harm, and focussed on what they believe to be a more fundamental problem in these families, which is the weakness of the parents as explanation for the emotional insecurity of their children.

Some reference to damaged identity was made in the last chapter in the context of children's behaviour and control. However confused identity or inadequate sense of self is a problem, in itself, for some social workers, irrespective of its part in explaining the behaviour and control problems which have brought it to their attention. It arises in the context of parents' behaviour which pursues their own concerns with apparently little awareness of the emotional impact on their children. For instance, one eight year old is caught between his two natural parents and his stepfather all trying to undermine one or other of the others and to claim his loyalty. Confused and uncertain of his place in this triangle, he carries tales that he thinks whoever he is speaking to wants to hear. Another fourteen year old girl who does not go to school has recently discovered during a family argument that she has a different father from her younger siblings. This knowledge is pitched to her in the midst of a maelstrom of other events, longer term scapegoating of her by her mother, mother's drinking, and the illness of one of the other children.

“.....I think she [mother] has a lot of difficulties from her past and she's projected a lot of her feelings and a lot of her difficulties onto S...it's quite obvious that her mum when she's talking about the other three children, she separates S from them, so S's identity must be totally confused....there's not the same level of importance as she attaches to the other kids.....”

For another worker the problem is placed in a slightly different context, in that it is emotional neglect and indifference by the parents that has left a thirteen year old girl with no compass, no sense of self.

“...she's like a very sweet wee soul, she's been with an older man who I don't think has ever hurt her not as she would perceive as being hurt, I don't think she's actually been exposed to any kind of danger that she perceives, it's

been a game, you get money, and this that and the other,
no-one's helped her to look at what are the dangers around...
...it is way beyond what she can understand and cope with...
years and years of neglect....”

Preoccupied by other difficulties and interests, debts, and doing a college course, the parents see only a control problem, as their daughter goes missing, stays out overnight, disappears from school to be picked up by men in cars. The social worker sees it differently. She builds some context around the control problem she has been presented with. She sees years of emotional neglect which has placed the girl at risk of sexual exploitation. It is the emotional neglect and failure to provide the girl with guidance and a self protective sense of herself which she sees as the main problem. The sexual dangers are seen in the context of that. What these cases have in common, is that the referral problems, difficult behaviour at home, failure to go to school, going missing, become partially reinterpreted by the social workers into questions of the effects of parent behaviour on the children's sense of themselves.

Seven of these eleven families are headed by a lone parent (six mothers), three by both natural parents, and one was a reconstituted family. The accounts describe parents overwhelmed, often unsupported, who are not strong enough to give their children a firm sense of emotional security themselves.

The five cases in the 'south east' segment of the figure are different in one important respect. Those placed in the previous segment suffered confusion and insecurity, but not rejection. Condemnation was intermittent. In this segment are placed children who are seen to suffer rejection as well as more hostility than those in the previous one, and by the time of the hearing all the parents want them removed from home. As before, the condition of the children only makes sense to these social workers in the context of the behaviour and attitudes of the parents which themselves may be explained by preoccupations, events, and stresses which diminish their ability to care for their children. It is these preoccupations which provide a stage two context to parent behaviour and which are the subject of the next chapter.

There are four aspects of emotional care identifiable in different combinations through these five cases. They may be summarised as a series of concepts, termed scapegoating, continual condemnation, rejection in the sense of wanting the child out of the home, and neglect of a child's emotional needs by a parent who has other priorities in her life, but which the children experience as rejection. They are

expressed, here, as parent behaviours or attitudes that have a direct impact on the child. The four aspects do not simply co-exist in combination. They mutually support or reinforce one another, as illustrated in Table 8.2 below.

Table 8.2 Aspects of emotional care in combination

	Scapegoating	Continual condemnation or negative attitude to child	Want child out of the home	Emotional neglect for parent's other priorities
Case 1		Yes	Yes	Yes
Case 2	Yes	Yes	Yes	
Case 3		Yes	Yes	
Case 4		Yes	Yes	Yes
Case 5	Yes	Yes	Yes	

Illustrative of the first group, are two teenage girls (different families) who are believed by their social workers to be scapegoated by their mothers, that is made to take the blame for other family problems or stresses in their mothers' lives. They react differently to this (not going to school, poor behaviour) but both these cases illustrate how scapegoating involves isolation, blame and condemnation. One of these girls has been referred by her mother and by the Children's Reporter as 'beyond control'. The social worker sees it otherwise:

"I felt mum was really very severe and sore on E.....but it's more to do with mum, it's not to do with E, and what she does or doesn't do.....there were other things, I think there are difficulties between (mum) and (partner), she drinks quite heavily, is on tablets, and I think E has been a convenient scapegoat for other things...she was a convenient focus and that kind of took the heat off other things"

However it is E's emotional condition, which the social worker places in the context of this behaviour by her mother which most concerns her.

"She has a poor self image, lacks confidence, and needs constant reassurance.....she has learnt to see herself as a bad person responsible for everything that went wrong"

The girl had internalised her mother's view of her in such a way that the social worker thought this and mother's attitude, not the girl's behaviour, constituted the

problem. Indeed so severe is the emotional impact on these two girls that the workers are not able to intervene to tackle the referral problems at all.

Continual condemnation is not only associated with scapegoating. Even children who are not carrying the blame for their parents' other problems, and who, in two cases here, are their mother's sole child may be subjected damagingly to frequent hostility, and negative attitudes which crush self confidence and self esteem. In all these accounts there appears to be a loop in the explanation as child response to treatment feeds back to parent counter response. Although it is control issues that have brought these cases to the attention of the social workers, and it is control issues that exercise the parents, to the social workers the child care problem lies in the attitude and behaviour of the parents and the emotional condition of the children. That is not to say that they believe that control and child behaviour are unimportant, but, as was discussed in the previous chapter, that sometimes they can only be understood in the context of emotional care. Sometimes the condemnation is believed to spring directly from a parent's own historical experiences and needs, which is a stage two issue, but this informs the way in which the parent communicates the condemnation to the child in the present, as this social worker's account illustrates. A lone mother, near to the limit of her ability to cope, sees her ex-husband in her nine year old son:

“I think she's so entrenched in her dislike, I would say hatred, of A's father that she can't separate the child from his father.....and she saw all the negatives she'd seen in her ex-husband and told him this and he lived up to them, she constantly undermined his confidence and sense of self... .. when she said things like that his face would fall, his body language would display I don't like this, I don't like people talking about my father like this, and he would run out”.

In this account the child is attacked by his mother for something he could do nothing about, that is his inheritance from his father. He was left with nothing of himself.

In other families the condemnation comes in a different context, affects the children in different ways, and is supported and reinforced by one or more of the other aspects. For some social workers the condemnation is accompanied by what one of them calls negative labelling, that is an attempt by the parent to claim that the problem is more than just the child's behaviour, but that the child was in some way ill and has psychiatric problems, or is morally defective. In all cases the social workers are dismissive. In three cases condemnation is reinforced both by the

parents' demand for care, and by the clear message to the child that they are of lesser importance than other pre-occupations in their parents' lives, hence physical and emotional rejection.

For example the mother of one thirteen year old girl has recently imported, not for the first time, a new partner into her family with minimal preparation for her children. The child's hostile response to someone she sees as an intruder is the context for mother's counter response:

“Mother says G is a sick child, stares into space, tries to portray her as evil, as a child with psychiatric problems, psychotic tendencies...I don't think so at all...she's the way she is because of the way she's been parented”

And to reinforce the rejection, they arrived at the social work office:

“they don't want an answer, they want her out...they were just really angry and just wanted, they'd all her stuff in black bags, didn't want her back”

In the case of this girl, three out of the four aspects of emotional care, summarised earlier, reinforce one another. Hostility and condemnation is compounded by the message that she is of lesser importance to her mother than her new man, and she is fairly brutally ejected from the home, whilst the new partner stays. In the worker's account mother's attempt to impute psychiatric illness to her daughter to explain her reaction has the effect of denying any of her daughter's feelings.

This refusal to see children as intrinsically 'bad' or 'ill', rather than behaving and feeling in the context of their parents' behaviour towards them, which is common to almost all these social workers is well summed up by this social worker for a ten year old boy, whose mother also first uses care as a threat to him, and finally demands it. The lone mother intermittently works either in the fields or in a local shop, leaving her son alone in the morning and after school when she does so:

“...she was swaying towards the negatives all the time....negative labelling...labelling him as a psychopath.... she didn't make an issue at all about how she dealt with things herself. It was S is a bad boy, he wouldn't do this or that and she was thoroughly fed up....there was a threat of him going in to care that she put to him...and he'd internalised her way of looking at him...she herself is ambivalent about him but she projects that onto others [headteacher in

particular].

Her prioritising her own needs over him he would experience as a kind of rejection and her wanting him out there letting him do things, and not actually being involved with him doing things alongside him. His self esteem however is not exactly thriving on that plus the additional negative messages he keeps getting from her would lead him to feel quite frustrated.....entrenched history since he was about five and this kind of emotional abuse, low key, or not so low key if she says I want you in care, you know, how that makes him feel.”

This social worker goes beyond the particular case to state what may be an unstated philosophical position held by many of the social workers here. She criticises the attitude to children’s behaviour held she believes by many in the wider society.

“(mother) is surrounded by people in the neighbourhood, in society, you know, the way they see children today, if someone’s badly behaved, they’re bad and they have to be punished, rejected you know, by people on the basis of their behaviour without any kind of explanation why they behave like that”.

All five cases in this segment illustrate how the social workers identify children subject to constant criticism, condemnation, and destructive labelling, which they experience to varying degrees as rejection. The workers all place this in the context of the behaviour of their parents, (three lone mothers, and two natural mothers/stepfathers in reconstituted families) whose ability to cope with their children may be diminished because of other life circumstances, including poor health, or emotional stress, that will be explored more fully in Chapter Nine.

The four cases in the ‘north east’ segment share some features with the previous one. That means that the children experience hostility and condemnation. However the ‘strong’ parent behaves in a different way, is often more consistent in their negative approach to their children, and this behaviour allows in these accounts for different explanations for the emotional condition of the children. If these parents experience any of the same stresses as do those in the previous two segments, they do not overwhelm their confidence or their ability to assume positions of dominance and control within their families. Their behaviour towards their children is less erratic, less dependent on a transient emotional state. The criticism and condemnation of the child is more persistent in these four families than it is in those in the ‘south east’ segment. In all four there are two parent figures (only in one are both the natural parents). In three of them to varying degrees the role of the complicit “weaker”

parent (always the natural parent, two fathers and one mother) is important in understanding what is happening.

As before all the parents focus their complaints on the children's behaviour, and the social workers, as previously, define the problems in terms of the parents' attitude and behaviour and the children's emotional condition. All the children have in common that they are condemned and isolated on the periphery of their families, excluded emotionally, that is the relationship with their parents is one in which warmth and care are absent. The significance of this in family life was also noted by the Dartington authors (Department of Health, 1995). Attempts at control are the main characteristic of the parent-child relationship. It is the combination of this and a strong unrelenting approach from the parents that distinguish this group of accounts. The four social workers offer what are often quite complex accounts of the way condemnation, attempts to dominate, scapegoating, emotional isolation, and the desire of the parents to rid themselves of these problems interact with one another in different ways. There is a downward spiral as isolation and exclusion are reinforced by hostility and condemnation, feelings of rejection and low self esteem. The child's behaviour in this context becomes the parents' justification for further isolation, condemnation and rejection, For the social workers, though, it is a case of blaming the victims. In all cases the parents either want their children removed, have already achieved this via the night duty team, or in one case are very close to wanting this.

Only one of these four children is scapegoated as well in the sense that she is blamed for other problems that beset other relationships in the family. This child, a thirteen year old girl in a reconstituted family is scapegoated not only by the parents but by the older natural children of her stepmother. Her older stepsister,

“sees K much like her mother, as a dirty wee problem, and she is quite harsh with her.....I felt quite strongly that a pattern had been set up that takes the family's problems, and directs them onto one person and says you are the problem....and rather than looking to rehabilitate and solve problems, the real agenda was to remove that person, and distance yourself from all the problems that have been packaged up with them.”

This worker illustrates the way in which, besides damaging the child by isolating and blaming her for the family's problems, scapegoating involves projecting onto one person all the problems of the family, so denying the role of others and then may be seeking to remove the problems with the person. This has the effect of restricting the

areas into which intervention is to be allowed, and so, as will be seen in Chapter Eleven, makes the social worker's task in trying to help with resolution more difficult.

Although none of the children in the other three families in these accounts is scapegoated in this way, they all (aged nine to fifteen) experience the other parent behaviours. The treatment of the fifteen year old belittled by his father was described earlier in Chapter Seven, and explains, according to the social worker, the boy's behaviour. Here, this account of the experiences of a nine year old illustrates characteristic features of the treatment of the child in these four families:

“G is a poorly attached child who feels seriously insecure.....he doesn't feel part of the family, he has never felt part of the family... he was always on the periphery, he never went out, he was never taken to the shops....he wasn't allowed in the car....he was totally grounded to his room virtually the whole time he was home from school... all the furniture had been removed from his room, no toys, no lighting.....he stood at the table while everybody else ate, he had to stand with his hands on his head every morning while his mother got his sisters dressed, because he was too naughty, he saw himself as being naughty, and as being always on the periphery of everything that was going on.....”

The child's experience is to be seen, however, in the context of his parents' attitudes and behaviour towards him, often over several years. Describing her “shock” when she discovered how this child was living, the social worker sought an explanation from the parents, one of whom (mother) had described G as a “little shit”:

“Dad said it was terrible, but that it was the behaviour of the child [raiding the fridge at night, spitting, wandering out without permission] that had resulted in him having to take these measures, and G had brought this upon himself...it was all down to G and it still is all down to G.....but there were early signs that something was wrong...potty training was a disaster, Dad was very strong, controlling, very negative.....would stamp his mark saying you will sit there until you have your pee, and he would have to sit until he did something in his potty.....and he would be fed and fed until....you know, if it made him sick that was G's problem ”.

The social worker describes father as still very strong and negative, dismissive of any attempt to explain how G might see what has happened. After acknowledging concerns that G was ‘failing to thrive’, that he had not grown for four years, she sums up:

“My main concerns were that he was abused, in the sense that he wasn’t spoken to, when he was spoken to he was snapped at, he was isolated... erm...every need that he would have was in some way disjointed, if you like, by the parents. I didn’t have concerns that he was being physically or sexually abused.”

Other than the failure to grow, all the characteristics of the families in this group are present in this account. The child internalises the negative views of his parents. Control amounts to domination. The child is denied a role of his own within the family, but instead is forced to play a role as the butt of his parents’ domination. Finally there has been a long historical build up; the problems that these social workers define do not consist in an event or a single piece of behaviour either by parent or child.

In all four of these accounts there is a sense of child and parents locked into a pattern of interaction that they are not able to escape from. The social workers explain these children’s behaviour as their response to longstanding expectations, that are continually reinforced by the behaviour itself. However, in none of the four families are the parents willing to work towards breaking out of the cycle. Their response in all four cases is to reinforce control, to attempt to use the social worker as an agent to assist control, and to work towards removal of the child. Parent and child become disengaged emotionally. In two families the parents’ attempts to control appear increasingly to be attempts to dominate in a battle of wills. There is more, in these cases, than an attempt to control a child’s behaviour. These are accounts of constant hostility, and condemnation of the child’s self, so that esteem and sense of self worth are damaged. The lack of warmth in the relationship compounds the effect of the isolation:

“...I asked her [thirteen year old] who do you go to when you are upset and you want some comfort, or a hug, she just shook her head, there was no one...”

In three of the families the attempts to control the child become part of the dynamic of the parents’ own relationship, so complicating any effort to find a solution, but also reinforcing for the child their sense of exclusion from the family. In order to maintain their relationship with their partner the natural parent appears to acquiesce in the preoccupations of the more dominant step-parent, and to refrain from being a source of emotional support to their child, who is seeking this from them. This tends

to tilt the balance of the parent-child relationship even more towards control, and condemnation, and away from emotional care. Deprived of an ally in the family, the child is moved further to its margin. This is different from some of the other reconstituted families among the forty, discussed previously. There the child is able to maintain some kind of unstable alliance with the natural parent, in ways indicated earlier.

This social worker discussing the competing relationships in a reconstituted family illustrates the way in which in these families the child may be pushed aside as the parents manage their own relationship. These parents have recently been away on holiday without the children and have decided that they both want to stay together. This has implications for father's natural daughter:

“She set dad up to be something.....this idealisation of her father, you know, I'm not going to blame him, I'll blame her, she's just an evil witch....but it's not just hating her stepmum, it's wanting a family back that she feels part of.....”

She seeks private chats outside with her father when she has been in trouble with her stepmother, but stepmother does not like this as she feels it undermines her authority. She need not have worried, because father, in the presence of his wife will,

“sit and say absolutely nothing and, you know, when he tries to say something, his wife's talking over him.....whether he bottles it or whether he just feels he's talked over.....but it's hard for her too because she's seen to be the one that's driving everything.....but he just opts out altogether.....”

Unsurprisingly perhaps, there is only one case which falls within the 'north west' segment. This case has in common with the last group parents who appear to the social worker to be in control of themselves, and issues about the emotional condition of the child. This is explained however in a very different way.

The worker struggles to explain the child's condition and her behaviour in the context of her parents' attitudes and behaviour. Neither can he find any external environmental factor such as school which would explain the girl's condition. He comes close then to explaining it as a whim of nature. C aged thirteen, referred because she refuses to go to school, is described by the worker as a girl who is angry

and aggressive towards her parents, who associates with much younger children with whom she regularly falls out amid floods of tears. He redefines the referral problem:

“I don’t think school’s got anything to do with it, it’s all tied up with her psycho-social development...I don’t think she can help herself...I think she’s very frightened...of the world in general...I’ve checked a hundred and one different things...like sexual abuse, you’re on constant guard, but I haven’t seen anything like that..”

For the social worker, this is a girl with distinct emotional difficulties, but he struggles to place these in an explanatory context, at least one that includes the parents, who he sees as confident sensitive people worried about their daughter.

“He’s so easy going, they try to do things through reason and laughing and joking...I think maybe they’re too nice, they respond to what she wants rather than what she needs...”

Unable to explain the girl’s condition convincingly in the context of the behaviour of her parents, or of the school, this social worker speculates that she may have a psychiatric condition.

Weighing emotional care against other problems

The importance of emotional care to these social workers is well illustrated by a group of seven cases, in which the primary concerns are not about emotional care but are about harm and protection or behaviour and control. In these seven cases the social workers place the harm (five cases) or the behaviour and control issues (two cases) in the context of what they perceive to be the good emotional care given by the parents, or the emotional stability and self confidence of the children. These latter either override or mitigate the importance of the other problems. In a similar way Dingwall and his colleagues noted that social workers ascribed moral worth to parents who showed that they loved their children, and that this was used to mitigate judgements about inadequacies elsewhere (Dingwall et al., 1995). These seven workers employ, in respect of young children, concepts like attachment, affection, love, and responsive interaction, that link child and parent. With respect to older children they describe children who are undisturbed, who have emotional maturity, who are able to decide what is most important in their lives.

The dilemma for some social workers posed by their judgement of the relative importance of physical and emotional care is not necessarily easily resolved. One, a worker with a family of three children under five with health problems is fairly clear:

“...I was much happier about leaving the kids there because I had had time to see that yes these kids are very attached to their mother, and it would be very distressing for them to remove them, and if they were removed we would only have to put them back again, and I was much happier that we were going to keep them there and work around it...but I became more and more frustrated with mum, you know...it was just a big dark tunnel with no light at the end of it, despite the efforts that were going in...”

Another, a worker for four young children where the concerns were primarily about physical safety, is less sure:

“...mum clearly loved her kids, and her kids love her...very loving and responsive....they climb on her knee, ask questions, are physically affectionate...she clearly cares for them in an emotional sense, but physically the risk is unacceptable..... pots hanging over the cooker, dog faeces on the floor..... out unattended at night, mother drunk.....that’s where I have a difficulty....”

The importance of these cases, here, is not in the decisions actually made (in none of the seven cases were the children removed during the period of the research), but in the workers’ attempts to weigh the risks of physical (and in another case sexual) harm to the children against the potential for damage to their emotional well being.

With respect to older children in this group, where the primary cause for concern had been behaviour and control, social workers appear to experience less of a dilemma and tend to redefine the problem completely. They also focus less on the parent-child interaction and more on how the children themselves present. These two parts of their approach are encapsulated in one case involving two adolescent girls who do not go to school, who live in a family with a “catalogue of chaos” lasting several years, multiple incidents of abuse in the wider family, mother constantly moving from one abusive relationship to another.

“There’s been no steady childhood for these girls, they have just moved and moved and moved and moved and moved....”

However failure to go to school is seen here not as part of a struggle for their place in the family or to assert self, but almost as an act of solidarity with their mother. There are mixed messages as she overtly tries to get them to school, but in the context of the family history, school is not seen as important, and the girls fear both for their mother and for themselves if they leave her to go to school.

“...with mum, ok, she'd been alcoholic, she'd moved, she'd done this, she'd done that, but some how through that she's brought up two very settled, personable, I won't say untroubled but...undisturbed girls, who are age appropriate and have a clear kind of vision of who they are, what they're about.....so she must have got a lot right...and if that's the lifestyle...err....we're not going to change it and you get more away from the concerns and into moral judgements about lifestyles...”

This social worker has redefined the problem. It is no longer about failure to attend school and parental failure to ensure attendance, but about how two emotionally stable adolescents and their committed but struggling mother can be helped to keep themselves safe and unharassed.

Conclusion

When they assess emotional care these social workers try to understand the meaning that a person's behaviour has for others. This means in particular how children will experience the behaviour of their parents. In order to do this they assess both the intent of the parent in their actions, and the general disposition of the parent towards their child. This provides the context to the intent. Disposition may be inferred from the intent. Each helps to explain the other.

Emotional care cannot be observed. Neither is it a single event like for example breaking an arm. It takes place over a long time and is cumulative. The Dartington authors noted the corrosive impact on children's sense of self of living in a long term unfavourable environment (Department of Health, 1995). The social workers here make inferences about emotional care from what they are told about children's behaviour and from what parents (and sometimes others) say about the children. This means in particular how the parents explain the behaviour and how they say that they respond to it. They also interpret the past from what they are told about the present. To a lesser extent (lesser at least until the children enter physical care) they infer from descriptions and explanations offered by the children themselves.

If these inferences are made on the basis of research and theories of child development, few of the workers were able to say which. Nevertheless, it may be wrong to conclude that material of this kind has not had an impact on their reasoning. Whilst only one worker spontaneously referred to attachment theory and Vera Fahlberg, the influence of ideas about the importance of early attachment was clearly evident in other accounts. As has been said in the case of the other dimensions of problem definition many workers were quite experienced and the effects of training and practice and life experience would have become fused.

Very broadly these workers' accounts suggest that there are two types of parent disposition towards their children. These might in some respects mirror Thoburn's distinction between emotional neglect and a deliberate desire to harm (Thoburn et al., 1995). Parents in accounts in the 'south west' segment in the figure 8.1 whose inconsistent behaviour leaves their children with no boundaries, with feelings of insecurity, of being emotionally adrift, or with confused identity and sense of self are regarded less harshly than those in the two 'east' segments. Their behaviour tends to be seen as a 'sin of omission' in the language of Chapter Two (Benn, 1998). Their intent is not to harm their children. Often overwhelmed by other events in their lives their behaviour may be seen in the context of wider stage two explanations of the kind which will be discussed in the next chapter. Seven of the eleven families in this segment have a lone parent (including the lone father). Only one is a reconstituted family.

The main difference between accounts placed in the 'west' segments and those placed in the 'east' is the existence in the latter of rejection by parents of their children and often quite sustained hostility towards them. These children were perceived by the workers to be subjected to fairly constant condemnation, negative labelling and sometimes to scapegoating. All nine of these accounts record that the parents demanded that their children be removed from home at some point during the period of the research. This was so in none of the twelve accounts placed in the 'west'. This would confirm the point made in the Assessment Framework (Department of Health, 2000a) that poor outcomes are associated with rejection, blame, and scapegoating.

On the other hand the workers give more complex accounts than Thoburn's distinction suggests of these families in which harm is more deliberate. There

appears to be a distinction between hostility and condemnation which is intermittent (even if sometimes frequent) and that which is unrelenting. In the former (the 'south east' segment) short periods of less fraught more positive interaction intersperse dramas and crises. Parent behaviour is explained in the context of illness, stress, and personal history. In some ways this is similar to the explanations in the accounts placed in the 'west' segments, but is more severe as is the consequence for their children. These parents are in part victims themselves, as well as their children.

Where hostility condemnation and rejection are unrelenting (as in the cases in the 'north east' segment) no periods of respite are recorded. There is little attempt to explain parent behaviour. The focus is on the behaviour itself and its consequence for the child, which is damaging to their confidence and self esteem, and feelings of self worth. The relationships between parents and children are characterised by a determination to dominate and control, and attempts to isolate the child within the family. That parents and children may be locked into a pattern of reciprocal interaction does not detract from the responsibility of the parents for this state of affairs. As Dingwall argued (Dingwall et al., 1995) flawed family relationships are always the responsibility of the adults. None of these parents are seen as victims. This suggests that social workers impute responsibility both according to the severity of the consequences for the child (Mackie, 1977), and according to the disposition of the parent towards the child as they have defined it. In the 'north east' segment both come together.

Farmer and Owen (1995) found that neglect and emotional abuse are blamed on mothers. In these accounts poor physical care does tend to be seen as the responsibility of mothers who are usually defined as the main carers, as was indicated in Chapter Six. The pattern for emotional care is a little different. Whilst cases placed in the 'south west' segment (inconsistency, failure to set boundaries) contained a high proportion of lone mothers (and a lone father), the position in the two 'east' segments is more varied. Five of the nine families are reconstituted, one contains both natural parents and three (all in the 'south east' segment) are headed by lone mothers. In the six families which contain two parent figures the parent figure who is seen by the social worker as being most negatively disposed towards the child and to whom responsibility is largely imputed is as often the father figure as the mother figure. The four strong and domineering parents as defined in these accounts and who are placed in the 'north east' segment are two stepmothers, a stepfather and a natural father.

This is obviously a very small sample, but these accounts suggest that the difficulties parents have in managing relationships in reconstituted families may be more significant than gender as far as providing emotional care to the children is concerned. Severely damaging emotional care may be the responsibility of the parent figure of either gender, together, sometimes, with a contribution from the complicit weaker parent, again of either gender.

Chapter Nine

A wider context to parent behaviour

Introduction

The last three chapters have shown the way these social workers explain what has happened, how it happened, and the immediate context. In order to define a social work problem more fully most workers also try to place parent behaviour in some wider context. In the same way that a child's condition or behaviour and parent behaviour are placed in the explanatory context of one another, so parent behaviour is usually placed simultaneously in the context of the parent's other circumstances, both historical and current. This is the stage two explanation outlined in Chapter Five. In particular, in order to understand motive such an exploration is necessary. Parents are not seen as a blank sheet of paper waiting to be written on by the immediate difficulties with their children. Neither is their behaviour some chance whim. They have a hinterland of experiences that social workers try to understand. This, as it were, wraps around the immediate context of their behaviour. It is another layer to the definition of the problem.

There appear to be two broad categories to this layer of context to parent behaviour. Sometimes social workers give an account of the characteristics of parents in a way that suggests that they are immutable. They describe lack of intelligence, for example, or personality traits that if not innate are so well entrenched that they must be taken as a given, and will not be changed by social work intervention. In two cases this includes a parent's physical disability. More frequently social workers' explanations of parent behaviour lie in life circumstances which may in principle be capable of being changed, or the parent characteristics which they are believed to explain may be ameliorated by social work intervention. Within the broad life circumstances category it is possible to identify in these forty accounts five elements or aspects of parents' lives that are produced as explanations for their behaviour as parents. None of the elements in either of these categories are presented as though they are causal determinants of current events. They are produced as context, as part of the social workers' attempts to make sense of these events. The two categories and the elements within them are listed in Tables 9.1 and 9.2, below.

There are seven accounts in which the social worker is unable to provide a wider context that would explain parent behaviour. Either they had not been able to explore parent history by the time of the interview, or they believe that the behaviour of the child is a medical matter (brain damage, or psychiatric condition), or as argued in the last chapter they concentrate almost entirely on the severity of the present behaviour to the child or its consequence.

Table 9.1 Personal characteristics as explanation for parent behaviour

Personal characteristics of parent	explanation in 15 cases
1. intelligence	5 cases
2. personality	11 cases
3. physical disability	2 cases

Table 9.2 Life circumstances as explanation for parent behaviour

Life circumstances of parent	explanation in 25 cases
1. own upbringing	9 cases
2. partner conflict	10 cases
2a. violence from partner	6 cases
3. emotional condition (including stress, depression)	7 cases
4. drink or drug problems	9 cases
5 external environmental circumstances (including work, money, housing, events)	8 cases

Personal qualities interact with life circumstances in eight cases, and similarly the elements within each of the two broad categories frequently interact with one another. Sometimes one explains another, sometimes they occur together and each reinforces the other as an explanation. There may be overlap between an immediate explanatory context and some wider context. For example, a parent's physical disability may explain both their immediate and present difficulty in managing their child and some long term accumulation of difficulties as well as their attitude to the child over a matter of years.

Personal characteristics

The Assessment Framework (Department of Health, 2000a) includes among its dimensions of parenting capacity an understanding of their child's needs and

comprehension of parenting tasks. In these accounts some parents are described as having a learning disability or are said to have gone to a special school as a child, which is to explain their limited understanding of the needs of their children. In this way the social workers place a defining label on a parent characteristic, one that may not be susceptible to change.

One mother of a two year old, for example, is described in this way:

“She does have some learning difficulties, you know, she’s not the brightestshe didn’t really have the ability, she was responding knee jerk to..... whatever she thought he was wanting she did, so there wasn’t a lot of consistency...but he was pointing and she didn’t know what he meant..... she can’t help it, it is very deep rooted.....”

Another mother this time of a five year old girl sexually assaulted by her father did not appear to understand that just because there had been no penetration it did not mean nothing had happened. This mother, had also been described as having a learning disability:

“I think sometimes after you’ve been talking to her for a long time she begins to understand, and she’ll say it back, but if you ask her again in half an hour it’s gone.....she’s a sad wee creature I think in the long run she’s not capable of being successful with her children.....she has no way of judging the people she meets, so it could happen again”.

These two accounts might be said to illustrate Mackie’s point referred to in Chapter Two that some people of low intelligence might be ascribed a lesser degree of responsibility because they are not able to take account of a diverse set of factors (Mackie, 1977), or did not know that an action was wrong (Glover, 1970).

Although intellectual limitations and lack of cognitive understanding of the needs of their children are for these social workers an important explanation for present parenting difficulties, they are never so on their own. They always appear to be associated with what are seen as the parents’ emotional limitations. Their need for help in understanding is often reinforced by their need for emotional support. The mother, above, who was responding in a “knee jerk” and haphazard way to her son was also described as, a person who was not mature in her emotional development and as someone who could be very frightened and upset. Lack of understanding is associated in these accounts with emotional confusion. In addition an inability to

understand shades into a suggestion of a refusal to understand in some accounts. The mother of the sexually assaulted five year old, for instance, is confused and upset that the routine of her life has been disrupted, and is angry at her husband for putting it at risk by his assault on their daughter. At one point she also, as indicated in Chapter Six, blames her daughter. Intellectual and emotional limitations reinforce each other.

Emotional immaturity, however, may explain parent behaviour by itself. One social worker describes a psychiatric disorder which explains one mother's poor physical and emotional care of her baby:

“...she's been assessed by the psychiatric services and they've come up with ..there's a personality disorder....I would say she's probably around about your twelve or thirteen year old girl who is very egocentric and very like these are my needs, and isn't able to meet anybody else's needs..... a baby demands too much of her.”

Both chronic under confidence and arrogance are personality characteristics given as explanations with little reinforcement either by other characteristics or by life circumstances. They often co-exist, though, in couples. The parent with a strong controlling personality operates in the context of the parent whose personality is less assertive. It is the combination that provides the context to their current behaviour towards their children in ways described in earlier chapters. However, it is particularly noticeable that only one of the 'strong' parents, who subject their children to persistent domination and blame in the manner described in the last chapter has his behaviour towards his son placed (rather speculatively) in any wider or historical explanatory context.

Life circumstances

More often in these accounts a parent's personality is explanation for behaviour in conjunction with their life circumstance. The former may partly explain the latter, or the latter reinforce the former. For example, meek and unassertive personalities, who lack confidence and self esteem are sometimes that way in the context of their own childhood experiences. These explain their understanding and expectations of adult relationships, and of their children, as well as their sense of themselves. The social workers make sense of present parent behaviour towards their children in the context

of this early history. In other accounts it is more recent experiences and relationships which are explanatory context to present difficulties and behaviour.

Parent's own upbringing

Sometimes they make a simple connection between childhood and adult behaviour. For example parent failure to deal with a child's refusal to go to school because he says he is being bullied is explained by both parents' own negative experiences of school life and of teachers as unapproachable figures in authority. Usually however, childhood experience is explanation not simply for specific areas of parent behaviour, but more fundamentally for their lack of awareness and self confidence, which itself explains more general limitations in their ability to parent their own children. In this way workers produce a double layer of context to define the problem.

One mother, who was brought up by her own domineering mother to please and serve the needs of her brothers, has been unable to recognise or prevent a longish period of sexual assaults on her daughter by her husband. The social worker sees mother as much a victim as the daughter:

“..she was a wee girl that was brought up to please, she had to please all the adults and all the brothers, and she was from a family of brothers....had to do everything for them, and I think she has been one of these girls that sort of smiles...smile and I'll not be hit, sort of thing....”

She goes on to connect this to present issues:

“[there are] clear links between relationships in her family [then] and her relationship with her husband....there has been a lot of naivety...she was not able to recognise how he was manipulating ...she has been part of the process, as much a victim as her daughter...”

In this account mother's childhood experiences and the expectations of her are context for her lack of confidence and naivety, which themselves explain, in part at least, present events. All are part of the definition of the problem. Without the historical context this would be a different problem.

Another mother of three children aged under four, living in a filthy house, had herself been sexually assaulted at thirteen years old by her own mother's partner. The social worker explains mother's lethargy and bland presentation.

"I thought she was possibly suffering from some sort of post-natal depression or a deeper depression....she has this big smile on her face, you know, it didn't reflect somebody who was living in absolute squalor...she has an ability to blank off things that are painful, something she's learnt since she was a child....she's very skilled at that she's got a catalogue of experiences in her life that haven't really been dealt with.....sometimes if I get the opportunity I kind of try to delve a wee bit deeper and the tears come and you can see that there's a lot of pain there that she's just keeping under wraps.....I think A is very much the problem and everything is cause and effect of A's problem, and until we really take hold of A, you know, we're never going to see any light at the end of this tunnel...."

In this way childhood experience explains mother's persona, and what is believed to be her illness, which itself may explain her persona, as well as her behaviour towards her children. The problem for this social worker is essentially mother as a person. Mother's behaviour as a mother is explained by that. Personality, childhood experience, and illness provide context for each other and also for parenting behaviour and the condition of the children. All are reinforced by present housing difficulties (dilapidated structure, damp). However the social worker distinguishes the idea of 'mother-as-the-problem' from the idea of 'mother-is-to-blame'; mother is also a victim of her life circumstances. This worker would acknowledge Colton's (1995) point that it is not always only the children who are weak. However both these two workers believe that unlike the personal characteristics, personality disorder, and low intelligence, the effects of this kind of life experience are amenable to restorative change.

Partner conflict and violence

Sometimes childhood experience appears to repeat itself in adult life, and the experiences together provide explanatory context for current child care difficulties. Present day lack of self confidence, self neglect, and sometimes depression are often placed in the context both of childhood abuse and of recent violence from a partner. This is not a causal relationship, but a series of overlapping contexts, that become

part of the definition of the problem, incorporating both stage one and stage two explanations.

The account referred to in Chapter Six of a five year old boy whose mother cannot get him to bed or to school, and who has over-chastised him is illustrative of how these different elements of a parent's life experiences become context for each other:

“it was almost as if she was depressed....and physically she wasn't well...I've been around this Department for quite a long time and I also knew that she had been abused, abused quite badly....and now she's running away not for the first time from the same kind of thing with (the new baby's father)....problems with (child) had developed to a certain extent because of how she feels about herself, she does think poorly of herself...I think there is a question of confidence....she's flat when she says what she's trying to do...no conviction or assurance”.

Here, childhood experience, issues of self confidence, of emotional and physical health, of adult relationships come together to provide context for the present interaction with her child, who, the social worker believes, feels very insecure because his mother frequently moves from one temporary address to another, as she flees violent relationships. The history is therefore explanation for mother's behaviour and her reaction to the child's behaviour, which itself is understood in the context of mother's behaviour. More rarely childhood experience explains not weakness and uncertainty but a parent's domination of his children as was seen through the father in Chapter Seven whose own hard upbringing meant that he was unable to show warmth to his son, whose behaviour, the social worker believed, was partly explained by that.

Conflict between parents and partners is not always associated with earlier childhood experience or abuse. Present or more recent conflict may be seen as explanation for parents' difficulties caring for their children as well. These social workers for three now lone mothers explain their difficulties managing their children's behaviour in the context of previous conflict with their former husbands, who had been the dominant controlling force in the family, controlling both mother and children, sometimes with violence but not always. The legacy of old conflicts is low confidence, and sometimes illness. This social worker for a fourteen year old offender tries a little tentatively to place mother's present difficulties parenting her son in the context of her earlier relationship with his father:

“she had quite a hard life with her ex-husband, he had an alcohol problem...there was physical abuse from him, she was extremely depressed and on medication for something like nine years...she came across as having extremely low self esteem....and she just wasn't being strong for J, and he needed that....”

A different social worker for a nine year old, whose mother can barely manage him now, explains the effect of old conflicts in another way, and shows how they may be inter-related with other factors, which may partly explain the conflicts or which may reinforce them.

“...mum's admitted that she didn't have the confidence to care for A, and I wondered whether there may be a lack of bonding there right from the start, and she admitted that she didn't want a child, and it was very much A's father that prompted the pregnancy, so there were different expectations and frustrations around at that time...and given her illness afterwards, increasing debility with arthritis.....so there were all sorts of things causing a lot of stress, and I think a lot of that affected the way they were able to bring up A.....so the suspicions about lack of bonding and all that..... and now she is so entrenched in her dislike, I would say hatred, of A's father that she can't separate the child from the father, and you know, she's left with the child to bring up”.

This social worker identifies a range of contexts around this mother's present struggles with her son. Her own feelings about having a child at all, her arthritis which followed his birth, her then husband's different feelings, her physical disability all give some context to her present feelings towards her son. In addition, her tendency to see the child through the now absent father helps to explain her difficulty caring for him. For all these workers the child care social work problem is defined not simply in terms of the present pattern of interaction between parent and child, but in the accumulation of contexts over long periods. Both past and present are given meaning by each other.

Emotional condition of parent

As suggested above, life circumstances provide for many of these social workers context for accounts of the emotional condition of parents which often make use of psychiatric concepts like depression. Sometimes social workers use this language because they are aware that the parent is receiving psychiatric treatment, but sometimes they are simply making lay diagnoses. In other accounts lay concepts

such as stress are employed, but often they will move from the one concept to the other as though they are interchangeable. Whichever term is used, the emotional condition of the parents is explanation for current difficulties with the care of their children. It is itself usually explained by their life circumstances, much as low confidence and self esteem may also be explained in this way. In some cases it is hard to distinguish where, for the social workers, depression elides low self esteem. When they discuss the emotional condition of parents these workers tend to reason backwards, as it were. As was the case with Dingwall's subjects (Dingwall et al., 1995) the external behaviour was often used as the starting point for assessing the condition which explains it.

Although the point where stress becomes illness is not defined, the link between stress, lack of sleep, and depression is frequently made here. Pressure from external factors, the breakdown of relationships, fleeing from violence into temporary and unsuitable housing, combine with the accumulation of difficulties caring for their children to explain the sense of helplessness, retreat, and abdication among these parents. Often what the workers call stress or depression is the mediating factor which connects life experiences to parenting difficulties. There is a sense of parents at the end of their tether, overwhelmed, of wanting to give up caring for their children. This social worker, for example, says of a mother who has been on medication for many years and who is not able to control the behaviour of her adolescent son:

“She was so stressed out....I don't think she could take any more....she felt herself losing control. She didn't know how to handle his lying and his stealing from her....I think she just reached breaking point with her son”.

The sense of abdication is more starkly illustrated by a different worker's account of another mother who is on medication because of her stress. This is the social worker's account of mother's plea to her:

“I'm going to kill myself, there is no point in all this.....you'll have to do something...you sort it...this is what you're here for, I can't cope any more”.

There is often a vicious circle operating in which the response of the parent to stress sets up more stress, perhaps via drink, which undermines the ability to control or

care, which then produces more difficult behaviour from the child, which reinforces the stress.

The degree of confidence with which the parents' emotional condition is placed in a wider context varies. For some social workers it is simply a backdrop to present events, noted in passing. One social worker for an adolescent girl in conflict with her mother believes that her role is primarily to support the girl through her current difficulties, but that she also had to:

“take on board mum's upset....make sure that (mother) was making use of the support she had on offer from the psychiatrist and the GP, because at different times her stress levels were through the roof, or she couldn't sleep, or she was needing tablets for her nerves or whatever...”

CS: Was the high stress level because of E, or....?

SW: No, I think there were other things, like there are some difficulties between her and (cohabitee),...but E has been a bit of a scapegoat, you know...”

For this social worker the problem is the fraught and volatile interaction between mother and daughter, and mother's stress level contributes to this. The explanatory context of the high stress is rather tentatively noted but not explored.

For most others however, both the context and the present condition are essential to understanding the parenting difficulties. The different elements in parents' life circumstances provide context for one another as the social workers' accounts show how they have defined their social work problem. This is overwhelmingly the case with mothers. It may work via fairly recent life circumstances that explain a mother's self image and thus her present dissatisfaction with the state of her life, her response to which detracts from her ability to parent her children. More often, present emotional or mental health problems are part of an explanatory chain that often includes a mother's own early experiences, and later exploitation in adult relationships. The emotional or mental health problems themselves may be context for drug abuse and heavy drinking. All together these then provide context for parenting difficulties, and are part of the definition.

This social worker's account of the family of a fifteen year old boy who does not go to school, because he stays up half the night to parent his heavy drinking non coping parents encapsulates the way the different elements may explain one another:

“(mother) was sexually abused in childhood, and this has caused her distress in her adult life...what happened to her as a child was exacerbated by what was happening in her marriage, including the violence...she didn't feel like a person, just a thing.... there was no way what was happening in that house was helping her at all...it just confirmed what had happened as a child.....she cuts herself, pinches her skin, takes lumps out of herself, mixes anti-depressant drugs with vodka, frequently threatens to kill herself, tearful...just sees herself as someone who doesn't cope, and reaches for her pills or razor or whatever when things are really bad....”

Drink or drug problems

Of the seven cases among these accounts in which the parents' emotional condition is given as context for parenting difficulties, misuse of drink or drugs is also an issue in three of them. However, such misuse is itself an explanatory factor in parent behaviour in an overall total of nine cases. It is, itself, often explained in the context of events in the parents' lives, either recent or further back in their past. Events change parents' perceptions of themselves. Husband leaving, turning forty, for instance, explains heavy drinking, and reinforces difficulties with routines and boundaries for the children, as it triggers a desire to return to youth and irresponsibility, as this social worker explains:

“she's, like, missed out on important things and she wants to be back there.....a favourite saying of mum's is 'I've got a life'...it's almost like she feels the children are a weight around her neck..”

This provides for the social worker context both for mother's drinking and for her parenting difficulties.

Although misuse is placed in the context of life experience and illness in four of these cases, in the other five accounts it appears to be context free, whilst itself explaining parenting difficulties. What this means is that the drink or drug problems of the parents may occur alongside other life experiences, but the one is not presented as explaining the other. In these accounts the fact that the parents have

drink or drug problems is simply one factor independent of others that provides context for parenting behaviour. Even when in the five accounts the social workers have identified other life experiences as context for parenting behaviour these are not at the same time presented as context for the drink or drug problems.

Parents' drink or drug problems provide explanatory context for parenting difficulties in two overlapping ways. The importance many social workers appear to attach to structure and routine in parenting has been discussed in the last three chapters. The lack of organisation does not only occur in the context of heavy drinking by the parents, but where such drinking is identified (and in one case heavy cannabis smoking) it is usually an explanation for what is seen as these parents' lack of structure to their parenting. This itself explains both a lack of home management and lack of safety for young children, as well as the lack of supervision and control of older children. For social workers heavy drinking appears to be a sign that parents are out of control of themselves, and in that context care of their children becomes haphazard. This social worker for four children aged under seven sums up a general view:

“Physically the risk is unacceptable....when mum gets drunk it's not acceptable given these children's age, and the dangers around the house, open fire, pots hanging over the cooker, given that they are out late at night unattended....what worries me is that when (mother) drinks she doesn't generally stop within a few hours, she goes on late into the night by which time how drunk is she...?”

However, there is another way in which heavy drinking or drug taking provides an explanation for parenting problems. They may explain volatile or violent behaviour by parents towards their children. Again in these accounts as well there is a sense of loss of control and unpredictability. This social worker for instance describes a fragile and easily broken stability in a family of four children, the eldest of whom does not go to school, and whose lone mother has a drink problem:

“.....and she's losing it with the drinking, her ability to look after them all....and when she's drinking the range of emotions can fluctuate very quickly, it's quite heightened.... the children jump up and run...they can be quite frightened of her at times...”

Another social worker for a baby who had been admitted to hospital with skull fractures and brain damage places the injury in the context of the drug problem of

both parents. The paediatrician had confirmed that the several injuries of varying ages could not have been accidentally caused but were possibly the result of shaking. The parents deny all knowledge of how it happened. As she tries to make sense of the injury the social worker produces a series of contexts. The parents' drug problems with the connotations of unpredictability, of disorder, and lack of control provide an explanation either directly or indirectly via domestic violence, and is linked to other previous concerns about poor care. Following the paediatrician's report she begins to define the problem:

“...I thought that either mum or dad had been responsible for injuring this child, but we couldn't identify how, and therefore who was going to be there to protect him.....the parents had little understanding about how their behaviour would affect the kids, or the importance of the missed paediatric appointments for L..... or about how their domestic violence would emotionally affect them....I think mother is a clever enough person, not limited in her abilities....I think whatever she was doing with her drug use got in the way of focussing on the needs of the children...and then whoever had caused these injuries to L it had happened as a result of mum or dad taking drugs or the domestic violence.... a lack of thought but no deliberate act...but we just don't know...”

She has touched here on questions of responsibility, negligence, and parents' patterns of life, and the degree to which they are thought to be able to alter them (Aristotle, 1987) which will be discussed in the next chapter.

External environmental circumstances

The permitting circumstances for good parenting outlined in government guidance (Department of Health, 2000a; 2000b,) includes external environmental factors. These represent the fifth element of the life circumstances that in these accounts provide context for parent behaviour. These are matters beyond their relationships, emotional difficulties or addictions. They are raised in nine of the accounts and are concerned with work and finance, with housing, and with extraneous events in their lives that affect the capacity of parents to care for their children. All these interact with one or more of the other four elements.

Of these forty families, seventeen had at least one parent figure in work at the time of the research. In nine families both parents are working (see Chapter Four). In only six of these cases, however, does work become a partial explanatory factor in the way the social workers make sense of a child care problem. It does so in different

ways. Loss of work for a father who previously had relatively high status, high waged work is given as partial explanation for financial problems, heavy drinking, parental conflict and violence, which themselves are context for their son's failure to go to school. However this is not an explanation on its own; it interacts with other cultural factors and life experiences of the mother, themselves independently explained.

More often though it is when mothers are in work that it becomes, for these social workers, explanation for parenting behaviour. They make sense of mothers working in two interrelated ways, although usually this is seen in the context of their other life circumstances. In these accounts work is a source of stress for mothers which detracts from their ability to care adequately for their children. This may be cumulative, as for example, with this mother with a non working husband who struggles ineffectively to manage her son, a fourteen year old offender:

“...but now I think it is too much for her, she does care about T, but she is just very, very tired....she goes to work, and comes home, goes to work, and comes home.....”

Other social workers appear to see work more as a matter that mothers have some choice about. What is described is a three way conflict between work, money and spending more time with their children. That means of course lone mothers. The hours of work, leaving their children alone unsupervised before and after school, and when they have been suspended are, in these accounts partial explanation for the behaviour and control problems that they experience. Workers acknowledge the dilemmas these mothers face. One says:

“ that is a theme that goes right through the whole involvement, that she works, she has more money, R is happier, they can spend more time doing things that cost money, and she wants that for herself too, and I totally appreciate these arguments...”

However she also believes that mother's “prioritising her own needs”, that is going to work, would be experienced by her son as rejection, and would be an explanation for his behaviour.

Another worker connects work to the issues of parent stress, of supervision and consistency, and of emotional security for the child, and to finance, and takes issue more directly with the argument about having more money.

“...it’s typical of parents who don’t have a lot of insight into what makes a child feel secure, loved and settled, always throwing material things at them, right trainers, right clothes... bribe you to behave kind of thing, and of course it doesn’t workI think it’s every parent’s right to go to work, but I think if you’re having the problems she was having I think I would have reconsidered a lot sooner....would have meant a wee bit more consistency for J and more peace of mind for herself, because she was clearly at her wits end, I mean she really did care but the worry and stress about her son she just seemed to be helpless”.

Housing problems take the form of overcrowding, of poor structural condition, or of being allocated a house which the parent does not want to live in. They provide context to parent behaviour in five cases, although in all of them these problems interact with the parents’ emotional and cognitive limitations, partner conflict or heavy drinking. They are presented by these social workers as problems that reinforce other explanatory elements and that must be understood in the context of parent history or partner conflict. They do not explain these other elements.

Finally, sometimes it is exceptional events in parents lives that become for social workers partial explanation for parenting problems. These only arise in two of the accounts, and again only serve to reinforce other factors that pre-exist these events. The events are seen in the context of parents already struggling with caring for their children.

For example one lone mother had been “raped by four men”, but the social worker placed this in the context of mother’s pre-existing difficulties caring for her son:

“...she still struggles with being a mother in the sense that she’s the one in control...you know what I said to you earlier about she enjoys him caring for her.....so this traumatic experience just eroded any energy she had to deal with (son)”.

This social worker has placed mother’s difficulties managing her son’s behaviour and the behaviour itself in the context of her own needs. The rape is placed in the context of that. It erodes her energy, but she was struggling before that. Together they make up this worker’s child care social work problem.

Conclusion

Starting from the assumption of personal responsibility for actions, that actions are not random, these workers explore explanations for parent behaviour. They try to assess what is within parents' control and what is not. This is their route to assessing moral character (Dingwall et al., 1995; Thorpe, 1994). Evidence does not display itself in front of them. They must select what they look for and then select from what they find.

They use common sense understanding (akin to Dingwall's lay social theories (Dingwall et al., 1995) to connect parents' capacities, history and experience to how they behave towards their children. Limited understanding of their children's needs might be explained by intellectual limitations (Mackie, 1977), or by naivety, itself explained by the parents' own childhood. It is important that the worker decides which. Each would define a different problem.

Workers may reason both ways. They may for example try to explain a child's attachment difficulties by exploring the parent's own childhood, as well as their emotional state and other experiences at important stages of their child's life. They are here making use of attachment theory in the way suggested by the Practice Guidance (Department of Health, 2000b). They use it to assess parents' disposition towards their children and to explain it. On the other hand they may start in the middle. A parent's present emotional condition is examined as explanation for problems with their child. At the same time an explanation for the emotional condition itself is sought. Social workers explore the past to explain the present; the world as the parent has experienced it in order to explain their actions in it.

Most often explanation for parent behaviour in these accounts encompasses more recent stresses, illness, relationship difficulties both present and past. For the workers these are like the psychological incapacities argued for by Glover (1970). In order to define a social work problem workers assess how far the behaviour is to be explained by the stresses and relationship difficulties. They try to ascribe degrees of responsibility for parent behaviour. They must understand what constrains it.

There would appear to be a number of connected purposes to this social worker activity. The attempt to understand and explain parent behaviour is necessary in order to know parents' disposition towards their children. As discussed in Chapter

Eight this is one of the most important elements in the definition of a social work problem for these workers. Equally important, however, is to define the moral character of the parents as essentially good. This may present difficulties because parents must also be defined to varying degrees as responsible for their own behaviour towards their children.

To reconcile these purposes workers explore the constraints on parent behaviour, including the limitations of personality and intellectual ability, the stress and its explanatory context. In this way parents can be cast as, in a sense, victims in the same way as their children. Alongside this social workers, as problem solving agents (Dingwall et al., 1995), attempt to define their problems as ones they feel equipped to deal with. Just as doctors may feel best equipped to deal with physical illness, so social workers see themselves as best equipped to work on problems involving personal relationships and interactions.

Social workers must also define a problem which at least in principle can be worked with. Parent behaviour which is random, or is dangerously unpredictable, perhaps because of the influence of drink or drugs would not be. They therefore define their problem as one which allows for the possibility that they will be able to effect change. This is important to the workers because, like most people, they must believe that their role is worthwhile, that they have something to offer.

Sometimes, social workers find it difficult or impossible to define a problem in this way. When this is so parent behaviour is assessed largely according to its consequence or its presumed consequence (Benn, 1998). If this is severe little or no attempt is made to explore an explanation. There are two circumstances in which this happens. No attempt was made by any of these workers to explain the behaviour of the fathers or male partners who had sexually assaulted, or who represented a sexual threat. Either the consequence was the sole basis of assessment and decision, or the workers explored the ability of the mother to protect in future, in the way discussed in Chapter Six. Similarly parent behaviour which results in very severe injury seems to require no explanatory consequence other than the drug misusing problems of the parents.

There is another group of parents whose behaviour usually requires in these accounts no explanatory context. These are the aggressive hostile and domineering parents who without warmth or affection persistently and over a long period condemn their

children and damage their self esteem. The behaviour of these parents is assessed according both to its consequences and according to the disposition of the parent towards the child. Disposition is assessed almost entirely according to the behaviour. No other explanation is given. What both groups of parents appear to have in common is that social workers find it impossible to explain the behaviour in a way which allows for redemption via social work intervention.

The other point which should be made about these attempts to explore a wider stage two context is that they are mostly attempts to explain the behaviour of mothers. It is usually mothers' stress, mothers' depression, and it is mothers whose lack of confidence and self esteem is explained in the context of past and present relationships. This is a point also noted by Stevenson (1998) in respect of physical neglect. There seem to be a number of reasons for this. Fathers often absented themselves on social worker visits, or when present said very little (O'Hagan, 1997). One worker recounted her attempt to engage a father:

“I tried to bring him into it, but he just gave one word answers
...just sat there like a coiled spring throughout...”

As suggested earlier, workers concentrated on the main carer which was partly because they accepted the cultural norms, partly because mothers were accessible, partly perhaps because some workers may have felt intimidated by aggressive fathers (Farmer and Owen, 1998; O'Hagan, 1997). Pragmatically workers with limited time and decisions to make will work with what presents itself. This is usually mothers.

This is related to another issue. It might be thought that the behaviour of men who sexually assault their children or their partner's children could be placed in an explanatory context too. Similarly the behaviour of parents of both genders whose persistent and damaging hostility to their children was defined as the problem might be thought to require some explanation. Social workers thought that they lacked the skills to work with them, especially the sex offenders, and so these fathers were, as it were, written out of the case, quite explicitly so in some cases. There may be another reason which is not gender specific. Some parents appear to be regarded as so heavily defended that the workers saw them as beyond reach. These parents were not able to present themselves to the workers in a way that allowed them to be defined as victims. Other than the sex offenders they were as likely to be mothers as fathers.

Chapter Ten

Defining a problem and responsibility

Introduction

As was discussed in earlier chapters, legislation and government guidance has a long history of linking the condition and behaviour of children to the care they receive from their parents. It has been argued throughout the last five chapters that in the accounts of these workers the one provides explanatory context for the other. The workers here identify layers of context around the actions of parents as well as the condition of the children. This chapter examines the implications this has for the workers' understanding of the concept of responsibility. When they are defining a child care social work problem how far and in what sense do they believe that parents and children carry responsibility for their own behaviour? It is possible to identify two interrelated senses of responsibility in the way these social workers define their problem. First, their accounts reveal a belief in the idea that parents have certain responsibilities in the sense of duties towards their children. Second they make some attempt to ascribe responsibility for the present situation as they see it.

Parents' duties

Social workers ideas about parental duties are mostly revealed via accounts showing what they see as duties not fulfilled. These duties are a mixture of specific tasks and of attitudes to their children. A duty to protect their children requires, according to the social workers, a moral grasp of what has happened or might happen, particular skills, abilities, and sufficient personal confidence to act on this. These are interrelated. It is the first of these which appears to be the duty. The others are qualities that assist fulfilment. In these accounts there are three elements to having a moral grasp. These are, first, the extent to which the parent sees what has happened or might happen as wrong and serious, second, that they believe it has actually happened and there is the potential for it to happen again, that is they do not deny it, and third, that they appear to the social worker to be committed to preventing a repeat. These are not straightforward judgements. A parent's belief that something serious has happened or might happen is both a moral question and a question of understanding the implications of another person's behaviour. Denial may be for different reasons; because the parent does not understand, or because they do not

want the pattern of their life disturbed. Judgement of a parent's commitment involves their ability as well as their moral purpose. For example will they be able to resist the other pressures and pre-occupations of their lives in order to prevent the harm in future?

Parents have though according to these accounts a wider duty to their children. There is a strong sense of the importance attached to the provision of routine, structure and organisation by parents. This was discussed earlier, especially in Chapters Six to Eight. This may be assessed according to its effect on the child as much as the intent of the parent. How the social workers treat some of the issues around intent and omissions, discussed in Chapter Two, will be examined shortly. Structure has a general importance for these social workers. The lifestyle in unstructured families (Donzelot, 1980) is produced as explanation for difficulties around health, development and safety, and around both behaviour and its control, and sometimes for children's emotional difficulties, as described in Chapter Eight.

This works in various ways, and makes judgement of the duty involved complicated. Social workers must judge duty in the context of the circumstances of an individual case. Although children may be left unsafe because of a particular lapse in care, lack of consistent care is not, usually indicated by a single event. Mostly what is described in these accounts is a gradual accumulation of pieces of behaviour by parents over several years. Structure and organisation are not switched on or off. Their absence, here, provides the child's experience of being parented, so that erratic attempts to supervise in the present, that is carry out the duty, convey only mixed messages.

As far as these social workers are concerned structure has a variety of purposes. The parental task is to give structure to the child's day, to know roughly where they are, to bring in at night, ensure school attendance, to set up throughout their growing up expectations of behaviour, and especially to "be there". Structure gives consistent boundaries to the child, which aid emotional security. Structure appears to equal attention. Pieces of behaviour are seen to add up to an approach to parenting or sometimes to an attitude to the child. It is the nature of this which for the social workers constitutes the duty, rather than any duty to carry out individual tasks.

They reveal the importance they attach to this approach in the accounts they give of families where some elements of the approach are lacking. It consists in the parents

being more aware than their children of the potential dangers of others' behaviour, in being emotionally secure and confident themselves, consistent in their behaviour towards their child, ahead of and not at the mercy of events. Their accounts also reveal the importance they attach to emotional warmth shown by parents to their children. In some cases they argue that this compensates for the inadequacies of other aspects of care, and in others that the lack of it is more important than the presence of, for example consistency. This last is especially so when the lack is accompanied by persistent hostility and condemnation. This means that evaluating parents' duties in any particular case may involve weighing them against each other.

The idea that parents should be ahead of their children, in the sense that they have been this way before suggests that some tentative conception of the boundaries of childhood, is being explored by some of these social workers. On the one hand, one group of social workers either acknowledge the right or emphasise the need for children (here all but one are adolescents) to take responsibility for their own behaviour. On the other hand there are five accounts in which the parents themselves are believed to require parenting. In addition there are five accounts of children with a wide range of ages, denied their right (as one social worker put it) to be a child. They have had responsibilities thrust on them that the social worker believes should not be theirs, but their parents'. This is usually in the context of the parents' own needs, or other pre-occupations. The duties of parenting, in other words, should not to be placed on children. On the other hand one of the duties is to allow and encourage children to own their behaviour. This means that although social workers may explain children's behaviour in the context of the behaviour of their parents, they should be accorded responsibility in their own right, and these same parents have a duty to encourage this. In some cases it is what is seen as their failure to do this which itself is given as an explanation for the behaviour.

Perhaps the ultimate duty, revealed by these accounts is the duty of parents to remain committed to their children. As with other duties this is discussed in the context of the failure or threatened failure to carry it out. Responsibility for their children, as with Warnock's notion of stewardship (Warnock, 1998), or Dingwall's of trusteeship cannot be abandoned by parents (Dingwall et al., 1995). They cannot, as one social worker put it abdicate. Failure or reluctance to carry out this duty is usually associated with emotional rejection by the parent, and it seems to be this that is, in the social workers' view the primary failure. Emotional rejection casts the child adrift. Physical ejection from the home will compound this, and may mean that there

will be no way back. It is the former that usually comes first and which is of primary concern to the workers, as the accounts of emotional care discussed earlier indicated. That this is so may be suggested by one case of a thirteen year old whose very wild and erratic behaviour is ascribed to his brain damage. His parents appear to be absolved from the duty to physically retain care, and the social worker supports their demand for care. There has been no associated emotional rejection. On the other hand abdication in the sense of opting out under pressure by parents who have not emotionally rejected their child is still regarded as a failure of duty. The duty may therefore in this case be assessed according to the consequence for the child rather than the intent of the parent, illustrating the point made by Benn and referred to in Chapter Two (Benn, 1998).

Ascribing responsibility for the present situation

There is a second sense in which these social workers employ a concept of parental responsibility. Their layers of explanatory contexts mean that neither child condition, child behaviour nor parent behaviour or attitude or behaviour are random occurrences. Workers almost always explain one in the context of the behaviour and attitudes of the other. They include both in their definition of a child care social work problem. Behaviour may be explained by its context. It is not caused by it. In Ayer's phrase the one is not "in the power of the other" (Ayer, 1954, page 22). This means that social workers attribute to the actions of parents and children, self consciousness, intent and motive, that is meaning. Even when they make use of medical expertise to understand harm to a child they find this is only a first step to defining what has happened. Only in one case, the brain damaged thirteen year old, is behaviour clearly ascribed to some whim of nature. Their definitions of matters of both harm and behaviour involve contexts of attitudes and behaviour, but in which people must take various kinds of responsibility.

However ascribing individual responsibility to parents and children is a complex task. There are several reasons for this. Relationships between parent figures involve myriad interactions, that themselves explain one another, and may explain the attitude and behaviour of caregivers towards the child. The layers of context have either developed over time, or consist of patterns of relationships and behaviour in the present. Whichever it is, one set is made sense of in the context of some other. This sets up a line of infinite regression in which it is difficult to discern any ultimate responsibility. Parents whose lack of emotional assurance, confidence and self esteem may explain their difficulties parenting their children, are not, to the social

worker, that way by deliberate choice. Their condition may be explained as the legacy of either old or still simmering relationship difficulties. That it may, simultaneously, be interconnected with their own childhood history, mental health or drink difficulty as discussed earlier indicates how elusive responsibility may be. These constitute the stage two explanations discussed in Chapter Nine.

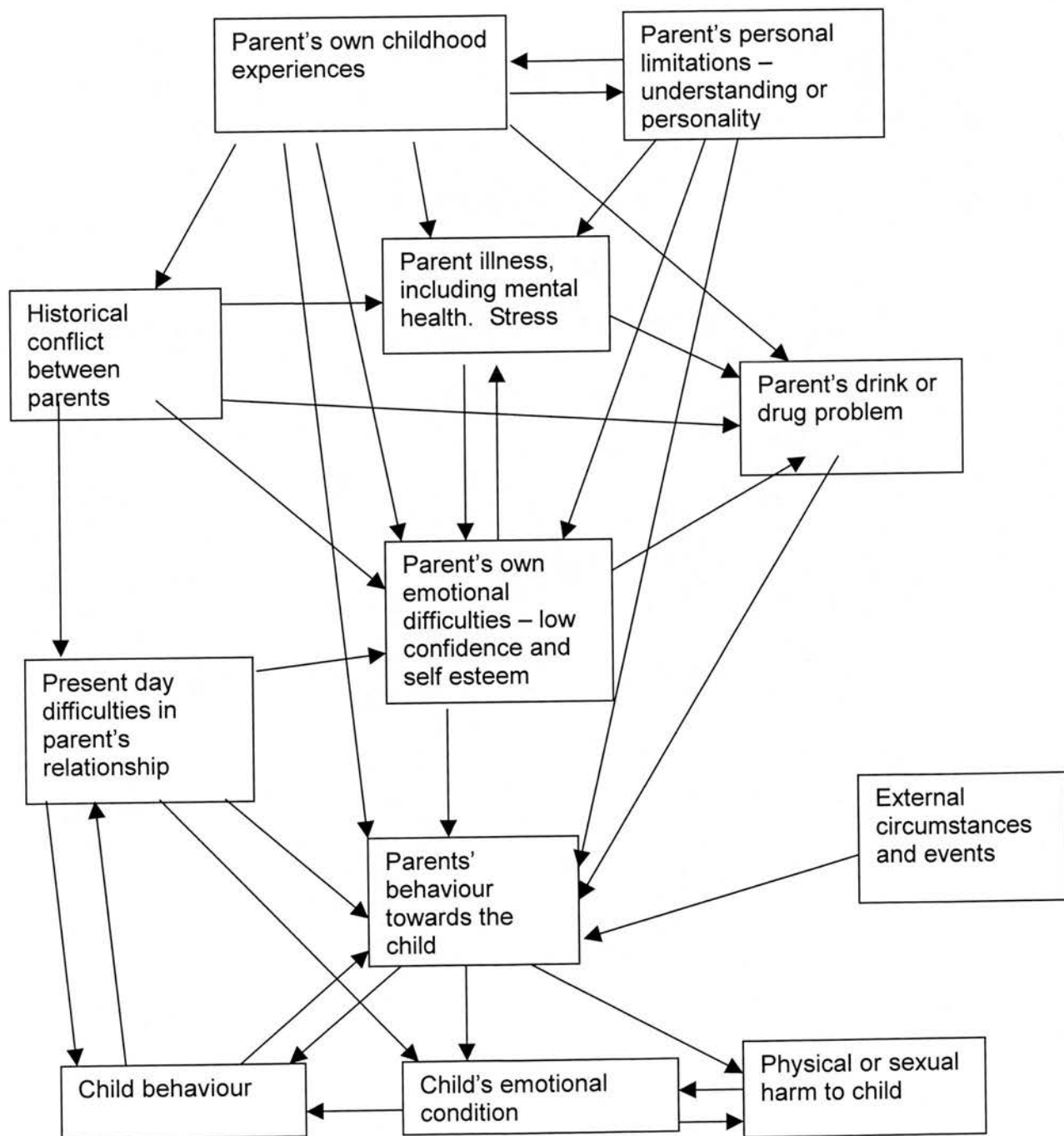
Similarly, interactions between parents and children are a mixture of events, behaviours and responses in the immediate present, and attitudes and expectations on both sides that may have built up over a long time. Insecurity, an uncertain sense of self, difficult behaviour, condemnation, rejection do not occur as a straightforward sequence of events at one point in time. They are part of a pattern where behaviour and attitudes constantly reinforce one another. Figure 10.1, below, illustrates how the behaviour including condemnation and rejection do not occur as a straightforward sequence of events at one point in time.

The complexity of the interconnections renders a simple search for individual responsibility very difficult. This raises a similar question to that of Benn (1998) who asked how far anybody could be held morally responsible for all that he could in theory have made a difference to. However for these social workers the importance of defining their problem in this way, as a series of contexts, is so that they may understand it on different levels, which is necessary if they are to decide about intervention. This does not mean that workers do not regard the adults as primarily responsible. As with Dingwall's subjects flawed family relationships are always the responsibility of the adults (Dingwall et al., 1995). In addition, to the workers in this study some adults are more responsible than others.

Parent's duties to their children as revealed by these accounts are attached to their role as caregivers. That means that it is the adult-child relationship which involves the duty. When they ascribe responsibility for the present situation, on the other hand, workers are making an assessment of individual parents' behaviour. Most of the parents lacking self confidence, self esteem and emotional assurance were mothers. Most of the parents whose behaviour was ascribed to the legacy of former or present relationship difficulties were mothers. The behaviour of the partner in these relationships was subject to less scrutiny. This is not because they do not think that the influence of these men, whether violent or sex offending, was unimportant. Indeed they often saw it as the key explanation for the mothers' present behaviour towards their children. It is important to distinguish between the idea of

responsibility and blame. Quite pragmatically what is important to these workers is to explain the present condition and behaviour of the main carer. As said in earlier chapters this usually, but by no means always, means mothers (O'Hagan, 1997; Farmer and Owen, 1998).

Figure 10.1 Tracing responsibility



Intent, motive and disposition

Although establishing some ultimate responsibility is very difficult, some social workers do ascribe levels or degrees of responsibility for what has happened. This means that they try to decide whether the parent should and could have acted differently, and what, if any, are the constraining factors. In order to understand how they do this, it is necessary to examine how they assess the relationship between motive, intent, actions and outcomes in these cases. The questions and concepts discussed in Chapter Two are relevant to this. For example, how far are parents' actions assessed according to the severity of their consequences, to their intent or to their motive? How do they apply the concept of motive to parent behaviour (Blum and McHugh, 1971)? Do they judge actions more seriously than omissions (Benn, 1998)? How, if at all, do they apply the concept of negligence? What about the idea of choosing from restricted alternatives, or of acting under a different description, or of Aristotle's belief that people make their own character, but beyond a certain point are unable to change it (Aristotle, 1987)?

To decide whether actions are assessed more seriously than omissions it is necessary to be clear which actions are being referred to. First, a parents' failure to do something may be defined in the context of them actually doing something else; going to work, for example, and leaving their child unsupervised. It is the omission here that is important to the social workers. Second, these social workers are rarely able to assess single actions and their intent. They must assess a series of incremental actions, omissions and decisions often made over a long period. The intent behind many of these may no longer be apparent. There may be no relation, say, between the present outcome, and the latest intended action. It may be that it is not so much actions or omissions that are judged but motive. However motive is hard to discern when what are being explored are many actions and their intent over a long period. Motive may have changed over time.

Because in most of these accounts the actions and behaviour in question take place over an extended period of time, the workers are assessing not motive but what they believe to be parents' broad disposition towards their children, their warmth, their level of commitment, the priority they give to their care in relation to their other preoccupations. 'Disposition' appears to be a more accurate way of describing what the workers have in mind than, say, 'attitude' which may be more specifically tied to particular events. What is meant is what the worker sees as the parent's longstanding

feelings towards their child. For this reason the term ‘disposition’ has been preferred throughout. Even so disposition does sometimes provide an explanation that helps them define the intent in a particular piece of behaviour.

In order to explore the application of these concepts to the way the social workers define a child care problem, and how they ascribe responsibility the forty accounts are here divided into three broad groups according to whether the social worker is focussing on the actions of the parents, their failure to act, and accounts in which both actions and omissions are believed to explain the present situation. Actions here are defined as those intentional actions or more prolonged behaviour primarily directed towards the child, and intended to affect the child’s current condition or behaviour, and which for the worker explains it. Omissions are here defined as failures to act towards the child, or in respect of the child, and which according to the account are explanatory context for the child’s condition or behaviour.

Within these definitions, intentional actions are explanatory context in a total of twenty accounts. In seven of them omissions are also explanation, and sometimes omission and intentional action interact with each other in the social worker’s definition of the problem. Including these seven, omissions are explanation in a total of twenty five out of the forty accounts. Two accounts are excluded because the social workers ascribe the children’s behaviour to a medical or psychiatric condition.

This is summarised in Table 10.1, below:

Table 10.1 Intentional actions and omissions

Intentional actions	Both intentional actions and omissions	Omissions
13 accounts	7 accounts	18 accounts
Total intentional actions	20 accounts	
	Total omissions	25 accounts

How each of these groups of accounts approach issues of disposition, intent, and responsibility will be looked at in turn. First, intentional action and behaviour by

parents towards their children is assessed according to criteria of disposition and of outcome in the sense of what it is about the child which the social worker believes is explained by the behaviour. There are two sub groups of intended actions in these accounts, distinguished firstly by the social workers' assessment of the parents' disposition towards their child. One group describes behaviour intended to constantly criticise, blame and condemn the child. Attempts to control and exercise power predominate in the relationship. This takes place in the context of a persistently hostile and negative disposition by the parent to the child. This is explanation for the child's present condition and behaviour in the way described earlier. If a test of responsibility is whether the parent should and could have acted differently, then these accounts ascribe responsibility to the parents. They are responsible for their intended actions, and for the conditions and behaviour that they explain. Any constraining factors are not held to diminish the degree of responsibility.

However matters are not always so simple. The second sub group of accounts of parents' intentional actions, for example, describe attempts to control or support their children but which are made in the context of a more positive nurturing disposition. Even two parents who have injured their children are regarded as responsible only for the intentional smacking. The context in which they intentionally acted constrained their choices about what to do. Responsibility for its context is more diffuse. The distinction here is that their more positive attitude to their children is context for the social workers' assessment of responsibility. One of these parents might even be described as acting under a different description (playing) (Mackie, 1977). In both accounts however the injuries were in the opinion of the worker minor. Placing the intentional actions in the context of disposition, and perhaps outcome, is important because it will affect the way the social workers decide about intervention. Other actions, which are intended to control or support and protect their children are simply ineffective because they are made in the context of other more influential factors, like parent conflict, family culture, inability, or lack of confidence. A nurturing disposition is insufficient according to these accounts, although it can help to deflect the degree of responsibility ascribed.

At first sight ascribing intent to an omission or a non-existent action may appear a contradiction, but if ascribing responsibility is to say that the person not only should but could have acted differently then there is the implication that they may have chosen not to act. Failing by omission to keep children safe, healthy, to manage a structured routine at home, to guide, support and control them is placed in the

context of the parents' personality and life experience in the way discussed earlier in this chapter. The way that this is done indicates how social workers ascribe disposition and intent to parent behaviour. In the way that these social workers assess parent behaviour that fails to act in respect of their children there is constant interaction between judgements about their disposition towards their children, their intentional behaviour, and the context of this. Unlike the first group of accounts of intended actions, they usually assess the disposition of parents who fail to act as either positive or broadly neutral, in the sense that hostility to their children was restricted to occasional reactive behaviour. Nonetheless failure to seek medical treatment for a child, to visit them in hospital, to feed them regularly, to supervise them are, for these social workers, choices that parents have made, that is although omissions they are intentional choices, for which the parent is responsible. Although these workers did not use the term, omissions in their accounts would appear to be always negligent in that the parent could have but did not act differently, and that the omission is explanation for some condition or behaviour of the child.

Parents' actions (or non actions) are, though, constrained actions. Referring back to Chapter Two, all actions are constrained; otherwise they would be random (Ayer, 1954). It is the existence of constraints that make the actions responsible; choices have been made. The accounts here indicate tension between the ideas of lack of will, lack of effort, and lack of ability, defined in different ways. Is there, for example, an inability to understand the effects of their behaviour on their children, or an inability to change behaviour whether or not there is understanding (Glover, 1970)? Inability appears, sometimes, to affect the will in the sense that, for the parent, the obstacles are too great. As was seen in Chapter Two inability and will are often matters of degree, and they interact. There is uncertainty sometimes about whether the parents do not will the outcome or whether they do not will the action needed to achieve it. This social worker for a one year old child expressing her dilemma sums this up:

“I don't know whether or not mum was unable to do it or mum didn't want to do it...she loved her son and wanted to care for him, but I don't think she wanted the hard work, not even hard work, it's parenting...I don't think she wanted to put that effort in.....and yes there is the selfish part to that, but I don't think it's a case of I don't want to feed him, it's a case of just not thinking...not thinking ahead.....”

The idea of acting within restricted alternatives in Chapter Two (Mackie, 1977) arose in the circumstances of external compulsion (pistol to head), but is applicable in a different way to many of these accounts of parent behaviour. Many of the intentional actions (and non-actions) of the parents are made within alternatives restricted by both internal and external factors. Failure to act may occur because the parent has no knowledge or understanding at all, For example the mothers of the sexually assaulted girls did not act to prevent because they did not know what was happening, or were too naïve to recognise it. Their alternatives were restricted to zero. Sometimes the restricting factors are the parents' own earlier actions, that is that a pattern of behaviour and counter behaviour is established in which the parent feels powerless to effect change and so chooses to take no action. This is more applicable to the middle group of accounts (see Table 10.1, above) in which omission and action reinforce one another. Leaving a child alone, lack of routine and organisation explains behaviour by the child, which is followed by blame and condemnation by the parent. All are intentional actions or non actions, but are made within alternatives set up by earlier actions. However, that their alternatives are restricted does not, for the social workers, absolve parents of responsibility for the intentional actions (and non-actions) that they do take.

Responsibility in context

What these social workers are saying is that in only a small number of circumstances are parents intentionally choosing to act in a way that will harm their children, usually instances of sexual assault, or of very hostile belittling behaviour towards them as described in Chapter Eight. However their other intentional behaviour does provide explanation for the condition of their children, and they are responsible for this, but the responsibility is within a context that explains their behaviour, but does not cause it. To deny parents any responsibility for their actions would be to deny them any moral sense and to say that it would be impossible to work with them. Adapting some of the ideas which appear to be behind M'Naghten, and behind Glover's quite tightly drawn senses (Glover, 1970) in which a person might disclaim responsibility, it is possible to devise a set of four categories that will indicate not how these social workers absolve parents of responsibility but how they place it in context. These are:

- (1) This category, taking from Glover, would include external pressures of housing, work, or other external events.

- (2) Lack of knowledge or understanding. Adapting from M'Naghten (Mackie, 1977), this would include parents with a learning disability or those who had what the social worker believes to be very limited understanding, that is those without moral or cognitive understanding. It would also include parents who simply did not know, for example, that there was harm that they should be protecting their children from.
- (3) Adapting Glover's concept of psychological incapacity, this would include parents who are under emotional strain, or suffer low self confidence or esteem whether or not they are receiving psychiatric help. They may or may not have a drink or drug problem.
- (4) This would include parents who have developed a pattern of life which may in some respects be similar to that of parents in the previous category, but which the workers do not explain by stress or illness. These parents, too, may or may not have a drink or drug problem.

Some parents in these forty cases might be included in more than one category in that behaviour explained in one might interact with that explained in another. It was argued in Chapter Two that Glover's categories contained blurred boundaries, and these too should be regarded as a loose categorisation which tries to shed light on social worker thinking.

The first category of context to parent behaviour and their responsibility for it would include what Glover called excusing circumstances (Glover, 1970). External environmental pressures do not in these accounts remove responsibility. They sometimes make the parenting task more difficult, and in ways indicated in Chapter Nine may serve to aggravate and reinforce other explanations for behaviour.

An inability to understand what is wrong, to understand the implications of their own behaviour, or that of others, to understand their children's needs in the ways described earlier would be the closest these social workers come to saying that a parent is not responsible for their actions. Even here they occasionally attempt to attach some sense in their accounts by which the parents either refuse to understand or voluntarily omit to carry out a parenting task. In other words, in very limited ways they should and could have acted differently. There is another sense in which lack of

knowledge is used as context when assessing responsibility. The mothers of the girls sexually assaulted by their partners are all assigned the responsibility to protect their daughters, but absolved from any responsibility for not having done so until now. Naivety and a lack of understanding of how sex abusers work explain this, but intervention is required to ensure that they are equipped in future for the responsibility which should be theirs.

The responsibility of parents whose own emotional condition is described somewhere on a continuum from low self-confidence to depression or personality disorder is a more complex matter. Their behaviour is discussed in these accounts as if intentional and voluntary. They could have acted differently. However, the sense in which they could do so though is variably circumscribed. In Chapter Two earlier reference was made to Mackie's argument that in some circumstances (he cited rage, drink) there may be aspects that a person knows of but which will "simply not be attended to" (Mackie, 1977). Similarly reference was made to Glover's notion of psychological incapacity or weakness of will in which a person may not be able to act on his intentions (Glover, 1970). These ideas are helpful here. There are two levels of understanding ascribed to this group of parents. They all know what would constitute good care for their children, that is what would be the right outcome. They also know what should be done to try to secure this. They do not, however, act on their knowledge.

The social workers place this parent behaviour in the context of an emotional condition explained by life experiences. Because the emotional condition does not cause the behaviour the parent remains responsible. In this way the social workers are according the parent status as a responsible adult yet acknowledging that the will is for the present overwhelmed. Sometimes, as with Aristotle's alcoholic, there appears to be some notional point in the past at which the parent lost control of the will (Aristotle, 1987). The task of the social worker is to help the parent regain this. The existence of a drink problem appears to make no difference to this. It is simply another aspect of the same emotional problem.

The behaviour of parents in the fourth category is not explained primarily by emotional problems, but is seen as part of a pattern of behaviour that the parent finds it difficult to change. It is, though, intentional and voluntary and even more do the social workers believe that these parents could have behaved differently. This includes established patterns of interaction between the parents. The problem of

infinite regression was referred to above, but despite this, these accounts do ascribe responsibility for present behaviour jointly to both the dominant and to the complicit parent. The latter could for example change the damaging dynamic of the relationship if they would assert themselves. In the same way despite the difficulties outlined above in identifying some individual responsibility for long term patterns of expectations of behaviour between parents and children, these social workers do ascribe ultimate responsibility to parents. They are the parents and therefore by definition are responsible, as they were for Dingwall's subjects (Dingwall et al., 1995). It is parent behaviour that has to change first according to these accounts.

More often in this category are parents who pursue activities of their own with only minimal regard for the effect on their children. They stay in bed, drink heavily, smoke dope, go to work leaving their children alone. Some of this behaviour is present in parents in the previous category, but here there are no accounts of emotional problems overwhelming the will to behave differently. The behaviour is placed in the context of the parents' own experiences of being parented, of different cultural norms, of their other pre-occupations, work, studying, and of drink and drug taking. Although drink plays a larger part in the behaviour of parents in this category than the previous one, in all these accounts, drink or not, there is an extension of Aristotle's idea that people make their own character but beyond some point they are unable to change (Aristotle, 1987). So entrenched are the patterns of life that the parents may not see the need to change, or may see the need but lack the extra will required to change. This does not remove responsibility. It helps to explain it.

Conclusion

Despite defining problems in terms of accumulated interactions and meanings and layers of explanatory context these social workers do not believe that all behaviour is of equal moral worth, or is predetermined, or that nobody carries responsibility for their actions. Some quite strong value positions appear to be held. First, parents do have duties towards their children, the duty to provide structure, consistency and physical and emotional security. These duties require both a moral and a cognitive grasp of what harms may befall their children, as well as the ability to act on this understanding. Alongside this they appear as well to have a conception of the boundaries of childhood, that is that parents should be ahead of their children because they have been this way before, that adult responsibilities should not be

placed on children, but also that adolescents should, whatever the context of their behaviour, be expected to carry some responsibility for their own behaviour and that parents have a duty to expect them to do so.

The most important duty, revealed by these accounts, is to provide emotional care that gives children affection and enhances their sense of self worth. Frequently what they see as warm esteem enhancing emotional care is held to compensate for inadequacies in other aspects of care. On the other hand parents whose disposition towards their children has persistently lacked this rarely have the constraints on their behaviour explored. Their responsibility is absolute and almost context free.

Second, responsibility is ascribed for present circumstances. What these workers are saying is that parents often could have acted differently but did not. Their actions may be constrained but they are not determined. The immediate and the accumulated contexts within which they act means that they often act within restricted alternatives (Mackie, 1977), restricted by their lack of cognitive understanding or moral sense, their emotional condition, their relationships, and their history and past behaviours. To ascribe responsibility to parents is to impute to them some moral worth. It is also necessary in order that social workers can attach some meaning to parent behaviour without which purposeful intervention would be restricted.

Understanding intervention requires an understanding of how social workers themselves have defined the problems. They are intervening to try to resolve or relieve problems as they themselves have defined them. The way that they have defined the problem has particular significance for their intervention in two major ways. First, although intervention to change environmental circumstances, without working with the parents would in principle be possible in some circumstances, almost all these forty social workers define their problem in one way or another in the context of the behaviour and disposition of the parents towards their children. In various ways therefore they see the parents as the main focus of intervention. Intervention to work with parents whose behaviour is beyond their ability to control, completely at the mercy of external forces, or is random would be impossible. It is the explanatory context to their behaviour and to their responsibility for it in the ways discussed here that guides the social workers' approach to intervention. It is this that they must work within.

Second, the social workers' value positions; that parents have duties towards their children, the overriding importance of emotional care, the belief that parents are responsible for their behaviour, but that this may be constrained but not absolved by its context, all influence the way that they intervene. What form this intervention takes and how the social workers' accounts of it help to answer some of the other research questions is the subject of the next chapter.

PART THREE
INTERVENTION

Chapter Eleven

Intervention - practice

Introduction

The previous chapter attempted to provide answers to the first five of the research questions set out in Chapter Three. This chapter attempts to answer the sixth and seventh ('f' and 'g'). It is about how these social workers intervene or plan to intervene in the lives of the forty families, and their objectives in doing so. Because of the sampling point that has been chosen all these social workers must already have made some kind of intervention, even if it is only to assess or investigate a referral. In addition this sampling method is likely to select cases at a stage where there will be a greater tendency to propose intervention than there might be, say, with the majority of referrals that a child care social worker might receive. There are therefore only two examples here of social workers proposing no further intervention at all. By intervention is meant further work with the family or individual members of it in the sense of further tasks to be carried out either by the social workers themselves or by others at their instigation. Sometimes this may be work to be done jointly with parent or child. It ranges from continuing monitoring to removal of the child from the family.

Sinclair and her colleagues (Sinclair et al., 1995) argued that it is hard to distinguish assessment and intervention. The process is "helical" (page 302-3), a concept akin to iterative (Dingwall et al., 1995). The chapter will examine what relationship there is between the intervention and the problems defined. This means that the way these workers make sense of their intervention is best revealed in the same way that their definitions of the problems were revealed, that is by their own accounts of it. It is the social workers' perception and understanding that is to be explored, not some objective reality. They are intervening in problems as they have defined them. This also appears to be the most likely way to understand how the workers make sense of what they believe to be their duties as social workers. This includes how they apply the concept of responsibility, that is how the intervention qualifies the parents' own responsibility, and how they try to manage the different expectations held of them.

The purpose of intervention raises questions therefore about their views of parent ability, intent, and disposition towards their children, and of the consequences of the

behaviour for the condition of the child. Intervention will be in the context of the workers' views about parent responsibility for present circumstances as discussed in the last chapter. The extent to which the social workers believe that the parents share the same objectives also has implications for their practice. The kind of intervention undertaken or proposed in order to achieve their objectives will involve varying degrees of sharing and co-operation with parents and children. This chapter is in two parts. The first explores the social workers' accounts of the way they have begun to intervene or propose to intervene, and the reasons they give for this. An attempt is made to develop a typology of the way that they intervene. The second part draws on this empirical data to discuss some of the issues raised, in particular the application of the concepts of partnership, responsibility and authority.

The objectives and practice of intervention

Most social workers have in mind some ultimate end result of their intervention, such as for example to prevent further harm, to reduce offending, improve the child's emotional well being, improve the parents' ability to control and so on. When they are planning intervention, however, they focus on more specific and interim objectives and on the tasks to be carried out, that they believe will contribute to an ultimate end result. It is these short and medium term objectives and tasks that their accounts concentrate on.

Many social workers have multiple objectives which interrelate in different ways. For example most do not see their definitions of the problems as final, and one of their specific objectives is to continue to assess the family and its circumstances. This is aside from monitoring the effects of their own other interventions. As well as continuing to try to decide what has happened they are also trying to assess a parent's commitment to change or to put right the problem. More often multiple objectives are intended to reinforce one another, or to address different aspects of the same problem. A few workers plan some limited work to try to repair a child's damaged self esteem whilst at the same time working with the parent to try to resolve issues around their inability to provide consistent control and support. More often multiple objectives are part of a twin approach to dealing with the behaviour of the parent. For example, in Chapter Ten in the discussion of parents' duties to protect their children, it was argued that for these social workers this implied both a moral grasp of what had happened and the skills and self confidence to act. These have different implications for the objectives and practice of intervention.

These excerpts from a social worker for a five year old girl, sexually assaulted by her father, illustrates how a single activity may have more than one objective. The worker's ultimate aim is to ensure the protection of the children, but her intervention as illustrated here has three objectives. She mixes trying to help the mother's cognitive understanding about what has happened, assessing her moral grasp of the seriousness of it, and trying to make her internalise her duty to her children, whilst at the same time she is monitoring to see whether she was able to act to protect.

“I had spent an hour beforehand explaining to her that the outcome of the medical wouldn't prove anything... only that there was no penetration....and she must have said five times between here and (nearby town) that she was relieved nothing had happened....I had to start again...by the end I think she was accepting it....but part of it I think was that she didn't want to understand....”

“I was trying to get her to take responsibility for protecting, for saying that M (daughter) was not to see (father), trying to get her to say what she thought should happen....you can stop him, he's got no keys now....over and over again I'd explained that she had to decide that (father) wasn't getting access to the children.....had she decided or was she just saying it because I was saying it...but then she seemed to have accepted it because she said it's alright with M, she doesn't want to see her dad but R (son) does...”

“...I know it's actually very manipulative, I suppose helping her to reach the right decisions and then giving her lots of praise for doing that, and monitoring very heavily at the same time”.

Multiple objectives are not always simultaneous; they may be consecutive. This is either because the social workers change their objectives when they acquire greater understanding of a family, because of new events, because a hearing, say, issues a warrant, or because parent or child vetoes the first objective. These reasons for change are not mutually exclusive. Initial plans for example by one social worker to try some behaviour modification work with one child and his parents had to be abandoned when the parents refused to take part and demanded care. However the manner of their refusal and her early experiences with the family were already leading her close to the point where she believed that home life was so emotionally damaging to the child that care was a better option anyway.

It is possible to derive from these forty accounts five kinds of social worker intervention, as indicated below. This is a typology, that is some workers may use more than one kind in the same case. Some degree of surveillance, for example, may operate alongside one or other of the others. Some times workers may move from one to another, especially from the second to the fourth.

1. Surveillance is the objective. This involves observation, checking, and collating information.
2. To change parent behaviour is the objective. This is conducted by offering advice, guidance and (occasionally) instruction.
3. To support, strengthen and empower the parent is the objective. This is attempted by providing practical support, emotional reassurance and a boost to self confidence and esteem.
4. To change the child's condition directly without working with the parent is the objective. This done by some direct work with the child, and often placement outside the family.
5. The worker proposes no further intervention at all and recommends discharge of the case at the hearing.

Each of these will now be examined in turn.

(1) Surveillance

Corby (1993) found that social workers were reluctant to take on a surveillance role. Farmer and Owen (1995) also found that workers preferred that universalist services (like health visiting) conduct it because they could do it more discreetly. There is in the activity of all the social workers in this study an element of assessment and reassessment. This includes monitoring the degree of change in a child's condition or a parents attitude and behaviour. However in two cases surveillance is their only or main objective, and in a few other cases it is a secondary one. The first two both involve injuries to young children, where it remains unclear how the injuries occurred. No social worker in this study used the word 'surveillance', preferring

instead 'monitoring', although for what they were describing this small group of workers might have said the former. The relationship between surveillance and assessment, here is quite a close one. For example one Child Protection Unit social worker, who at interview still does not know how the leg of a two year old child was broken, describes what he would expect his successor with the case to do. This worker is proposing no other intervention to, for example, support or to change anything in the family:

"I would be making sure that I saw N and mum and dad together, watching and talking to them, how they were relating to one another, stresses and strains, you know..."

He suggests engaging in surveillance in order that he might further assess how the injuries occurred. Assessment is regarded as an exercise requiring evaluation and thought, but monitoring or surveillance as practised here is observing and checking. Watching, talking and weighing up family relationships involves both activities. He believes that "monitoring and assessment" as he calls them,

"blend into one another. The monitoring allows the assessment to take place, The assessment would take in what others are saying, and putting it all together..."

Surveillance has another objective for two other social workers. For them it is used as a method of putting pressure on the parents to sustain change. This happens when the potential for harm may be regarded as so severe that even though the parents' behaviour may be explained by their own personal and emotional difficulties the pressure to change must commence even while surveillance and assessment are continuing. This social worker for a lone mother during the first ten months of her new baby's life describes what she is trying to achieve. This mother had had previous children who had been placed in care and had been adopted.

"...it was just ongoing assessment, it had to be done, the risks were too high....a lot of it was assessment along with education of [mother], saying right these are the issues, this is what we want you to do, and it was a case of setting a task say on a Tuesday by (Social Work Assistant) and me following it up on a Friday and seeing whether or not that had been done and they were very basic tasks, like cleaning up the cat faeces, getting the washing sorted, not lying soaking in the bath for weeks, not leaving W in his cot or his high chair all day, and (mother) would know we were coming back....otherwise it just wouldn't have worked..."

For this social worker “assessment”, as she calls it, is both to check on the child’s condition and to keep pressure on the parent to change her behaviour in respect of the child. In this case and in others where surveillance is used in this way some intense practical support is provided as well.

(2) Changing parent behaviour

Those social workers whose objective in intervening is to work to change parents’ behaviour in respect of their children have between them defined the problems in terms of all three of the dimensions explored in Part Two, and the cases include children of all ages. In a few instances this approach is simultaneously combined with attempts to provide support to the parent in ways examined later. The distinguishing feature of this group of accounts is that there is a primary focus on changing the stage one explanatory context, that is the immediate context to what is happening, which means the present behaviour of the parent towards the child, or the present interaction between parent and child. The way this stage one context is defined was described in Chapters Six to Eight. This approach pays little attention to the wider stage two context described in Chapter Nine.

Changing parent behaviour tends to be associated with, first, a definition that includes a parent’s pattern of life, rather than overwhelming emotional difficulties. In the discussion of the context of responsibility in the previous chapter it was argued that many accounts showed parents locked into patterns of life that they found it hard to change. The objective of the social workers here is to help them to do so, that is the focus is on the behaviour itself.

Second, this approach is also associated with parent behaviour that subjects their children to hostility and condemnation of the kind discussed in Part Two. This may reflect the overwhelming importance these workers attach to emotional care. In these cases the child and not the parent is perceived as the victim. This may explain the lack of attention to the wider context and the belief that it is parent behaviour that must change.

Third, and especially where the other two conditions are not present, this approach is associated with what the worker perceives to be a more severe consequence for the child. The idea of severity for these social workers is contingent on the age or developmental stage of the child as well as on the degree of injury or harm. The

workers' assessment of the severity of a child's emotional condition is in part explained by their assessment of the parent's disposition towards the child. Judgement of severity also depends on the frequency or repetitiveness of an occurrence and the cumulative effect of a parent's behaviour, and it may be influenced by an awareness of a parent's past behaviour.

Fourth, this approach is associated with a mismatch between the way the social workers define the problem and the way that the parents define it. These will all be considered in turn.

Pattern of life and change

In Chapter Ten when discussing what these workers thought were parents' duties towards their children reference was made to the idea that parents require a moral grasp of what is happening to their child. This means that they recognise that it is happening or has happened, that they see it as wrong, and that they are committed to changing it or to preventing a repeat. This was distinguished from parents' abilities and cognitive understanding and their skills and personal self confidence to act on their moral grasp. This distinction is reflected in the way that workers set about their attempt to change parent behaviour. In these social workers' accounts this is both a moral and a technical task. This means that they combine an intention to make clear what it is that must change with advice and guidance about ways to go about this. They are declaring what they believe is the parent's moral duty to their child in this particular situation, and at the same time they are attempting to impart cognitive understanding and skills and strategies that might help them to fulfil this duty. The two elements interact closely with each other.

There is an emphasis here on guiding parents to recognise their own responsibility to change and behave differently towards their children. Sometimes this is closely allied to explaining to them how their behaviour may be connected to the way their child behaves, and suggesting how particular changes may help to improve matters. For example, this social worker for a thirteen year old, who goes missing, drinks a lot of cider and offends, explains the objective of her intervention with the boy's lone father. This is a mixture of reinforcing the duty and explaining why his child might be behaving in the way he is, and explaining to father what might work to help him regain some control:

“...get him to realise that he does need to set boundaries...dad’s lifestyle is such that he lies in bed all day, smokes wacky backy... there’s no regular routine for L, no proper set mealtimes...no set time to get up; these are very normal things that he needs...and also he really had to know what was happening in the community, who L was with, that he was away from the alcohol...it was his responsibility to change this, not mine...that maybe he had to take him to the pool, if he hadn’t come back from his mate’s go and collect him, you know he has to be much more firm”.

Another social worker, this time for a family of young children has a similar objective, to bring order and routine to a disorganised household. Here too it is the social worker who decides what needs to be done, but in this case she also offers some practical help to the parents to achieve this. This excerpt illustrates how reinforcing the duty is partly a matter of explanation, and partly of instruction. The workers in this group cast themselves in the role of teacher and the parents as pupils:

“...to give some advice, assistance and guidance on how to rectify some of this, you know, around for example getting up in the morning, establishing a routine, things that need to be done in the morning..... how can that be practically done, does she need help in that, who can we tap into for that...getting the children to the clinic because she never does that and J is developmentally delayed and he needs that..... other things were the safety things, the fireguard, and the wall unit had a castor missing, and the two year old was playing by it and it was shaking, very unstable.... eventually she does it, got the fireguard from the other house but you have to keep nipping at her head to get her to do these things..... she is so laid back, doesn’t see the dangers....”

Emotional care and change

Social workers with these objectives are not only concerned with bringing order to disorganised families. Those working with families where the children are subject to hostility, condemnation and scapegoating have a very similar approach, that is explaining to parents what they ought to be doing to make life better for their children, what may explain their children’s behaviour and what strategy might work to improve the relationship between them and help them to regain some control. Attempts to change parent behaviour by exploring a strategy that might improve things is itself a mixture of the moral and the technical. What it would be right to do is closely allied in these accounts with what might work. This social worker for a

twelve year old, hit by her step father, excluded by her mother in favour of the step father, and whose parents have demanded care because of her behaviour illustrates how these arguments reinforce one another. Her account brings in her own belief about consistency of care, her moral belief about physical punishment, which she has adapted pragmatically for this family, and tried to work on approaches that the parents might find work better for them than those they have been using until now. The guidance here is not simply about parent behaviour directed at the child but about the parents own interaction:

“...we do sit and discuss now, talk about situations, scenarios from the past, how they dealt with it and then how they might do it differently in future...my advice is that (stepfather) never smacks her...they know that I don't feel that physical chastisement of F is appropriate, but I've said that if you feel that that's what you're going to do then leave it to her mother...and I've put it in a way that it's to protect him as well as F.....and, as well, part of it is getting them to talk because as a couple they don't, they know little about each other.....so it's getting them to come together on their ways of dealing with things, they have to have more consistency so I just keep trying to reinforce this, but I'm not sure if it's doing any good.....”

Severe consequences and change

Sometimes even in those cases in which it is not their pattern of life but the parents' own emotional condition which is explanation for the condition and behaviour of the child, the emotional harm is regarded by the social worker as so severe that it requires an early change to parent behaviour. There is for these workers a tension between the interests of the child and those of the parent as has also been acknowledged by Dingwall, Thoburn and Farmer and Owen (Dingwall et al., 1995; Thoburn et al., 1995; Farmer and Owen, 1995). In these circumstances the workers assert their paramount duty to the child. The worker, in a sense, becomes the child's advocate to the parent. This approach follows from a definition which explains a child's condition in the context of the behaviour and disposition of the parents, and from a child care social work value position which believes that parents, just because they are the parents, are responsible for the condition and behaviour of their children (Dingwall et al., 1995). Both of these were discussed in Part Two.

The approach is encapsulated by this extract from a social worker for a thirteen year old girl. Mother has already tried to dump the girl at the Social Work Service office once, and the worker believes that the girl's position in her family is in danger. She believes that the girl's behaviour and her isolation are explained by her mother's treatment of her. She explains how the girl might see things, advocates on her behalf, and tries to change the way that mother behaves towards her. The worker describes what she is trying to achieve like this:

“I felt that care would be the last option, because if E was taken out of her home it would be very difficult for her to get back, and I felt she was already fighting to keep what place she had and if she was removed she would clearly be seen as the bad one, and then it would be a hundred times worse for her, so really I keep plugging away with mum trying to get her to assume more of her responsibilities.... I mean one of the things I always push is that by allowing all the younger children to attack her verbally and give her a kick as they go past, you know, they jump on mum's bandwagon.. she should be stepping in immediately, but she doesn't intervene.... ...and also to get her to see things more from E's position....and then I've been working with her on her sanctions, which were way over the top, grounding for long periods, far too long, and like, her books and music were taken from her room, it was really beyond grounding, it was isolation....and it was making things worse, and to try to get her to be on top, more consistent....but mum doesn't really see it..... just wants me to take E away and bring her back cured....”

Severity is a dimension of physical harm as well. However in these cases where the parents' emotional condition is part of the explanatory context, unlike those where either pattern of life, or quality of emotional care to the child is the issue, each of the social workers is more conscious about the dilemma involved. This is to balance according the parents an opportunity for some autonomy about how they care for their children against ensuring their safety and health. Additionally where it is the parent's own emotional problems which provide context for their level of care attempts by the worker to change behaviour is combined with practical and emotional support for the parent. However it is because this is thought to be insufficient to be effective within the workers' chosen timescales, that they seek to change parenting practices in the meantime.

Whether or not the parents' emotional condition is an issue, where the problem definition includes severity in relation to physical health and safety, intensive efforts

to change parenting behaviour slide sometimes into changing parenting practice by taking over some of the parenting tasks. This means that the social worker was not only deciding what needed to be done but was actually arranging for it to be done as well. For example this social worker for a family of young children living in what she believed were unhealthy conditions explains how she made her decisions, and in doing so emphasised what she saw as her primary duty as a social worker:

“...we had to get into some sort of negotiation with the family, we pointed out the priority, you know laid out a plan, this is what needs to be done, what are you going to do, and to see where we could help in that....but despite the efforts going in, despite the assurances, this wasn't improving.....we had to give them a period to do it and monitor it, but eventually I started to accept that this is not coming from them and for the sake of the kids the responsibility is going to have to come from me...we helped...put in Home Care then...to get mum going...to improve things”

Mismatch in perception

Fourthly this group of social workers are all working in the context of what they see as a mismatch between their objectives and those of the parents. None of these parents share the social worker's definition of the problem. The mismatch engenders degrees of resistance from the parents. This varies from a non-committal but reluctant compliance to active blocking of the direction in which the social worker plans to move. Mostly it is the parents of young children who, whilst not sharing the social worker's objectives about safety and health, resisted least at any rate not overtly. In these cases practical help was being offered as a way of trying to change behaviour, and to secure a minimum of change for the child. Resistance by these parents is partly an attempt to retain some area of autonomy. Partly it is simply that the parents do not acknowledge the worker's definition of the problem, and so absent themselves or fail to carry out agreed tasks. Here is one social worker talking about one such mother:

“...she was always uhuh, yes, fine, okay, you know, never quite acknowledged that there were any concerns, but accepted the help that was there.....agreed to what we were suggestingbut it was never a priority for her.....she never asked for anything herself”

Other mothers of young children were a little less compliant. Sometimes they affected compliance but resisted actually doing what the social worker asked, as here:

“...she doesn't want us there, but she complies with absolutely everything...she never puts up a fight, but it was like you can tell me to do anything you like and I'll do it on the surface, but the minute you're out of here I'll go right back and do what I want”

The most overt disagreements about the definition of the problem and about the kind of intervention proposed occurred where the children were older. These had obvious implications for the kind of work that was possible. Many of these parents had initially referred themselves to the Social Work Department because of their difficulties with the behaviour of their children. Despite this, whilst the social workers and parents may share some general ultimate aim, say to improve relationships in the family, their definitions of the problem and therefore their objectives for intervention are different. Without exception parents want somebody to change the behaviour of their child. It is the child's behaviour that should be the focus of the social workers' intervention. The social workers' objective is primarily to change the behaviour of the parent. This follows from the way they define the problems where child behaviour and parent control difficulties are at issue.

As discussed in Chapter Seven, to these social workers children's behaviour is not some perverse whim of the child but occurs in the context of their parents' behaviour and attitude towards them. Neighbourhood or peer group pressures are only aggravating factors in these workers' explanations. Sometimes the parents' erratic and inconsistent approach to supervision, and their failure to provide boundaries explains instability and insecurity, and the child's lack of a compass for behaviour. Sometimes their negative and hostile attitude explains behaviour that is an assertion of self by the child. Sometimes some elements of both these factors are present. The social workers whose objective is to change parent behaviour start, therefore, from this position.

The objective of their intervention was to attempt to change behaviour by means of explanation to the parent about how their behaviour affected their children, that is how the child would experience their behaviour, perhaps by placing it additionally in the context of the child's earlier history or, for example, their experience of previous partners. Sometimes this approach was supplemented by some work with the parent

on techniques and strategies that might help them regain some control. This kind of work was not always possible here, because of the hostile attitude of the parent to the child, and the fractured relationship between them.

This is illustrated, for example, by one social worker for a thirteen year old whose failure to go to school is explained, the worker believes, by the emotional tangles with her mother. The worker tries initially to effect change in the household via regular bedtimes, an alarm clock, mother preparing breakfast, less screaming and shouting and digging in of heels. She was not however able to break into this vicious circle:

“...we weren't able to do any of this because the conflict between them was at such a height.....”

In other words the attempt at what might be called a technical solution to the failure to attend school did not work. Her attempts to try to deal with the emotional difficulties in the mother-daughter relationship which she quickly defined as the problem, and which also blocked work directly on school attendance were not successful either, as her account explains:

“.. mother was not wanting to entertain any joint work between the two of them. As far as she was concerned J was just this horrible kid who was causing tremendous difficulties for her, there was no way....it was all J...”

Thoburn noted that a greater emphasis was placed by workers on explaining to parents what work was to be carried out than on negotiating with them about what it should consist of (Thoburn et al., 1995). Here the two activities appear to be intertwined. For example, here is another social worker, who did succeed in carrying out some work on control techniques, talking about what she was trying to do and mother's way of resisting. First is the moral aspect of change:

“my work is to try to make her understand the link between his out of control behaviour and her lack of supervision, she must know where he is all the time....and the negative stuff...not labelling him as a psychopath...the consequences of that...”

Next, the worker looks for what technique might work for mother. She tries out with her an American manual of guidance called 'Back in control':

“At first (mother) was, you know, it's a load of crap, so I said

well lets just try different things and we just went through the thing and adapted it for her, and she tried out some bits before she began to like it a bit more....wrote down some of the rules consistent rules she would have, sanctions...it's quite intensive, quite structured....she has taken on board bits of it, but.....”

Finally, mother resisted by absenting herself. Because mother did not share the social worker's definition of the problem, she was not fully committed to the social worker's objectives and their implementation:

“...the problem that has bedevilled this case throughout is that mother is working and she is difficult to get hold of...this is significant because she prioritises working over doing the bits with D, because she doesn't see the point of them....she doesn't take on board that her behaviour was causing him to behave like that....she just wants someone to put her lad right, you know, wave a magic wand...”

This belief that these parents thought that it was the social workers' job to sort their children out, or “cure” them comes out quite clearly in the social workers' accounts, and explains their resistance to work that is directed at themselves. However some parents resisted work that was focussed on the child too. In some cases social workers tried to combine work directed at changing parent behaviour with some work on self esteem or social skills with the child, conducted either by themselves or by some other, usually voluntary, organisation. The parents who resisted this did so usually because they saw it as rewarding bad behaviour. One set of parents refused to agree to most work with their daughter that was away from the family home because they believed it would undermine their authority, that is provide their daughter with someone to talk to beyond their control. This social worker, who strongly believes that the girl's behaviour is a response to interactions in the family, describes how he tries to negotiate ways around the limits this puts on his work:

“...it's very reactive, mother is on the phone a lot so on visits we talk about what's happened, ways of dealing with K's behaviour, but I always try to negotiate between my perception of the situation and theirs, trying to find some common ground on which we could work purposively together.. ..I try to get them round to accepting some of the ways of thinking which I feel quite strongly are pertinent to this case....but I'm not sure I am getting very far.....I don't know that I can keep her at home much longer...”

Although most social workers in this group are trying to focus on changing parent behaviour, where they propose work with the child, as with the girl above, its purpose is to improve self esteem and their sense of their own worth. However three social workers in this group combine their work with the parent with a little work with the child directed at changing their behaviour as well. This was not resisted by the parents. Either this is aimed at persuading the child to compromise with the parents' attempts to curb their activities outside the home and for example the time they come home, or it is a quite separate exercise in trying to reduce offending behaviour either by finding some diversion, or by focussing with them on the consequences of their behaviour for them should they continue it beyond sixteen years old. When this rather limited work is proposed it is usually targeted at adolescents where it is behaviour outside the home that has led to the referral. The limited role here for direct work with children to change their behaviour is a reflection of the way the social workers have defined their problem, that is that child behaviour is to be explained primarily in the context of parent behaviour.

(3) Supporting parents

When the social workers in this study use the word 'support' they may mean it in three ways. They may mean practical support, like provision of the services of a home carer or social work assistant, to carry out specific tasks for parents usually of young children. They may mean emotional support. By this they mean that they are setting out to reassure parents in the sense of trying to provide, as it were, a floor so that they slip no further into difficulty. There is, though, another sense in which their objectives may be said to be to support parents, even though they may not always use the term. Sometimes building on the reassurance or sometimes quite separately their intention is to enhance parents' capacity to take or retake control of their own lives, and therefore of their ability to care for their children. In a few instances, all involving young children, this may be combined with some attempts to change their behaviour in the way just discussed. As is the case where the objective of the intervention is to change parent behaviour, these accounts include children of all ages, and problems defined in terms of all three of the dimensions explored in Part Two. However there are significant differences between the two sets of accounts.

Where the objective is to support there is a strong association with definitions of the problem that include as a wider context the parent's emotional difficulties rather than their pattern of life, in the manner discussed when exploring responsibility in Chapter

Ten. There is also a strong association with definitions of the problem in terms of a parents lack of knowledge and understanding, whether or not combined with emotional difficulties. This means that support appears to be overwhelmingly the objective when the parent's responsibility is placed in the second or third of the four contextual categories outlined in Chapter Ten. There are three other differences. First, there is an equal emphasis here on tackling both stage one and stage two aspects of the problem. This means that unlike those trying to change parent behaviour this group of social workers gives attention to the wider context as well as to the more immediate. Second, although this objective is associated with problems defined in all three dimensions, only a few of the accounts define problems with the emotional care of the children, and there is no association at all with hostility and condemnation. Finally this kind of intervention is distinguished from the previous one in that none of the social workers meet resistance from the parents.

What the three senses of support, that is the practical, the reassurance, and enhancing capacity, mean for the practice of intervention will now be explored.

Practical support

These social workers have a variety of objectives in providing practical support for parents of young children, often more than one at the same time. It may be simply to supplement the parent's own attempts to care physically for their children. It is never in the experience of these social workers resisted by the parents, although the objectives are not always a priority for them. Besides provision of furniture and equipment, practical help is provided in the sense of people to carry out domestic and caring tasks. This kind of support to the parent takes various forms. It sometimes encompasses encouraging mothers to do tasks, helping them to, for example prepare meals. It may involve joint activities like getting the children up, washed, dressed and fed in the mornings.

The different forms that this kind of support takes reflects objectives that sometimes shift from helping parents to carry out caring tasks to ensuring that they do so. It is the worker who says what is needed, but offers help to ensure that it is produced. The purpose is to attempt to fulfil the workers' duty to the child as they see it. Where it does not appear to be achieving that it becomes more intensive, and in some respects takes over the caring role of the parent. At this level of intensity it becomes more directive with similarities to the approach of the workers in the previous

category of intervention. Here is one social worker talking about why she believes this to be necessary:

“...this had to be done....these children, especially R who is developmentally delayed need some regular care, meals at regular times, get to the doctors....and I mean mum is just so laxy-dazy and so iffy here and iffy there that it was never going to happen...”

Reassurance

Support as reassurance is intended to reduce the anxiety of parents who feel overwhelmed either by an accumulation of difficulties or by a single set of events. It is a kind of restorative support to try to rekindle some confidence, and to assure them when they are taking the right decisions, that they are more able than they thought they were. It is to be there with parents to help them negotiate with schools, or to ensure that their case is heard at case conferences. It is entry level support, to be provided before other work can be attempted. This is one social worker for two adolescents sexually assaulted by their mother's partner; mother has for some years been subject to control by the partner and according to the social worker lacks the confidence to make decisions by herself. His objective initially after the disclosure of what has happened is to reassure the mother as she tries to cope with the aftermath. He links his need to do this back to the history of family relationships that he had identified as context when he was defining his social work problem:

“...to give mum some reassurance....I mean there were signs that she could with encouragement deal with it...but it's as if somebody has to be standing over her saying yes you did that properly, you're doing well....you know frequent phone calls checking out did I do right?....there is a whole load of issues there about her own self esteem, self confidence after being with this guy who's been so controlling....”

Enhancing ability

Reassurance is not a final objective. It is a prelude to attempts to enhance parents' self confidence and their ability to manage by themselves. There are four elements to this third kind of support. First, there is close attention to the parent's agenda of concerns, and discussion with them of their options in a way that is not the case when the worker's objective is to change the parent's behaviour. Rather than work to impress on the parent that their behaviour must change and to explain to them how

they might do that, this group of workers look to see how they and the parent together can move towards better care. They seek to find out how they can help the parent to do this. This more consensual, collaborative approach reflects the different way that these workers have defined the problem, and reflects their belief that their objectives are here shared by the parents.

Second, many workers aim to focus some of their attention on the parent's own needs as a person, as well as on their difficulties caring for their children. This almost always means mothers. It includes the emotional effects of earlier events in their lives, of their relationships with their partners, or the legacy of past partners. The reason for this kind of attention is because often the difficulties that limit their capacity to care adequately for their children do so by undermining their self confidence and sense of self worth. The one must be tackled in order to tackle the other. In this way these social workers pay attention to the wider context in a way that the previous group did not. Although of course they are not able to alter this context, they do attempt to help the parent to overcome some of their difficulties that this context is believed to explain. Typically the aim, as one social worker for the mother of a girl sexually assaulted by her partner explains:

“is to support her as a mother, as a wife, and as a woman...there has been a lot for this woman...she's had to cope with a lot, and people have had unfair expectations of her, and I have to work on building up her self esteem, get her to recognise the positive bits in herself, not to see herself, as she does now, as a weak person... safety for K depends on growth in the mother...”

Third, there is here an intention to try to increase a parent's cognitive understanding of, say, their child's developmental stage, of the way sex abusers work, or of techniques of supervision and control that are more sensitive to the way their child will see the world. However the plan is not to teach the parent so that they may change their behaviour, but to facilitate the parent's own learning, by drawing on their particular experience, and helping them to see it in a different way. These workers might be said to be using the parent as a resource in the way suggested by Thoburn (Thoburn et al., 1995). Parents may be experts about their own children. This excerpt from a social worker for a depressed lone mother of a fourteen year old who offends, does not go to school, and wanders about the area late into the night, illustrates the essence of this approach and the circumstances in which it might work:

“...the social worker is just a facilitator, helping to bring a wee bit

of insight into what the child thinks....and it's answering their questions, you know, and you then say what if, and you change the scenario round and come at it from a different way...it's supporting and listening, usual social work thing and maybe saying, you know, did you hear what you just said there, may be we could talk about that, it might have something to do with the way your child behaves.....and if they can then try a couple of strategies...maybe they'll feel they're starting to see a difference and maybe to get a wee bit back in control.....”

However, for this kind of approach to work there must be some shared understanding between worker and parent about the purpose of the intervention, and, in the worker's view, a willingness on the part of the parent to accept that they must explore some changes in the way that they care:

“..she seemed to be a parent who could be worked with, she did listen to what I had to say....because sometimes you get the impression they are going to be very difficult to work with, can't see that they're doing anything wrong, it's all the child's fault....”

Typically though, the objective of support as enhancement is to combine attempts to increase cognitive understanding of their children's needs and of the effects of their own behaviour with attempts to increase the self esteem and self confidence of (always) mothers in their ability to care for their children. These objectives interact and the way that they do so reflects the way the social worker has defined the problem. Lack of understanding or of knowledge may for the social worker be explained by limitations of intelligence, or by the mother's naivety itself explained in the context of her upbringing, in ways discussed in Chapter Nine. Limitations of intelligence may also explain frustration, low confidence, and difficulties with relationships. A restricted childhood may explain not only naivety, but low confidence, low expectations of oneself and of others. Problems defined in terms of these interlocking explanatory contexts explain the way this group of workers plan to intervene.

For example this social worker, for a very limited mother of a two year old whom she has hit, illustrates how the definition of the problem and various aspects of a supportive approach to intervention are interrelated.

First the reassurance:

“...you've got to put kind of safety nets around someone like P,

go in very gently because she has personal difficulties as well as difficulties with her children, she is not the brightest...nor is she mature in her emotional development...she can be very frightened and upset....”

next the building of self esteem:

“...but it’s also about not being frightened to admit that she was needing help, she needed a lot of encouragement, building up her confidence to see that she could do that...it’s about her self-esteem, needs a lot of help to see that she is worth it, had the right to ask people...but you will have to keep it very very simple, work alongside her....a lot of the work will just be about her, you know, getting something out of this, reinforcing her positives.....”

and then the explanation to increase understanding:

“..you have to explain to her, she doesn’t know what he can understand, don’t just shower him with toys and books, she had half Poundstretcher’s toys there...it was ‘look I’m a good mum’, but he doesn’t know what to do, and he gets frustrated and she does too because she doesn’t know what he wants from her, put them away and bring them out one at a time.....needs parenting classes.....but you also have to make clear what it is we are offering, and therefore what she can take up, and she’s needing help to prioritise.....”

These excerpts from the social worker’s account indicates how important she believes the initial reassurance is, and how she aims to work on the mother’s cognitive understanding and on her emotional limitations at the same time. It shows, as other accounts do, how building a mother’s self esteem as a person is seen as a route to building her confidence as a mother.

This approach is not only employed with the parents of young children. Both the ‘change parent behaviour’ group and the ‘support’ group of workers explain children’s behaviour in the context of the behaviour of their parents. They both therefore concentrate their intervention on the parent. They do it in different ways, however. The social workers attempting support more often reveal traditional social work values of unconditional acceptance, tend to be less judgmental, and start from where the parent is emotionally. This approach may be best illustrated in this account by a social worker, for an adolescent and his depressed lone mother who feels

helpless to handle her son's behaviour. She explains her intervention and gives some additional reasons for the focus on the parent rather than the child:

“..the key element of what is required is first to get her to be comfortable...work on her self esteem a wee bit, you know, by giving her a bit of unconditional acceptance...meet her on the same level show that you've got hope for her, you're accepting her as she is...you're not criticising her because she's had that all her life from her husband, her mother, everybody else....you're with her and you want to help.. I think that can raise people's self esteem...sometimes for the first time in their life they're getting unconditional positive regard....”

However unconditional acceptance may have a more pragmatic purpose as well. It is intended to make the parents more likely to benefit from the simultaneous attempt at raising their level of understanding of possible ways of dealing with their child's behaviour:

“...she may begin to trust a wee bit...and she'll open up a bit more, and if you're giving information, say, she'll feel comfortable enough to confide in some situations and you will be able to use that and say well why not look at it this way, or try this, you know..”

There is another reason for the importance of this approach. Whilst saying that she will be spending time with the child to find out how he sees his situation, she believes strongly that the most important objective is to support the parent to support the child:

“...that's where the support needs to come from, it's got to come from her, I mean I could give all the support in the world it's not going to change his behaviour because I'm not the parent, can't be there all the time, can't be consistent with him.....I think at the end of the day we're not much cop at supporting young boys and young girls in families, because the reason they're coming to the notice of Social Work is because they're not getting the support from their parents. Far too much emphasis is put on the child, you know, take them to McDonalds, get Section 12, new clothes and what have you, they are still going back to the same parents. You've got to work with the parents, and engage with the parents.....”

Although there are some significant differences in the way that they define the problem between the two groups of workers both groups believe that whether the

objective is change or support, work must be focussed on the parent as the common explanatory factor.

(4) Working to change the child's condition without working with the parent

In contrast there is a smaller group of five social workers whose objective is to work directly with the child or to make an arrangement for the child that is apart from the parent, although in two instances the workers plan some limited support for the parent simultaneously. This is despite all of them having defined the problem in the context of the behaviour of the parents. As was the case with the other categories of intervention these workers have defined the problems in terms of each of the three dimensions, and included are children of all ages. Although both stages of problem definition are present, there is most concern here with stage one, the direct behaviour of parents towards their children. In that respect this group of accounts has most in common with those where the objective is to change parent behaviour, and initially these workers had attempted to work to do this. It was when they believed they could take this no further that they changed their objective. In most of the accounts in this group there is an association with what is seen as some degree of damaging emotional care, including examples of sustained hostility and condemnation, as discussed in Chapter Eight. In one case mother's heavy drinking is thought to present too great a risk to her young children.

In some of these accounts there is a disjunction between the social worker's objective and that of the parents, and in all of them a difference in the way they define the problem, although in the case of the mother who drinks heavily it is not clear from the social worker's account what the mother's definition or objective is. In this instance the social worker's short term objective is to secure the safety of the children by placing them with their father. Her long term objective is to try to help the mother recover some equilibrium to her life.

The other social workers all define their problem in terms of the emotional care given to the children by their parents. The parents define their problems in terms of the behaviour of the children. In this sense as well these workers have something in common with some of those discussed earlier whose definition was similar and where the disjunction was similar but who made it their objective to change parent

behaviour. Where this group differ is in the objective of their intervention. They do not attempt to change parent behaviour, either because they do not believe the parents are receptive or capable of change, or because this has been tried unsuccessfully in the past, or because the parents refuse to participate. This together with the severity of the condition explains these workers' type of intervention.

In particular it is the severity of the emotional damage being inflicted on the children which explains how, for these workers, it would be inappropriate to intervene to provide support. This is so even in the one instance where the worker has developed a wider explanatory context for the parent's behaviour that includes the legacy of earlier life experiences. In this case mother's emotional condition is not only explanation for the way she cares for her nine year old son, it also renders her in the social worker's view incapable of responding to her intervention:

“Mum was so stressed out she was close to the end of her ability to cope...but there was no point in trying these failed approaches from the past like the behaviour modification and parenting skills and control stuff...it hadn't a hope of working, it had been tried and she just couldn't take advice on board..... I found it difficult to get her to focus on the here and now, she kept going off into stuff about her husband and how he had made A like this.....I found it much easier to talk with A when I took him out without mother she kept saying inappropriate things and undermined him.....but it was so bad something had to be done.....”

It is the refusal of the parents to participate in the other cases which explains why intervention to change parent behaviour is not possible there either. Indeed this refusal most clearly distinguishes these cases from others where the quality of emotional care is the subject of intervention to try to change parent behaviour. This account by the social worker for an eight year old, illustrates how severity and parent response interact with each other as workers attempt to relate their intervention to their definition:

“Initially I wasn't really thinking about G being out of the home, it was looking at how we could work with this within the home... ..it was almost like a behaviour modification kind of thing...at the third meeting with mum we chose a couple of G's behaviours and worked out how if he went the week without doing any of this he would get a reward from mum on Sunday or whatever...we did this together, or at least I thought we had agreed it, but when I went back the next week G had done what

had been asked of him but he'd not got the reward....when I asked her why, she said because he's naughty in other ways.. I felt I had set G up to fail....then dad gets involved...he says that none of this would work....and it became clear that they weren't prepared to work with me in any way.....whatever I suggested like respite or some other relative they had always been there done that got the T-shirt.....they were by then saying that they wanted him removed from the family.....but there were other things that I became aware of from others, for example he hadn't put on any height or weight since he was five years old, and that the parents had backed out of work with the psychologist in the past.....so really I had nothing else. I think if I'd felt mum and dad had even been genuinely looking for support I wouldn't even now have gone down this route, but really they have just no awareness of his emotional needs, this behaviour was not that of a naughty child as they thought, this

was a child in distress, he was very unhappy you know...totally and utterly scapegoated in that family...so foster care takes the pressure off him but he's going to need a lot of support.....”

This account shows how the social worker's objective changes following her realisation of the severity of the child's condition, and his treatment, combined with the parents' resistance to any attempt to change this. The parents' resistance is for the social worker only a further indication of their longstanding negative and hostile attitude to the child and to her this is the essence of her definition of the problem. She feels she must take control in order that she can act to improve life for G.

In all these five accounts parents and social worker ultimately agree on the course of action, although they have different purposes in doing so, and have defined the problems differently.

(5) No further intervention proposed

Finally, in two accounts the social workers are proposing no further intervention at all and to withdraw. In one instance this is because the fourteen year old boy concerned has committed no more offences since those which had triggered a hearing. The other has arguments of a different type. He has been assessing a family referred both because of a relatively minor physical assault on one daughter by mother's partner (now gone), and failure to attend school on the part of both daughters. The social worker has defined his problem in terms of the family history, giving out mixed messages about school attendance, that is cultural pressures that

school is not important, the girls staying away fearful for their mother and themselves if they leave the home, coupled with a pattern of surface co-operation by mother (i.e. trying to persuade her daughters to attend school). Because however the partner has now gone, and because despite the history he finds the girls emotionally and socially stable, and perhaps crucially they have now restarted attending school he proposes to withdraw. He gives his reasons:

“.....maybe we have come to the end of the road in terms of what we can do with this family, you know, there are some things you can't fix, I think you stand back then and make a judgement about is it acceptable at that level... would it be more damaging to receive them into care, and in my view that wasn't on the agenda at all here. The history shows us that this is continuing and continuing and continuing, so what new intervention can we come up with....you know it makes the hearing feel it's done something if they put them on supervision But realistically is that going to make any difference to the child and the family.”

This social worker is proposing that further failure to attend school be dealt with via prosecution by the Education Department, and further assaults be dealt with by emergency social work intervention when required. He is recognising the limited effect social work activity may have on the lives of some families in the context of events and experiences accumulated over many years. This sense of social workers feeling that they are working with forces more powerful than themselves is discussed further in Chapter Twelve in the context of compulsory measures.

Sharing responsibility with parents

Ideas of working closely with parents, of the sharing of responsibility, and of partnership which have been features both of government reports and of other commentaries were discussed in Chapter One (for example Secretary of State for Scotland, 1964; 1966; Department of Education, 1978; Department of Health, 1989; 1991). Partnership is “at the heart of child care legislation” argues the Assessment Framework (Department of Health, 2000a, page 12). Some research studies which had examined social work practice in this area were also discussed (Thoburn et al., 1995; Farmer and Owen, 1995; Department of Health, 1995). It was then argued in Chapter Three that these studies did not explore closely how social workers themselves made sense of their work in this area. In particular this means to what extent social workers and parents work together, how they do so, what from the

social workers' perspective enables this and what inhibits it. This inevitably involves questions of responsibility and authority as well as the compatibility or otherwise of the differing expectations placed on social workers. This section attempts to explore some of these issues by drawing on these workers' forty accounts of their intervention.

At the point of writing their reports and of their interview with the researcher some of these social workers had been working with the families for several months, others for only a few weeks, and in the case of some Child Protection Unit workers only a few days. This means that some had only limited experience of attempting to work with the parents, and much of the work was work proposed but not yet attempted. These workers were therefore at best only able to discuss the degree to which they shared a definition of the problem and some of the objectives for intervention. Those workers (the majority) who had been working for a few months had already been attempting some work with the family and were able to discuss the ways in which this had progressed or not.

'Type One' sharing

Analysis of these accounts suggests that the different ways in which social workers and parents share responsibility may be categorised into three types. The first type shows the greatest degree of concordance between worker and parent. This applies to the intervention as described in fifteen social worker accounts. These all have in common that the objective of the worker's intervention is to support the parent in the ways discussed above, and they are associated with all three dimensions of problem definition. However the three accounts here that define problems with emotional care do not include any examples of sustained hostility, condemnation and rejection by the parents, but of children who are left insecure and unsure of their place in their family because of the care they receive. In all these accounts there is some shared moral and cognitive understanding between worker and parent about the problem and general agreement about what the parenting duty is. In only three of these cases did the parents originally seek social work intervention (and in two of these there was a simultaneous referral from school or Reporter).

Despite this and despite some initial uncertainty about what social work had to offer, or reservations about the worker as a representative of 'authority', all these parents accepted the social worker's role without resistance. This does not mean that the

accounts describe an equality of input to decisions about the particular objectives of the intervention or about what tasks were required. There is a strong sense of social worker suggesting and parent agreeing. This is unsurprising given that the problem has usually been defined by the worker as, in part, the parent's lack of confidence, self esteem or emotional depression. Parents like this might be expected to be diffident, to accept the authority role of the social worker and to be looking to the worker to take the initiative. What does seem to happen however is that when workers are assured that there is agreement about what the parenting duty is and that there is some commitment to working on the problem they are confident enough to attempt to seek out the parents' own understanding of their difficulties as a basis for starting work. This is so, here, even when the case involves physical harm or potential sexual harm to the child. It is as though when there is a shared moral understanding of what is wrong, and a shared view of the parental duty, plus a commitment to working on it, the workers' sense of their own duty to the child is not compromised by ceding some role to the parent.

Even when the parent's input into the initial decision making about objectives is an unequal one the work is often jointly conducted. This means that there is always mutual discussion of issues raised by the parent, but through which the social worker makes suggestions about alternative ways of understanding a difficulty, or about tasks that the parent requires to carry out in response. The objective is to use the parents' own experiences with their child and to reinterpret these with them, and then to support them as they try alternative ways of handling situations. There is here a recognition both that the parent has rights as a citizen to a say in the care of their own child and that they may be a resource for the worker. They both know their child and they are there with them all the time to implement strategies of care. What appears to distinguish this group of accounts is that the social workers' belief in the parents' commitment both to their children and to trying to work on their difficulties allows them to trust them, and their consequent collaborative and reciprocal way of working allows the parent to trust the worker.

'Type Two' sharing

The second type of sharing responsibility applies to seventeen accounts. These are accounts of partial concordance. They include children of all ages, although there is a preponderance of younger children. They also include problems defined by the social worker in terms of all three of the dimensions discussed in Part Two, although in ten instances physical or sexual harm to the child is part of the definition, and in only

three is emotional care an issue. The problems defined in this group of accounts are often presented as markedly more severe than was the case with the first group. Injuries are seen as more severe, emotional harm is more damaging, and the risk of a repeat of physical and sexual harm regarded as more likely. Between them the accounts explain the workers' objectives in terms of all of the first four of the categories of intervention discussed above; mostly however and in almost equal numbers, in terms of changing parent behaviour, and of supporting the parent. Surveillance plays a much stronger role than was the case with type one, where it was barely present at all. There is here usually some mismatch between the worker's definition of the problem and that of the parent. This has consequences for the difficulties they have working together, but resistance by parents is not consistent.

Partial concordance reveals itself in two main ways. In the first, there is, especially from parents of younger children a reluctant acquiescence in the face of social work authority, and from the workers an assertion of what they see as a social worker's duty to the child. In the second way which involves older children (aged ten or over) parent and worker agree some objectives but not others, or the parent co-operates with agreed tasks but only some of the time because they lack commitment to them. Some social workers here believe that co-operation is only presentational in that the parent lacks commitment to objectives or tasks, but believes that they ought to appear to work with the social worker. They do not disagree and believe it politic to say what the worker wishes to hear, but they do not always carry out agreed tasks. This is their way of carving out a little area of autonomy within the context of social worker authority. Both Dingwall and Farmer and Owen have noted this characteristic of surface compliance by some parents (Dingwall et al., 1995; Farmer and Owen, 1995). Some other parents of older children, whilst wanting intervention because of their difficulties, believe that it is the social worker's job to make their children behave better and so co-operate only with tasks that appear to them to be directed to that end, rather than with work on their own responses. It is this intermittent resistance and the social worker's response to it which distinguishes 'type two' sharing from 'type one'.

The first way, that is reluctant acquiescence, occurs in the context of a definition of the problem and a decision about the purpose of intervention which belongs to the social worker. It is associated with all the types of wider contexts discussed above in Chapter Nine, and with the last three contexts of responsibility discussed in Chapter Ten. None of these parents had sought social worker help, but either they offer no

alternative definition except that they believe that there is not much wrong with their care, or they are confused and anxious about events they struggle to understand. It is the social worker who sets the priorities for intervention, who decides what needs to change, proposes the help to be provided. The parents acquiesce either because they fear that the worker's authority may bring more severe consequences for them, or because help is being offered to them for practical tasks they find difficult. To the social worker help is closely connected to ensuring a minimum level of care. These workers, very aware of the authority they carry, try initially at least to draw the parents into decision making. However it is decision making not about whether there should be intervention or about its objective, but about the tasks that should be carried out within the framework already decided by the worker.

This means explaining the administrative and legal process, clarifying to confused parents what social work has to offer, quite extensive efforts to encourage parents to say what tasks they feel they can do themselves and what they want help with. Unlike in type one, there is a sense here of social workers bargaining with parents, but the unequal nature of the relationship appears to overwhelm these parents who share only minimally even these lesser decisions, although they are present when they are made. What this means in practice is that supports are put in to the family and tasks shared out, joint work set up with only the rather reluctant consent of the parents. For the social workers, helping parents to improve their care and trying to ensure that they do so is part of the same process. All the workers justify this on the grounds that in the absence of the parents fulfilling their responsibility to their children, then the social worker has their own responsibility to do so. Social worker authority and social worker responsibility are closely connected; each depends on the other: The authority arises out of the responsibility; the responsibility is pointless without the authority. The power to help also derives from the authority, and it is this that underpins the bargaining between worker and parent. Authority should be distinguished from another more formal sense of power, here. At this stage these workers are not usually working under any statutory order, but they are at or close to the stage when they might recommend one. Their authority comes in part at least from their consciousness of this, and from the perception that this is so held by the parents. The workers' use or otherwise of statutory power will be discussed in Chapter Twelve.

In the second way in which partial concordance between social worker and parent is indicated the problem has been defined by the worker in terms of the second and

third dimension in Part Two (behaviour, control and emotional care, but not harm and protection). The purpose of intervention for all the workers in this group is to change parent behaviour, in ways discussed earlier. Usually in this group the parent wants the worker to make the child behave, but the worker believes, as discussed earlier, that it is the parent's own behaviour and approach to the child which must change. Within that basic disagreement, worker and parent discuss and try to implement methods for regaining control often in some detail. However, for the social worker the task is both a technical and a moral one, as defined earlier. The parent may begin by being committed to trying out specific control techniques (the technical task) and will work together with the social worker on these, but when these do not produce an early change in the child's behaviour the parent opts out. In these accounts this follows from the original differences in their moral understanding of what is happening, and about the moral task which to the worker is to change the parent's attitude and approach to the child. Co-operation between social worker and parent is therefore only intermittent.

These social workers whose practice is here categorised as 'type two' sharing have more difficulty agreeing and maintaining agreement with parents than those from 'type one'. Because of the mismatch in perception, and because of the greater harm to the child that the workers have defined, their negotiation with the parent encompasses conflicting values and rights and duties in a way that rarely arises for workers from 'type one'. Parents rights to a say, to understanding, to help, to guidance, to veto some tasks, to not co-operate with others, to sabotage, to a chaotic lifestyle, to care for their children, are all acknowledged by this group of workers, as are children's rights to safety, to healthy development, to remain with their parents, to self esteem, emotional security. All these are present in these accounts alongside the social worker's duty-rights in respect of the child. It is more complex than simply parents' rights versus children's rights.

'Type Three' sharing

The third type of sharing responsibility shows the least concordance between social worker and parent. It applies to eight accounts. In six of these emotional care is defined by the social worker as the problem, and all of the children experience hostility condemnation and rejection, and the accounts include all four of the 'strong parents' discussed in Chapter Eight. In another account mother's erratic lifestyle is believed to threaten the health and development of her young children. In the eighth it is the mother's heavy drinking which is believed to be a threat to the safety of the

two young children. The objective of the worker's intervention is either to try to change parent behaviour, or to work directly to change the child's condition apart from the parent in ways described above. Any thoughts about providing support to parents here are quickly abandoned. In some of these accounts there is almost no working together at all. In none of the eight accounts do parent and social worker share a common definition of the problem. In three of them the parents want no intervention at all from a social worker, although in one of these they have already sent their son into care via the nighttime standby service. In the others there is a mismatch between parent and worker about what they want from intervention. The damage or potential damage to the children is regarded by the workers as severe, but not much more so than those in 'type two'.

As explained earlier, the way the sample was obtained means that there is inevitably some form of intervention in all these cases, even in the three where the parents do not want any at all. All these eight workers begin by attempting to bargain with parents. Because of the severity of the child's condition, as they see it, they are unable to opt out. Where younger children are concerned, therefore, they offer practical help to the parents in return for their accepting advice and guidance about their care. The parents' response to this is physical avoidance. The workers need access in order to exercise their duty to the child, but to the parents this is intrusion, and their avoidance and strong resistance is their way of trying to maintain some autonomy.

Although there is no physical avoidance from the parents of older children, there is only a limited degree of working together. In each account the parent wants the worker to make the child behave if necessary by removing them from home; the worker believes it is the parents' attitude and behaviour which must change. However unlike in type two of sharing responsibility there is either outright refusal to agree to any joint work with social worker and child, or very restricted discussion about technical control strategies and resistance to any discussion of the parent's attitude towards the child. In these circumstances the worker either moves very quickly to work only with the child or attempts some negotiation with the parent to achieve a limited change in their approach. The parents appear to possess more power to resist here than in the first two types. The workers need the parents with them if they are to bring improvements for the child. Therefore they either temper their ambitions and wait for the parents' more receptive periods, or they work to the parents' agenda and try to find a little common ground so that the parents accept

small changes or some partial recognition of the worker's understanding. This is rarely successful. All the children in this group, bar two were away from home by the time of the researcher's interview with the social worker.

Conclusion

One of the research questions set out in Chapter Three was about the relationship between the problem defined and the intervention. Some studies have found inconsistencies here (e.g. Giller et al., 1993; Farmer and Owen, 1995). This study has examined social workers' own accounts of their interventions in the context of their accounts of their definition of the problem. The contention has been that problems are not, say, an offender or a child with a broken arm, but are defined in terms of layers of meaning and overlapping contexts.

The attempt to develop a typology of interventions has revealed the way in which these can be placed in the context of their perception of the explanation for the parents' behaviour, of the parents' disposition towards their child, of the various dimensions of the severity of the consequence of the behaviour, and of the degree to which parent and social worker are in agreement. Other studies have found that disagreement about what has happened or about its justification, or about the need for social work help were associated with a lack of parent involvement (Thoburn et al., 1995), with entry to care (Farmer and Owen, 1995) or with compulsory measures (Dingwall et al., 1995). The Assessment Framework (Department of Health, 2000a) makes a related point about the association between rejection and scapegoating, parent denial, poor relationships with professionals and poor outcomes.

Workers here who intervene to change parent behaviour have defined a problem that includes some combination of the parents' pattern of life, their hostile disposition towards their children, more severe consequences for the children and a mismatch between their definitions and those of the parents. Their intervention may be characterised as both a moral and a technical task. This means that social workers make clear what it is that must change, that is what they believe to be the parents' moral duty to their child in this particular situation, together with advice and guidance about strategies that might enable them to fulfil this duty.

On the other hand those whose intervention is to offer support to parents have defined as the problem some combination of the parents' emotional condition or lack of cognitive understanding, no hostility or condemnation and a less severe consequence for the children. There is broad agreement with the parents on the nature of the problem and what needs to be done about it. Supportive intervention takes different forms but all have as their aim to enhance parents' self esteem and self confidence, and their ability to manage by themselves. The approach is more consensual and collaborative as the workers look to see how they and parent together can improve care. They try to facilitate the parents' own learning by drawing on their particular experience and helping them to see it in a different way.

If Fox Harding's perspectives (Fox Harding, 1997) are to be regarded as tendencies it would be tempting to place the social workers whose objective was to change parent behaviour within Fox Harding's second perspective which she called state paternalist, and to place those who proposed support to parents within her third perspective which she called supporting the birth family. This would however be too simple. Almost all workers proposing all types of intervention started from a presumption that the child would remain at home. They departed from this only where harm to the child was seen as very severe, or where the parents themselves insisted on the removal of the child. In any case these social workers' perspectives could only be tested by examining many different accounts from the same workers.

The different types of intervention may have another explanation. Whilst, for example, the Assessment Framework places partnership working at the heart of child care legislation it also says that social workers have a duty to "promote children's welfare to achieve the best possible outcomes for that particular child" (Department of Health, 2000a, page 9). The dilemma this presents social workers may explain their different types of intervention. Workers face a conflict of what might be called duty-rights. This means the conflict between those attaching to themselves in their social worker role and those attaching to parents under Sections 1 and 2 of the Children (Scotland) Act 1995. Section 1 sets out parents' duties, Section 2 their rights.

It may be that social workers tend in the absence of strong evidence to the contrary to cast their clients as having moral worth (Dingwall et al., 1995). This is close to the traditional social work value of unconditional acceptance. In this context they will be most likely to impute acceptable reasons for behaviour. They may see themselves as

problem solvers who are most comfortable helping those whose problems have rendered them weak and unable to cope. Those workers here who intervened to support the parent had defined a situation in which the parents agreed the nature of the problem, in which the parents were under stress but despite this maintained a positive disposition towards their children and in which the consequences of the problem for the children were not severe. Therefore the workers were able to cast both child and parent as victims, and could try to meet the needs of both simultaneously. In other words their duties as child care workers and their orientation as social workers coincided.

This was not so for those who intervened to change parent behaviour or for those whose objective was surveillance or those who by passed the parents in the way described earlier. They had defined a situation which included the parents' pattern of life, damaging emotional care for their children and parent behaviour with more severe consequences. Parents offered various levels of resistance. These workers therefore found that their duty to the children as they saw it was challenged. This was particularly so in the case of emotional care or very poor physical care of young children. When they are unable to cast parents as victims of their own emotional difficulties or cognitive limitations they find it difficult to impute acceptable reasons for their behaviour.

Whatever form parent resistance took at its heart lay usually a disagreement about the nature of the problem. Resistance to particular interventions could usually be traced back to this. Is this what caused the difficulties for these workers? Thoburn has questioned whether some social workers would feel impeded by working in partnership (Thoburn et al., 1995). Whilst support is not synonymous with partnership it does imply involvement and sharing albeit where it occurs in these forty accounts it is often quite one sided. However the resisting parents here were not seeking either partnership or support. They either wanted little or nothing from the worker because they did not see much of a problem at all, or they wanted the worker to solve the problem with little reference to themselves. In other words differing definitions of the problem were seamlessly related to different ideas about intervention.

These workers defined their problems in the context of the behaviour of the parents and their interventions reflect this. Which parent then do they focus intervention on and are there gender differences in the type of intervention? Thoburn found that lone

mothers were more likely to participate or work in partnership than either couples or lone fathers (Thoburn et al., 1995). Dingwall found that women were more likely to be subject to intensified intervention and compulsory measures (Dingwall et al., 1995) and Farmer and Owen (1995) found a tendency for intervention to target the partner of the male abuser.

Here there are about equal numbers of lone mothers in the 'support parent' group and in the 'change parent behaviour' group. The tendency to intervene with the mother after the departure of the male sex abuser was noted earlier. In four cases here this takes the form of emotional support and imparting cognitive understanding. In two cases the worker is not convinced that the parents (one lone mother and two natural parents) have a moral grasp of the seriousness of the situation for their child in the sense discussed in Chapter Ten. These two workers intervene to change parent behaviour.

Responsibility for persistent hostility and condemnation of their children is attributed to both mother and father figures as argued in Chapter Eight and intervention reflects this. Where emotional damage is severe it often associated with fraught family relationships which involve natural and step-parents of both genders. All make demands on the intervening social workers.

Where the problems defined involve disorganisation and poor physical care of young children intervention is almost exclusively with mothers even when there are two parent figures in the household. This holds whatever the type of intervention undertaken. When these forty cases are broken down by problem defined, by intervention type and by family composition the numbers are too small to draw firm conclusions that would support or refute arguments that mothers are targeted disproportionately or that they receive a different type of intervention. Families with lone mothers constitute nearly one third of the total, and are slightly more likely to receive support in the manner described earlier in this chapter. As suggested previously social workers are pragmatic and intervene with whoever is available. Their type of intervention appears to owe more to their definition of the problem than to the gender of the parent.

The kind of interventions planned and attempted by the social workers have implications for the recommendations about statutory measures they make to children's hearings and to child protection case conferences. The relationship is not,

however, a straightforward one. The reasons for the recommendations and their relationship to intervention and to problem definition is the subject of the next chapter.

Chapter Twelve

Intervention – compulsory or voluntary?

Introduction

Child care social workers derive their authority and their duties from their position as employees of the state, their ability to access resources, from societal expectations which may sometimes be in conflict with one another, but also from statute. These are usually interrelated and will reinforce one another. For the purpose of this study statute means the Children (Scotland) Act 1995. As employees of a local authority they will also be expected to work in the context of child protection procedures devised in response to guidelines set out by central government, but which do not have the force of law.

Sample selection has ensured that the forty social workers in this study are at the point where they must supply a report to the children's hearing according to Section 56 (7) of the Children (Scotland) Act 1995. They have to decide whether to recommend a continuation for further investigation, discharge of the referral, or the making of a supervision requirement, with or without conditions (Children (Scotland) Act 1995 Section 70). Similarly for child protection case conferences they are at the point where they must provide a report which will usually recommend whether or not the child's name should be placed on the child protection register.

A hearing must first decide whether at least one of twelve grounds of referral are satisfied (Children (Scotland) Act 1995 Section 52). Some have argued that there is confusion about the scope of what a hearing is entitled to take into account in deciding disposal, that is what 'facts' have actually been established (Mitchell 1997). However the 1995 Act requires that the local authority supply a report "on the child and such circumstances concerning the child" and "any other information which they consider to be relevant" (Children (Scotland) Act 1995 Section 56 (2) and (7)). This means that there is little fettering of the social worker writing a report, which may make the distinction between establishing the 'facts' and recommending an appropriate disposal blurred in practice.

As was discussed in Chapter One the grounds of referral are not anyway self validating labels, and Chapters Five to Eleven showed how these social workers

made sense of them as they defined the problems for themselves, and proposed their intervention. Similarly there is no detailed content to the parental duties which are outlined in the Act (Section 1(1)). The way in which these social workers make sense of parental duties was discussed in Chapter Ten, that is how they understood them in the particular circumstances of these families which they had also defined. The extent to which their recommendations to the hearing are made in the context of these definitions and understandings and in the context of the interventions they propose, rather than in response to the formal grounds of referral, is one of the subjects of this chapter.

Two factors will tend to mean that this sample of social workers at this stage of their work are more likely to recommend some form of compulsory intervention than would those in some random survey of the caseloads of child care workers. Although it is the children's reporter who calls a hearing, he will often do so following an initial report from a social worker among other people. This means that some social workers will have influenced the decision to call. As far as case conferences are concerned it is the social workers themselves, usually in discussion with others, who decide whether or not they should be called. Because the intention to press for registration appears to be a prime reason for calling one, there would be likely to be few cases where the worker is calling for the child not to be registered, and that is the case here. The result of all this is that only two of these social workers recommend no registration, whilst registration is recommended by nine. Similarly only eight out of twenty nine recommend that the grounds be discharged at a hearing. All these recommendations come at the end of an extensive sifting process, similar to that described by Dingwall (Dingwall et al., 1995).

As suggested in Chapter One legislation and its associated guidance set a framework within which the workers must operate, but do little to give them guidance on the detail of how they should do so. The Children (Scotland) Act 1995 in Section 52 (3) defines supervision as including "measures taken for the protection, guidance, treatment or control of the child". Social workers and others are therefore left wide scope. Earlier guidance issued under the previous legislation sets out only broad parameters and general suggestions about the practice of supervision concluding that "each case requires to be considered in the context of the individual circumstances and needs of the child" (Social Work Services Group, 1987, page 22).

The Kilbrandon report argued that compulsory measures will “almost always involve working closely with the parents, helping them to resolve their problems” (Secretary of State for Scotland, 1964, para 246, page 95). The White Paper that followed (and which led to the Social Work (Scotland) Act 1968) suggested that reasons for seeking compulsory measures might include that voluntary co-operation is not forthcoming, that parents deny the need, or that they are too infirm of purpose to co-operate effectively (Secretary of State for Scotland, 1966). These reasons have echoes in the ways, considered in Chapter Eleven, that these social workers discussed the objectives and practice of their intervention.

More recently, echoing Kilbrandon, Department of Health guidance accompanying the Children Act 1989 Act stated that “local authorities must work in partnership with parents, seeking court orders when compulsory action is indicated in the interests of the child” (Department of Health, 1991, para 1.4, page 1). In addition and accentuating the dilemma, Section 16 of the Children (Scotland) Act 1995 requires that hearings, and by implication workers who service them, shall have as their “paramount” consideration the welfare of the child throughout their childhood whilst Section 2 of the same Act gives the parents rights, perhaps here more properly powers, to enable them to fulfil their responsibilities, or their affirmative duties (Gaskins, 1993). Although these are not rights of possession, they may act as an unacknowledged threshold which workers and hearings must decide whether or not to cross if they wish to intervene compulsorily.

Finally both the 1989 Act in England and Wales and the 1995 Act in Scotland adopt what is known as the ‘no order principle’, that is no order should be made, and by implication recommended, unless to do so is considered to be better for the child than that none should be made (Children (Scotland) Act 1995, Section 16 (3)). Social workers in their daily practice decide when that point has been reached, as they must decide when voluntary co-operation is not forthcoming, much in the way that they must interpret the grounds of referral. How they do this whilst having the child’s welfare as their paramount consideration is the subject of this chapter.

The relationship between intervention and recommendation

Not surprisingly the way that the social workers explain their interventions and proposed interventions is often (but certainly not always) reflected in the way that they explain their wish to use or not to use the child protection register or the

statutory powers of the children's hearing. Among these forty workers, for example, there is a greater tendency to recommend no registration or discharge of the grounds by those whose intervention is designed to support the parent, in the ways discussed in Chapter Eleven, than there is by those who see the purpose of their intervention as being to try to change parents' behaviour in respect of their children. Of the ten recommendations either for no registration, or for discharge of the grounds seven are made by social workers whose objective is to support. Two others are made by the workers who believe there should be no intervention at all and one by a worker for a boy nearly sixteen whose offending has decreased, and whose parents are in the group with whom no work is thought possible. What this does mean though is that a further nine social workers whose intervention is designed to support did recommend either registration at a conference or compulsory measures at a hearing. On the other hand none of the workers whose intervention was directed at changing parent behaviour recommended discharge or no registration.

A similar pattern is revealed by an examination of the relationship between recommendations for and against statutory measures and the three levels of concordance between social worker and parent about the problem and the purpose of intervention which was discussed in the last chapter. Here, for example, eight out of the ten accounts in which the social worker recommended no use of statutory measures also exhibited a high rate of concordance between worker and parents in the way they understood the problem and the objectives of intervention. On the other hand six out of the ten accounts with recommendations for supervision with a condition of residence exhibited little or no concordance between worker and parent. The other four exhibited only partial concordance.

These are not findings that are independent of each other. An account that defines a need for support, emphasises concordance and co-operation might be expected to be one which is less likely to indicate a belief in the need for statutory measures. An account which emphasises what the worker feels is her duty to try to change a parent's behaviour and which reveals only partial concordance or little concordance between worker and parent might be expected to be more likely to indicate a belief in the need for statutory measures. However the accounts which, in this respect, are contrary to expectation serve to indicate that social workers have many and varied reasons for their recommendations to conferences and hearings. Tables 12.1 and 12.2, below, show, for example, that even some workers whose main objective is to support parents to enhance their ability to manage their own difficulties in the ways

discussed in the previous chapter feel the need for statutory measures in doing so. The second table shows that even where there is a high rate of concordance between worker and parent seven out of fifteen workers still sought statutory measures.

The two tables illustrate how these forty recommendations are distributed amongst the different categories of intervention discussed in the last chapter.

Table 12.1 Relationship between type of intervention and recommendation

	Surveillance	change parent behaviour	support parent	work to child apart from parent	no intervention at all
no registration			2 cases		
discharge			5 cases	1 case	2 cases
registration	2 cases	5 cases	2 cases		
supervision at home		3 cases	6 cases		
supervision with a condition of residence		6 cases		4 cases	
residential care		1 case	1 case		

Table 12.2 Relationship between concordance of social worker and parent and the social worker's recommendation

	high rate of concordance	partial concordance	little concordance
no registration	1 case	1 case	
discharge	7 cases		1 case
registration	2 cases	7 cases	
supervision at home	4 cases	4 cases	1 case
supervision with a condition of residence		4 cases	6 cases
residential care	1 case	1 case	

Much discussion with these workers, whilst revolving around their recommendation and their reasons for that, included discussion of alternatives that they had considered and rejected. Recommendations for discharge of the grounds, for example, may be better understood in the light of a worker's evaluation of the advantages or otherwise of a home supervision requirement or when the recommendation is made for a supervision requirement with a condition of residence with foster carers, it is necessary to understand what they saw as the limitations of a home supervision for that child in that particular circumstance. To understand why a recommendation, for example, for registration was made it is necessary to understand not only why simply not to register was not proposed, but also the worker's assessment of the relative advantages and disadvantages of waiting for a subsequent hearing to recommend a supervision requirement. Rather therefore than discuss in sequence the arguments these social workers make for each of the possible disposals, it is intended to explore thematically the issues raised for workers when they must decide what to recommend. Four themes are here derived from the workers' accounts of what they believe to be the relevant factors that they had to consider. Each of these themes may arise in connection with more than one type of possible disposal. Some accounts contain elements of more than one theme, in that social workers may have a number of arguments to support their preferred disposal, or which they use to reject some other.

Because of the way that the sample had been selected most workers were at the time of interview in the early stages of the operation of the requirement. In some cases on the other hand there had been a period of continuations, or a child protection order had been in force so some workers had already experienced working with statutory measures in the case for several weeks, and were able to talk about this. Other workers had been working without an order for a number of months, and were able to discuss how their experiences whilst doing so influenced their recommendation to the hearing.

The four themes may be categorised broadly as follows:

- (1) A statutory measure may be sought to serve some purpose which is internal to the worker's agency or which is to influence the behaviour of some other agency that the worker works alongside or wishes to work alongside.
- (2) The declaratory purpose of a statutory measure.

(3) Statutory measures may be sought because the worker believes that they require this to give them more direct control over the response of parent or child to their work.

(4) Arguments for no statutory measures at all.

(1) Statutory measures that are to serve purposes internal to the worker's agency or other agencies

“Registration provides a list of names of children for whom there is an agreed statement of concern....(it) necessitates a multi-agency protection plan There are no statutory provisions relating to registers... They are administrative aids to professional workers in the field of child protection” (Local authority Child Protection Guidelines).

Registration therefore confers no powers on social workers, does not ensure them access to the family, does not require child or parents to engage in any work with them. It is a procedural device to alert other agencies, to draw them into contributing to monitoring the child, or to the provision of services via an inter-agency child protection plan, and provides a warning facility that can be accessed by emergency and medical services.

For these social workers registration had two principal purposes. It was a device to share the work and the risk by co-opting contributions from workers from other agencies. It makes use of a network of workers that is often involved already, co-opts them more formally, and ensures that the case is reviewed by the same group of people. A previously existing pattern of work was thereby tightened up. Despite the lack of legal force behind registration one motivation for some of these social workers is to draw other agencies into the monitoring process, a task that social workers are sometimes uncomfortable with (Corby, 1993).

It had another purpose as well. This was a purpose entirely internal to the worker's own agency. Many social workers recommended registration in order to emphasise to their managers and to their colleagues the child protection nature of a case, and thus to raise its profile in the department, to ensure that a case is allocated or remains allocated, and to access resources. More specifically their purpose was to ensure that

the child would be seen at least weekly (a departmental imperative, even though it is not one that is legally enforceable), and to provide a framework in which they are able to measure progress for themselves as they approach a review. The formal nature of the plan gives a focus to their work. Reasons of a similar kind, that is to ensure allocation and to access resources, were also given by a few social workers for recommending a supervision requirement. A number of other studies have also commented on the use of registration to access resources (for example Farmer and Owen, 1995; Thoburn et al., 1995). Colton sees a double reinforcement. A case that has been labelled 'abuse' receives higher priority anyway. Registration builds on that with implications for the priorities within a social work team (Colton et al., 1995).

The significance of all recommendations of this kind is that they bear little or no relationship to the type of intervention being proposed. They were made both by those whose objective was to change parents behaviour and by those whose objective was to support and enhance. A number of social workers in interview (including some who had made recommendations in this way) believed that this practice was a misuse of statutory measures, which should follow logically from the definition of the problem and the type of intervention being proposed. Those who despite their doubts followed the practice did so because they believed it was the only way to ensure that the child and the parents received a service, or continued to receive the service they already had.

(2) The declaratory purpose of a statutory measure.

By the declaratory purpose of a statutory measure is meant a social worker's intention to use it to send a message to the parent, as distinct from its use to give them some specific power. For most of those workers whose objective is to support and enhance the parents' capacity to care for their children supervision, where it is recommended, becomes a way of embracing the parent. It is an acknowledgement that their plight is recognised not only by the worker but by an independent body as well. It is for these workers an assertion of authority in the form of the power to help, and they believe that this is welcomed by the parent as a reassurance that they were not alone with their problems. This approach is used by social workers whose intervention is designed to support parents under stress, usually but not exclusively lone mothers and including the parents of adolescents.

For another group of social workers the declaration has a different meaning. Mostly but not only where protection or poor physical care are the issues this group uses statutory measures, usually registration, to make emphatic to parents their concerns about the condition of their children and their care of them. They argue that such messages carry more force because of the public forum through which they are signalled. These workers are distinguished from the first group in that their intervention is intended to change parent behaviour in ways discussed in Chapter Eleven. This worker, for example, is explaining a recommendation for registration, and here she illustrates the intention to emphasise social work responsibilities for the child's care and the use of a public declaration to do so:

“...we couldn't just keep plodding on, the risks were too high, we needed to put it officially to say to mum, these are our concerns, we are very worried about D's care, please take us seriously, this had to be in writing, if you don't listen, and carry on in this way, then we'll have no choice but to recommend that D shouldn't remain in your care....”

This worker (and the health visitor) had been working with the lone mother intensively but unproductively for several months. Registration and the public forum in which it was agreed would, she thought, be a more powerful signal than her own frequent privately expressed concerns. It was not intended to change the nature of the intervention.

(3) Arguments about control

“The effectiveness of social work intervention to help the child will depend on how far it can support and improve the care given by the family and how far the family can co-operate with and reinforce the help offered by the local authority” (Social Work Services Group, 1987, page 8). It is the type of co-operation either expected or experienced already by the worker that distinguishes whether some degree of control is sought. Various meanings of co-operation are evident here.

Control is sought for different purposes and via different mechanisms. Dingwall and his colleagues found that withdrawal of co-operation was a trigger for seeking a statutory order and that denial of access was one form of non-co-operation (Dingwall et al., 1995). In a similar way for some of these social workers a supervision requirement is simply a restraining device to prevent future denial of access to the home, to control the access of another non resident parent, or to allow monitoring if a

family were to move. It is not sought to enhance the work, already begun or planned, other than by ensuring the continued presence of the family. This is so even in three instances where there is a high level of concordance between worker and parent. These workers fear later withdrawal of co-operation, or the intervention of a partner who may refuse co-operation. However seeking control in order to prevent something mostly arises in the context of at best only partial concordance between worker and parent.

Most of these social workers argue for statutory measures for control purposes more positively, and they attempt to relate the measure sought to their planned intervention and its objectives. They seek supervision in an attempt to engage in work with parents whose lives, in their view, are disorganised and whose behaviour in respect of their children is erratic. These parents do not set out to refuse access, as the first group may do. They are parents who might have been described by the 1966 White Paper as “infirm of purpose”, and who may in some cases “deny need” as well (Secretary of State for Scotland, 1966, para 62, page 17). They are parents the context of whose behaviour largely falls within the second and fourth categories discussed in Chapter Ten. They are seen as either unable to understand the impact of their behaviour on their children or as having developed a way of life which in the worker’s view detracts from their ability to care for their children. The argument is that consistent intervention would not be possible without compulsion. Lack of understanding or a chaotic way of life explains both their care of their children and their difficulty engaging consistently with the social worker. The experiences of these workers supports the view of Aldgate and Statham that may be difficult to work with chaotic families (Department of Health, 2001). In the view of Farmer and Owen (1995) calling a case conference itself was sometimes a social worker’s way of trying to control unpredictability and manage anxiety.

Other workers believe that a supervision requirement will enable them to control the type and the pace of the work, that the backing of a hearing will constrain resistance from parent or child to particular pieces of work, and that its timescales will support planning. For these workers engaging the parents is not the difficulty. Their difficulty is that they do not share with the parents a common definition of the problem, and further that they believe that it is the behaviour of the parents that explains the condition of their children. This means that they believe that it is the behaviour of those they must work with and share responsibility with which explains the problem they must try to deal with.

These workers believe with varying degrees of optimism that the existence of a supervision requirement may enhance their authority so that they convince the parents and gain some co-operation for the intervention they propose. Working on a voluntary basis, it is suggested, allows the parents to resist where they want, or to co-operate only superficially, for example, to attend meetings but not to commit themselves to any programme of work. Other studies have also noted what they call surface or minimal compliance in response to intervention (Dingwall et al., 1995; Farmer and Owen, 1995). Some workers in this study believe that a supervision requirement binds worker and family. The worker has to give help; the family has to accept it. Some among them see the requirement for regular review as providing a mechanism for measuring progress, and ensuring accountability of worker and parent.

This worker, for example, is trying to change the behaviour of parents towards their thirteen year old daughter and explains what he is trying to do like this:

“...they’ll have the involvement, they want us, but if I suggest something they don’t want they reject it, we’re not doing that, you get on and sort her out, it’s not us....I was just hoping (supervision) might give us a bit more control and K was really running out of control and putting herself in dangerous situations....we could snap at them, get a review if necessary.....if something’s voluntary you bumble along in a looser fashion... with an order I thought we might get things more tightly pinned down, plan better, see things coming before it gets to crisis point....voluntary can escalate and you end up higher up the tariff, which I was trying to avoid here...”

All the distinguishing elements in the arguments of this group are present in this account; access is already assured, the worker sees himself as worker for the child, sees the parents’ attitudes and behaviour as part of the problem, seeks an order to help planning and to lessen the likelihood of explosive change. In other words he is trying to establish some control over his work.

Supervision or registration?

For those workers whose aim is that the child remain at home there is some debate about the relative advantages of supervision requirements and registration. Registration is only an option available for certain categories of child condition. However it was never used here, for example, as a response to emotional harm by

these workers despite the importance they attach to emotional care. Case conferences were held among this sample only about children who had allegedly been victims of some kind of physical or sexual harm. A view emerged which identified a tier of possible measures in which registration was low down. Its lack of “legal force” when compared to supervision so that it did not guarantee access, did not guarantee “serious involvement” by parents were the reasons most commonly given for preferring the latter. On the other hand there was an alternative more sceptical view among other workers which questioned the power accorded by supervision as well. Indeed one worker called a case conference when a parent was, she thought, not co-operating adequately with a supervision requirement.

The attraction and the weakness of child protection procedures for these social workers is the intense and specific focus they provide on violent incidents and violent behaviour. They may carry particular moral force because of their association with clearly inflicted harm by adults on children rather than, for example, the more complex issues around children’s behaviour. They may therefore have the potential to be used effectively by workers seeking to intervene in a context where that kind of harm is the issue. The local authority’s own procedural requirement to make weekly visits reinforces that.

With supervision the basic requirement is every three months. There is a sense here that this combined with its intense focus, relative lack of formality, weaker rules of procedure makes the conference, and subsequent registration and review, paradoxically, more powerful in practice for the workers than supervision in this one area of work. Many workers believe that parents see it as more powerful. A conference may be a more intense experience for both social worker and parent. Its very informality may mean that there is more discussion, that people must explain themselves, justify themselves at review to the same group of people, in a way that rarely happens at a hearing.

However its weakness also lies in this specific focus as well as its lack of legal force. It focuses attention on the violent event, and underplays the context in which that has occurred. For these workers this would be an important drawback. Weekly visits in any case do not prevent sporadic violence or unobserved sexual assault. The danger of registration, evidenced here by more than one worker, is that it encourages the next referral, the next investigation to be conducted in the light of the first event. In this way the shift away from context to events is then reinforced.

Removal from home

Because of the way that this sample of social workers was chosen, those amongst it who decided that the child needed to be removed from home all tried to achieve this via recommending that the hearing make a supervision requirement with a condition of residence. Six of these followed the making of a child protection order, two were recommendations seeking to confirm de facto arrangements in the community already in place by the time of the hearing. One was to confirm a voluntary care placement set up by the standby duty team at the request of the parents who refused to continue to care for their son, and one was a recommendation following a period in foster care during a continuation. At the first hearing the worker had recommended discharge.

The significance of these details is that it demonstrates that most of these entries to physical care occurred relatively suddenly in response to perceived crises. Only two of these recommendations were made after much preparation as a response to developing difficulties in family relationships. In all the accounts in this group except one the original objective of intervention had been either to change parent behaviour or to work directly to the child without working with the parent. In most cases the worker had moved from the first of these to the second. The exception was an adolescent offender whose unmanageable behaviour was attributed to brain damage. The worker had been trying to offer support to his parents.

This ultimate form of control is not to be used only to prevent further harm. There appear to be two different purposes evident. Some workers turn again to the context in which the event which triggered physical care took place, and to the intervention they had begun or had been about to begin before the event occurred. Two things are now different. Because the child is no longer in the parent's physical care, the social workers believe that they will be better able to manage work directed at changing the way that the parent behaves in respect of the child. The parent is less able to resist, and has an incentive to work. Parent, child and social worker are also now freed from the stresses of constant crises to examine the dynamics of family relationships, that the worker thinks provide longer term context. Planned work with parent and during access with parent and child is envisaged, and in two post-child protection order cases has already commenced. The worker has tentative criteria for a return home, and evidence from this work will be used to measure against it.

Other workers have no intention of working in this way. These workers plan for long term placement, in one case ultimately for adoption. The perceived severity of the child's condition in these accounts did not arise during a single event but had crossed a threshold after a long period of deterioration. Three conditions appear to be present which explain the plan for long term placement. The severity of the condition of the child, which triggers the child protection order, combines with the chronic nature of the context and with a conviction that the parents are unable or unwilling to change their attitude or their behaviour towards their children. It is the presence of this last condition which appears to distinguish these workers from the previous group, and explains their decision not to try to work towards a return home on supervision. One of these social workers makes clear both her difficulty and what she saw ultimately as her responsibility:

“it's very frustrating, it's a case of parents' rights and children's rights....the child needs this to happen or that to happen, how many chances do you give a parent?but from a social work point of view you're responsible, the child has no voice of his own....but I think we did all we could to keep D at home, and yes it is the right decision...now we need to make sure he's going to get the best out of life...not the best of starts, but hopefully we can make up for lost time.”

This worker has attempted to balance her duty to the child with her responsibility to work with the parent, which she has tried to do for several months. Eventually it is the former which weighs most heavily and determines her recommendation to the hearing.

The problematic nature of control

However it is clear from these accounts that the relationship between any statutory measure and a sense of control for the social worker is problematic. This is so in the case of supervision requirements as much as registration. Statutory measures sometimes appear to have some of the characteristics of a piece of string, which is more effective when pulled than pushed. They were more useful in restraining parents and children than in ensuring their active co-operation. Despite the existence of a supervision requirement, which they had hoped would underpin their work, some workers found that implementation of their objectives was no easier than it had been previously.

Parents still resist, opt out of work, block attempts to focus on issues the worker believes to be important, undermine foster care placements. This arises where the parent has apparently agreed to the programme of work, but where there is incomplete agreement about the definition of the problem, and where the workers believe that the child's condition is to be explained in the context of the behaviour of the parent. The social workers' responsibility for the interests of the child as they see them and to intervene in the context of the child's life may come into conflict with the parents' expectation that the workers' role is to make the child behave better, rather than try to change the way that they, the parents, behave towards the child.

Some social workers enter a period of supervision with quite ambitious plans for work, including criteria for success, but to which the parent has not wholly agreed. The difficulty for the social worker and often for the parent is that these cases have quite a high severity rating. The worker believes that they must be there to protect the interests of the child and the parent wants the worker there but to do something else. Walking away is not an option for either of them irrespective of the existence of a supervision requirement which appears therefore to make little difference in situations like this.

This means that even where there is a requirement it appears there needs to be some degree of co-operation, by which is meant some sharing of the definition of the problem, some acknowledgement of the role of the worker as worker for the child, and some trust by both. One or other of these elements was absent here in many of these accounts, all of them in either the "change parent behaviour" or the "work apart from parent" category in Chapter Eleven. What this means, for example, is that at one extreme the absence of any explanation at all by the parents for a severe injury leaves no basis for work at all, so the child is to be placed on supervision with a condition of residence. At the other, where behaviour and control are the issues, the worker attempts to negotiate small areas of agreement, to persuade the parent to try some technique or tactic in the way discussed in Chapter Eleven. These are often in the worker's view inadequate to meet the needs of the child, but the most that can be negotiated.

Some social workers who had struggled with ways of working with the complexities of family relationships in behaviour and control cases prior to the hearing found that in practice the making of a supervision requirement was not simply an inadequate

tool but that it actually tended to complicate authority further. All of these workers saw themselves first as workers for the child. They are struggling to maintain the child in the family home, fearing that physical care would serve as a public confirmation that the responsibility for the family's difficulties lay with the child. Workers who wanted supervision to give themselves some leverage with the parents to try different, usually less confrontational approaches with the child discovered that it became instead a weapon for the parent. In these workers' accounts the parent engineers confrontations with the child, then uses the existence of supervision to threaten to seek a review. Aware that this may lead to removal, the worker resists, but tries to limit the scope of the work in order to maintain the parent's support and avoid a review. The workers who recommend a supervision requirement because they thought it would give them more authority to act in the way that they believed necessary for the child, do not always find that it achieves that.

More widely among many social workers involved in cases in all three dimensions there is a sense that they believe they are small players in a series of family interactions, accumulation of experiences, patterns of expectations and priorities that have a greater impact on the course of events than social work intervention with or without supervision requirements or registrations. Some of these workers have recommended discharge of the grounds and or withdrawal. Others have, despite their doubts, clung to the hope that supervision will enable them to effect a small change in the child's circumstance. The difference, then, between those who recommend supervision and those who do not appears to lie in the workers' opinion about the severity of the situation, particularly about the emotional condition of the child.

This worker, for example, is dismissive of the idea that supervision will influence a girl to go to school. However the fraught relationships in the family and damaging emotional care of the girl lead him to stay involved in what he sees as her interests:

“R's decisions to go or not to go won't be based on the supervision, that's neither here nor there. It'll be about what row she's had with her mother that morning or last night. It's like not going is the only sanction she's got....you know, fuck you then I'm not going to school then..... but the situation is so dire that we have to be there to give this family something....”

(4) Arguments for no statutory measures at all

Ten social workers in this study recommended either discharge or that there be no registration at a case conference. Reasons connected to sample selection have already been suggested as to why there were only two recommendations for no registration. All the accounts which argued for no statutory measures at all saw the objectives of their intervention as being to support the parents in the ways described in Chapter Eleven, with the exception of two which proposed no intervention at all and one which proposed some short term work with a boy, nearly sixteen, but to be conducted apart from his parents. Most of these arguments echo the no order principle, but some go further. Three criteria are evident.

First, perceived co-operation by parents is present in all except one account (that of the sixteen year old). By this is meant that the parents have been able, at a minimum, to discuss with the worker their difficulties and acknowledge the worker's concerns without resistance. Beyond this although there are variations in the extent to which they wholly share the workers' definitions of the problem, there is some degree of commitment to working on their difficulties. Many have struggled to overcome inhibitions arising from low self confidence, to work at tasks that previously they had found difficult or which they had not seen the importance of. Some actively seek out the worker in between visits. In the workers' opinion these parents have felt supported by them and have used this support to lessen their difficulties. No statutory measure is needed to force them to engage with the worker.

The second criteria more directly reflects the no order principle. There are two related arguments here. Statutory measures must be related to some work required. There must be a purpose, a possibility of effecting change so that an argument can then be made for ending the measure. In addition there must be a belief that it would not be possible to conduct this work effectively without the measure. In implicit criticism of the arguments made for statutory measures designed to affect the internal arrangements of the agencies the argument here is that there must be some reason to expect a direct benefit to the interests of the child. None of these workers believed that they would work any differently or that the behaviour of parent or child would change because a statutory measure was in place. This worker explains why she recommended discharge and illustrates the essence of this approach:

“...(parents) were willing to continue working on a voluntary basis and I didn't think that compulsory measures were in S's interests

when the same things could be achieved without...it would just be a legal requirement that wouldn't be performing a positive function because there wouldn't have been any work involved that couldn't have been carried out voluntarily, and I don't think the argument that it would be a backup is a good enough reason..."

A third type of argument in favour of a voluntary approach is evident. Not only may statutory measures be unnecessary they may also be harmful. Many parents' sense of stigma, their fragile self confidence, suspicion and retreat before what they perceive as authority would, it is argued, all be exacerbated by the imposition of statutory measures. Simultaneously existing difficulties for parents would therefore be reinforced and the workers' tasks made more difficult. This worker for an adolescent girl, whose behaviour her lone mother finds it difficult to manage, believes the effect of a supervision order would not only add nothing to assist her proposals for intervention it would damage the self esteem of both mother and daughter:

"...I thought an order could be quite damaging because mother had gone through life with quite a few orders... she was striving that none of her children had to go through the same as her, so she didn't want the stigma... and T didn't want this either..."

Other workers were concerned about the damage to the interests of the child. The difficulties encountered by workers trying to work with supervision requirements in circumstances of family conflict are echoed in some arguments for no statutory involvement at all. It is the child who would be the subject of supervision. If the child's behaviour is to be explained in the context of the attitude and behaviour of the parent then there have to be strong reasons of access or a need for leverage or control to have an order which names the child. A supervision requirement would put the focus of attention on the behaviour of the child rather than where the worker believes it belongs that is on the context in which it occurs. This argument by one worker for an adolescent girl is typical.

"....I felt that if it was a supervision order it would be L's order, and would be construed by mum and the others as confirmation that L is bad and that it is all her fault, and I didn't want that, I wanted it to be a family problem. The order would follow L it wouldn't follow mum."

However there is a counter argument made where the parent wants the child to be removed from home. This is that the child's interests far from being damaged by a

statutory order would on the contrary be protected and enhanced. Voluntary entry to physical care at the request of the parent would be to follow the parents' agenda of blame and scapegoating and leave responsibility in the hands of these same parents. Firstly, a hearing would enable the child's perspective to be heard in a public forum, and secondly supervision with a condition of residence would enable the worker to plan the child's care.

Conclusion

It was argued in Chapter Eleven that social workers' practice in intervention could be explained by their definition of the problem. It may be more difficult to maintain that their use or non-use of compulsory measures is always explained either by their definition of the problem or by their type of intervention.

There is a strong association in these accounts between a recommendation for discharge of the grounds or to not register and intervention which is designed to support the parents. However, in nearly half the accounts describing a high level of concordance between worker and parent, that is the parent is not resisting the intervention, there is also a recommendation for statutory measures. There seem to be a number of ideas about the use of statutory measures which are in conflict. These may explain inconsistencies in the recommendations.

First, are orders meant to signify a level of severity, a particular type of problem, or the parents' response to the problem or intervention, that is to signify the past? Are they on the other hand a necessary aid to the kind of intervention proposed for the future? In England and Wales the criteria for registration, for example, was changed in 2000 so that it was to be "a prospective assessment of the likelihood of continuing risk" (Department of Health, 2002, page 18). The number of children registered subsequently fell.

There is evidence that a few of these workers were very conscious of how what had happened would look to the children's panel. This was usually related to one of the dimensions of severity. There were references to what the panel would accept. For example one social worker justified her recommendation partly in this way:

"...the panel would have freaked if I'd gone for discharge again this time..."

This is reminiscent of Dingwall's distinction between "one shot" and "repeat" players (Dingwall et al., 1995, pages 164-5). Social workers will appear before this panel again and have this in mind. They attempt to maintain credibility by not challenging the consensus. When this focus on the severity or frequency of the precipitating events is added to the bureaucratic role of the register as an alert to other agencies it can be seen why not all recommendations follow from the type of intervention proposed.

On the other hand recommendations made to influence the priority accorded to a case within the social workers own team may be more logical from the worker's point of view. All departments must prioritise and it might be argued that the worker is simply making a pitch for the required intervention for this child and parent. In the case of the register they are simply making use of one of its bureaucratic purposes, to ensure a minimum level of visiting. However the overall effect on service equity may be arbitrary, not to mention the civil liberties of the child and parents. The same might be said of statutory measures sought 'just in case' present co-operation is later withdrawn. These may be the result of anxiety generated by the workers' dual role, both to help parents and to ensure that proposed tasks are carried out. If necessary however orders could be sought later.

On the face of it there is some contradiction between the practice of seeking an order as a way of, as it were, embracing a parent and declaring to them that their difficulties are acknowledged and using an order to give a warning to a parent that their care is not good enough. However the contexts in which these two different objectives were pursued were very different.

In the one the parents were always under great strain, were in agreement with the worker about the nature of the problem but feared being abandoned in their plight and sought reassurance from the existence of the statutory measure (supervision). These parents were often past caring about stigma or their civil liberties, although perhaps the worker should not have been. The workers, whilst responding to parent desperation, may at the same time have been seeking to ensure that the case received high priority in their team.

Where on the other hand workers want to use an order from a public forum to send a warning they are often encountering only surface compliance and the condition of the children is not improving. Their voluntary intervention has not been very

effective so they attempt to corral parents to co-operate more. It is a declaration that is in a sense a first step to possible more serious action. It is often sought in a mood of great pessimism that present intervention will prove inadequate.

Some of these explanations for seeking registration or supervision occur in respect of the same case so they should not be added together. Thoburn, however, argued that by the criteria of government guidelines over-registration amounted to 12% of the cases she studied (Thoburn et al., 1995). Some possible reasons for this may be illustrated here.

Most social workers here seek statutory measures in an attempt to establish some control over their work. As argued earlier many of them found this problematic in practice. A number of factors may combine to produce difficulties for workers in this position. First, social workers tend to inhabit a culture in which they are most comfortable supporting and helping. When faced with resistance workers may lack both the temperament and the skills to negotiate confidently with hostile parents who are demanding that they sort out their child. Although the interviews with the workers took place in the early stages of the orders and the position may change, it seems that this group of workers succeed neither in satisfying their own aim to promote the child's interests nor the demands of the parents.

Second, an order attaches to the child but these workers have defined the problem in terms of the behaviour and disposition of the parent. It is difficult to see how the existence of an order would persuade parents to change their view, for example, of the nature of the problem, or to change their pattern of life. This would be especially so if they are heavily defended and reluctant to examine their own role, as is the case in many of the accounts in which workers have problems of this kind. Accounts of this kind are all from the child behaviour or emotional care dimensions discussed in Chapters Seven and Eight.

Third social workers may tend to be predisposed to believe that children are best cared for at home. Entry to care may be even more damaging than poor parental care. They therefore require overwhelming evidence. Supervision orders confer few powers other than the power to return to the hearing. Escalation is built in. The new hearing may simply make a condition of residence, a course of action the worker has been trying to avoid. They find therefore that a device that was intended to support

them in their work may actually transfer power to the hearing or give leverage to the parent who uses it to try to remove their child from home.

Fourth, social workers may lack skills but they also lack time. They require the assistance of specialist services which are able to focus their time on only a few families. In the particular local authority at the time of this research there were few services for this kind of family problem. Without this type of support service a supervision requirement is a blunt instrument with little focus. Even the attachment of additional conditions may only encourage surface compliance.

Finally social workers in these circumstances appear to be small time players in a bigger drama. Complex family relationships have developed over many years and usually long before social workers became involved. They only have the time to scratch the surface and briefly scan a private world. The other players, especially the parents have therefore, if they choose to use it, the power to avoid, obstruct and even on occasions sabotage. An order may make little impact in this context. Farmer and Owen (1995) made a similar point in respect of child protection work once the initial investigation was complete.

Kilbrandon recognised that supervision would also require co-operation by parents (Secretary of State for Scotland, 1964). The evidence here might suggest that supervision is least problematic for social workers when it is least needed, that is when there is already commitment and co-operation. Although what has been studied here are single cases from each worker, it seems likely that despite their experiences with supervision requirements they will recommend them for similar family problems in the future because there is little alternative. Many recommend supervision at home because they fear that if they do not the hearing may make a condition of residence. In a situation of some severity they believe they must suggest the least intrusive option that the hearing is likely to accept.

The findings from this chapter and those from earlier chapters will now be discussed in the final chapter.

PART FOUR
DISCUSSION

Chapter Thirteen

Discussion

Introduction

The findings from previous chapters have been discussed in those chapters. The purpose of this chapter is to attempt an overview of some of the main themes which have emerged from this study, and which correspond to the overarching questions asked at the start. The first of these is the meaning that parental responsibility has for social workers in their daily work. This is followed by a brief discussion of some gender issues which have emerged, in particular the way in which workers assign responsibility to mothers and fathers. The third theme is the extent to which child care social workers have incompatible expectations laid on them. Finally there is a brief discussion of the place of a study of this kind conducted in this way, together with some suggestions about further studies.

The meaning parental responsibility has for social workers in their daily work

Social workers must carry out their duties within two powerful contexts. Society accords to parents prior possession rights over their children. The family is firstly their private territory. This position is reinforced by legislation which specifically connects the condition and behaviour of children to the care they receive from their parents. Therefore the relationship between parent and child is the focus of social worker attention. These two contexts act as the theoretical framework within which they go about their work.

Much political discussion about parental responsibility is couched in terms of blame, especially blame for their children's so called anti-social behaviour. One result of this was the Crime and Disorder Act 1998 with its provision for parenting orders. The two senses of the concept identified by Eekelaar (1991) in the Children Act 1989 offer only a broad summary of possible meanings of the term. The way that these social workers develop their thinking is much more complex. They reject the idea of strict liability. Responsibility is not inherent in any situation or relationship. It must be ascribed. To do so workers attempt to understand the meaning that behaviour has for the parent and the experience of this for the child.

Responsibility must involve some sense of intent in the way discussed in Chapter Two. However intent may only be fully explained in the context of the parent's disposition towards their children. This term is preferred to the term 'motive' used in Chapter Two because the latter is more usually attached to a single action or closely connected series of actions. What these workers examine is the long term parental environment within which children have lived. Disposition is especially important for these social workers. First, it gives meaning to the intent and therefore explains the parent's actions to the worker. From this the worker may deduce how the child experiences the behaviour. Second, it indicates to the worker the type of emotional care that the parent provides for the child, and the quality of emotional care is of overriding importance to these workers. Third, without understanding intent and disposition any intervention would be a random shot in the dark.

The concepts of acting under a different description and of the knowledge available to a person when they act (Mackie, 1977) are employed by many workers when they try to assess intent. Furthermore there is strong evidence discussed in Chapters Six to Eight that workers view omissions less harshly than actions (Benn, 1998). This is usually because they evaluate disposition differently. The experience for the child will be a different one. In this sense judgement of consequence is closely related to intent. Indeed they are often used to explain each other.

Already it is clear that for these social workers understanding the concept of parental responsibility is much more complex than the headline references in political discussion, legislation and some of the commentaries would suggest. It becomes even more complex when workers attempt to explore constraints on parent behaviour. Dingwall discusses the excuses and justifications that parents may use to explain their behaviour (Dingwall et al., 1995). These workers approach it differently. They try to discover a wider enveloping context to present behaviour. In doing so they are looking at explanations which might come under the umbrella of Glover's (1970) concept of psychological incapacity or Aristotle's (1987) idea that people are creators of their own character but that beyond a certain point they are not able to change. Glover and Aristotle were thinking of specific matters like mental illness or alcoholism, but these social workers might be said to extend their ideas more widely.

Parents' own personality, childhood experience, relationship difficulties, stress, low self esteem and confidence are all factors which explain their behaviour towards their

children. Their established pattern of life which they may have great difficulty changing, as Aristotle's drunk did, is a similar explanation. Workers who explore the explanatory context to parent behaviour in this way do not thereby absolve parents of responsibility for their behaviour but attempt to understand it. This understanding in turn explains their various types of intervention in the ways discussed in Chapter Eleven.

Eekelaar's (1991) second sense of parental responsibility, which is closer in meaning to parental rights was discussed in Chapter One. This also takes on a much more complex character in these accounts. Although social workers rarely used the term responsibility they often referred to rights. They used the term with various meanings. They usually mean particular rather than universal rights (Clark with Asquith, 1985) for both parents and children. In both cases they usually mean welfare rights rather than citizen's rights to autonomy, although the latter did occasionally surface as far as children were concerned. They situated the rights within the particular circumstances of the family.

In what sense then are they really talking of rights? What they describe, for example, as parents' rights to education and support, might equally be seen more pragmatically as a means to enhance the welfare of their child. Although parents are usually accorded duty-rights over their children in Hohfeld's sense (Eekelaar, 1973, and discussed in Chapter Two), there is most emphasis here on the duty. What workers saw as parents' duties towards their children were discussed in Chapter Ten. Despite their use of the language of rights these workers appear rather to share Warnock's (1998) idea that instead of thinking in terms of rights it is more important to consider the right way for people (in this case parents) to treat other people (in this case their children). The social worker in this view is the person with an equivalent duty-right to monitor the way parents carry out their duty.

The detailed exploration in Chapters Five to Ten of the way these workers make sense of the concept of parental responsibility helps to answer four of the first five specific research questions set out in Chapter Three. The child's condition and the behaviour of the parent are explanatory context to each other. Social workers' accounts of the way they understand parent intent, disposition, and the constraints on their behaviour have been examined in detail to show the complex way they ascribe responsibility. This is necessary because it has been such a heralded feature of the legislation that it is important to give the expression content. This means the way in

which frontline staff who have to implement the legislation make sense of one of its key terms. It is not straightforward and is far from synonymous with blame. The myriad contexts and interactions identified by these social workers in the lives of the forty families ensures that this is so.

The exploration does however raise two questions in particular. One is about the knowledge that they use. The other is whether there are unacknowledged factors which bias their approach to their work. As argued in Chapter Ten the social workers here have a conception of how parents should not care for their children. Apart from an uncontested belief that children should be protected from physical and sexual harm, their accounts reveal a number of other beliefs. On what do they base their judgements about the right way to care?

Most of these social workers were not able to say what theories or research evidence influenced the way that they worked. It is possible, however, to deduce from their accounts what ideas were important to them. The importance of diet and physical health, of secure early attachments, the need to belong, of a sense of identity, self esteem and stable and affectionate relationships with parents, all revealed in these accounts, encompass four of the seven dimensions of a child's developmental needs outlined in the Assessment Framework (Department of Health, 2000a). In the same way their definitions of the wider 'stage two' contexts to parent behaviour discussed in Chapter Nine are reflected to quite a large degree in the determinants of parenting outlined in the Practice Guidance (Department of Health, 2000b).

The Assessment Framework (Department of Health, 2000a), however identifies three domains that assessment should take account of; child needs, parent capacity, and wider environmental factors. The last one includes economic deprivation, housing, wider family influences, neighbourhood and friendship groups. It plays only a very limited part in the definition of the problem for these workers and intervention was rarely directed towards matters such as these.

Aldgate and Statham (Department of Health, 2001) reported a lack of knowledge of child development among child care workers. It is not possible to comment on the depth and specificity of the knowledge of these workers but they clearly are aware of some of the main issues involved. However the focus of the social workers' attention on parent behaviour as the driving factor for the condition and behaviour of their children may reflect another finding of Aldgate and Statham, that there is a lack of

expertise in direct work with children. Other than talking with some children, as a usually minor part of the assessment process, there was here only occasional intervention directed to the child and certainly very little focussed therapeutic work.

Some referrals were made to specialist services, although not always by the social worker involved. These included those made to a therapeutic service run by psychologists for children who had been sexually abused, the use of paediatric services for children with severe medical conditions, the educational psychology service for children whose behaviour caused concern (usually referred by the school). One child was referred (by the family's doctor) for a psychiatric assessment. There was no instance of a parent being referred to a specialist service by the social worker. The ambiguous nature of medical assessments was noted in Chapter Six. In addition some workers thought that the infrequent and brief contacts between psychiatric and psychological services and children referred limited their usefulness.

What is the implication of these last two points? Christie and Mittler (1999) argue that there is a crisis of authority among social workers (and other professionals) in the status of their knowledge. Social workers therefore come instead to rely on common sense, practice experience and evaluations of parent ability and character. It is for this reason that they focus on parents' duties and what they call children's rights. Maybe there is another factor though. The legislation and guidance specifically connect child condition to the behaviour of the parent. When this is combined with workers' lack of skill in direct work with children there will be a bias towards concentrating on the parents. In cases which have already been sifted to the degree that these forty have it would be inevitable that they identify parent failings.

This means that social workers will tend to underestimate the other determinants of parenting suggested in the Assessment Framework (Department of Health, 2000a). It is arguable that they are very aware of the economic circumstances of most of the families that they work with. They take them for granted and rarely comment on them because they believe that there is little that they can do about them. This is not so with other factors. In particular the influence of friendship groups and neighbourhood culture on the offending behaviour of adolescents seems particularly lacking in these accounts. This may mean that in some instances workers place responsibility on parents for matters that are beyond them, and exclude the possibility that other types of intervention that focus, for example, on offending behaviour might be effective. Sinclair and her colleagues (Sinclair et al., 1995), for

example, note the positive outcomes that accrue when workers engage closely with adolescents. This is exacerbated in local authorities (as in this study) which have few specialist support services to augment social worker skills and limited time.

Gender issues – to which parent is responsibility assigned?

The main purpose of this study has been to examine the triangle of relationships involving parent, child, and social worker. Within that it has focussed on the duty-rights of parents and social workers. It has not been its primary purpose to explore the distinction between parents in the same family. However some questions are raised in these accounts about a difference in approach to mothers and to fathers. Twenty five of these forty families contained two parent figures, fourteen a lone mother and one a lone father. This means that thirty nine families contained a mother figure, of whom only two were stepmothers, and twenty six a father figure of whom nine were stepfathers (see Table 4.3 in Chapter Four).

In a number of ways these accounts do make distinctions between mothers and fathers, not necessarily acknowledged. The most obvious examples of this occur in cases of sexual assault. Although it is the male who is the perpetrator or presents the danger, the social worker's definition largely concentrates on the mother. For this there are two main explanations and one serious consequence. First, when fathers have left the home the workers must assess the mother's moral understanding and the strength of her determination not to let the man back and to protect the child in future. Sometimes this implies some understanding of interactions within the family which may aid explanation of how the events happened in the first place. In none of these accounts is the search for context a way to impute blame to the mother for the actions of the father figure. On the contrary many accounts go to some lengths to cast the mother as of good moral character, beset by naivety because of her own upbringing, or manipulated by a devious partner, and confused and distressed by what has happened to her daughter. The search for context and the attempt to assess the mother is both an attempt to embrace her and to facilitate the social worker's duty to the children.

The second explanation is the difficulty some social workers have in confronting hostile parents. Fathers were ignored here. Partly this was because they had often disappeared, avoided the worker or were in custody awaiting court. One social worker, however, quite specifically told a father that he was not part of her plans for

the child's future. The serious consequence which arises from this is that only one of the men in these cases was receiving any help or treatment, and that had not been set up by the child's social worker. This might be an unfair observation. The access point for this study was such that interviews took place at quite an early stage, and treatment for other fathers may have been arranged later, or been ordered by the court.

Elsewhere in this rather small sample the picture is mixed. Where the social worker has defined the problem as one of poor physical care the attention is overwhelmingly on the role of the mother, but in only two families is there a father figure present anyway. Similarly families where the problem was defined as children's confusion and insecurity engendered by inconsistent parenting and a lack of boundaries were all headed by a lone parent, including the lone father. Where there are two natural parents the social worker concentrates attention on the mother's role in half of them, and on both parents equally in half of them. A greater readiness to consider the father's role here may be because the problem has been defined as behaviour and control. Workers may be implicitly accepting stereotypical gender roles here, that is control is man's work, care is mother's. On the other hand they may have found like, for example, O'Hagan (1997) and Stevenson (1998) that mothers are more often present, more often ready to talk about family difficulties. Short of time they may pragmatically work with whoever presents themselves. This will more often be mothers.

The difficulty of managing stresses and conflicts in reconstituted families is not usually defined in a gendered way. Both dominant and complicit parents in these families as described in Part Two are as likely to be mothers as fathers. On the other hand when social workers explore a wider 'stage two' context to parent behaviour in the ways discussed in Chapter Nine they overwhelmingly focus their explanations on mothers. This may be for two reasons. First, as suggested above they talk more with mothers than with fathers even when the latter still live in the family. Therefore they come to know more about mothers. Second, defining context is often a search for explanation which casts the parent as of good moral character, but one who has been weakened by experiences which have sapped confidence and self esteem. Some of their damaging experiences have been at the hands of men. Workers may find men more heavily defended and less likely to show their weaknesses. Unless confronted by overwhelming evidence workers may accept cultural assumptions which see mothers as nurturers whose failure to care adequately for their children can only be

explained in this way. These two factors may be the reason that social workers more often define this wider context in respect of mothers, but not fathers. They are less likely to go beyond, say, simply defining a drug or alcohol problem as explanation for men's behaviour.

The extent to which social workers have incompatible roles

Social workers must also carry out their duties in the context of two potentially incompatible expectations. The requirement that social workers and courts and hearings make the child's interests paramount has existed in legislation and guidance for a long time. The requirement to work in partnership with parents is much more recent. The one appears to have been grafted on to the other. The tension produced has been acknowledged by many other authors discussed in Chapter One (e.g. Secretary of State for Scotland, 1966; Farmer and Owen, 1995; Thoburn et al., 1995; Bell, 1999; Aldgate and Statham for Department of Health, 2001). Dingwall saw the child protection system as a compromise between partially conflicting objectives, trying to protect and promote children's interests whilst not intruding into parents' rights to privacy. It was therefore not fully effective at either (Dingwall et al., 1995).

Writing about the child protection process Bell (1999) argues that conflicts of rights and interests are endemic to the system and that these limit the opportunities for participatory practice. She may therefore be seen as more sceptical than some others. Thoburn, for example, argued that the degree of participatory practice depended on characteristics of individual social workers and their agencies rather than on the nature of the case, which is Bell's view (Thoburn et al., 1995). The way that the forty workers in this study tried to manage the difficulties was discussed fully in Chapter Eleven. The limited evidence from this study tends to support Bell's view on this point.

It may be that this wider conflict and potential for incompatibility contains different elements. The first of these may be between a focus on the precipitating event or series of events and a focus on their context. The benefits to be obtained by placing precipitating events in the context of other family circumstances have been much discussed in earlier chapters. It allows for the emergence of explanatory issues which might otherwise have remained hidden, albeit only issues within the frame set by the social worker. However contextualising events in this way may not be without its limitations. It is the worker who selects the elements in the contexts around the

events. They have interpreted and given meaning to the event in order to define a problem to be worked on. The parent, even when in some sense they acknowledge the event, may select some other context and so give a different meaning to it. This may, and on the evidence of these forty accounts clearly does, lead to a confusion of expectation about what is required. Even where they acknowledge the worker's context to a large degree, the parent may see it as irrelevant to what needs to be done. Further, as Farmer and Owen (1998) point out, finding context may amount to a transfer of the focus of intervention from, say, the abusing father to scrutiny of the general care provided by the mother.

There are therefore at least three points of potentially disabling disagreement between worker and parent, including the event itself, its meaning, and the relationship of either to intervention. Within each of these there may be further disagreement, possibly around the moral judgement the worker makes about particular parenting practices. For this reason there might sometimes be advantages for the worker, particularly where severity is low, in starting with a focus on the event and accepting the meaning given it by the parent. This does not imply abandoning the search for explanatory context. It may mean in a few instances suspending the conclusions drawn about intervention so that a start can be made from where the parent stands.

There are more significant elements. Social workers may be most comfortable supporting and advocating for the weak and overwhelmed. They pursue what they may see as social justice, to uphold the interests of the weak against the powerful. In child care, however, social workers themselves are perceived to be among the powerful, and their legislative duties lay on them expectations that sometimes they must use their power. Working with the same family and at the same time therefore they may be forced to confront these two imperatives attaching to their role. They must help parents to care better for their children, but must also ensure that they do so.

Social worker authority is ambiguous. It may give the power to control, but also the power to help. They are mutually dependent. It is the worker's duty-right to intervene that gives the authority. This may be a duty to help. Authority without the duty would be a form of power without responsibility. Social worker authority may also derive from the perception that they have expertise and that they 'know the right thing to do'. It is this authority which enables the worker to bargain with the parent

about intervention. The worker sets the frame and negotiates within that. This may be most evident in cases where the worker is able to support the parent in ways discussed in Chapter Eleven. It may be irrespective of whether there are statutory measures. On the other hand if the perception does not exist the authority may be diminished in the ways discussed in the last chapter. Workers who, for example, struggled to change parent behaviour found that they often carried little authority. This too may be irrespective of any statutory measure.

Social workers' difficulties in this respect may be related to another tension. How far is social work activity a moral one and how far is it what Christie and Mittler (1999) might call a scientific one, and Dingwall a technical one (Dingwall et al., 1995)? In other words what is the nature of social work expertise? Social workers' knowledge of child development, of attachment and psycho-dynamic theories, and of intervention strategies must still be applied in fluid and very individual circumstances. Christie and Mittler (1999) argue that because they lack confidence in their own knowledge social workers play safe. In order to manage uncertainty they rely on following procedures. Even if true it is not clear why this should make their work easier. They must still select events and contexts, and apply their knowledge. Procedures must also be applied.

Perhaps the difficulty is a different one. Although an understanding of the findings of empirical research, particularly in developmental psychology and in intervention strategies, is essential it is not sufficient. Workers must decide which aspects of research to give weight to, and select which events and context are relevant in the often changing circumstances of particular families. They must do this within the context of their duty-rights, and it will involve reflecting on their own practice and life experience. They must evaluate conflicting interests for the same child, as well as deciding in the first place what those interests might be. This is an exercise in moral reasoning.

What this means is that social worker activity here is value laden. They do not stray very far from the mainstream norms for child rearing in white Britain*. These norms may in turn be influenced by the findings of research, but equally may have

* In this study none of the forty families came from an ethnic minority group. In the local authority concerned only 1.3 % of the population was described as such by the 2001 census (Source: Registrar General (Scotland) 2001 Census).

influenced the questions asked by researchers. One worker said in interview that one of her tasks was “to bring people in from the edge”. To her this was an exercise that embraced and supported. Those who worked to change parent behaviour in the ways discussed in Chapter Eleven may be said to have had the same ultimate objective although by different means.

The difficulty this presents for social workers is that when they are denied the perception that they have exclusive expertise of the kind doctors, for example, are perceived to have in respect of physical disease, those parents who want to challenge their authority may also use common sense arguments from the mainstream. Social worker arguments would not be privileged. This is especially so when the consensus is a little frayed as it is where for example child behaviour is the concern. Both Fisher and Marsh (1986) and Farmer and Owen (1995), for example, have commented that parents may be more concerned than social workers about the behaviour of their children. If social worker definitions and interventions are derived from their moral reasoning then they are open to challenge from parents who may use their own moral reasoning. In this sense Christie and Mittler (1999) are right though it has nothing to do with a resort to relying on procedures. It is because moral reasoning is rarely likely to be conclusive.

There is a further complication. Although their ideas about child rearing may be within the mainstream consensus social workers also inhabit a liberal culture which tends to accord people freedom to act according to their own lights, but which starts from an assumption that parents will want to do the best for their children. Mostly therefore they attempt to cast parents as having good moral character. In order to work with them they must define them as people who are responsible for their actions. This is to assign them moral worth. However this means that they must also cast them as responsible in some way for the condition of their children. This will present difficulties for social workers, especially in cases as heavily sifted as those in this study.

They are able to reconcile these positions when they can cast both parents and children as victims. Children may almost always be cast as victims of the behaviour of their parents. Parents may be cast as victims of their history, their relationships, of stress or illness in the ways discussed in Chapter Nine. Workers seek to impute acceptable reasons for parent behaviour. These parents are basically sound people trying to do their best, but their best is constrained by factors beyond their control.

Workers in these circumstances are those most likely to argue that in order to meet the needs of the children they must try to meet the needs of the parents (Department of Health, 2000a).

It is when workers are not able to cast parents in this way, either because the consequences of their behaviour for the children is exceptionally severe, or because they regard them as too heavily defended or they are strong enough to resist, that they encounter greatest difficulty. In these cases, as discussed in Chapter Eleven, they either by pass the parents altogether or they struggle at cross purposes with little to offer except explanation and exhortation.

It may be that in addition social workers define problems in such a way that they are a match for what they see as their particular expertise. This seems to be in exploring and interpreting family relationships. It is this which may partly account for the great stress they place on the importance of emotional care. There may be some mutual reinforcement involved here. The language of the legislation and the assumption it reflects, that parents are responsible for the condition of their children will tend to support the idea that problems of both child harm and child behaviour may best be managed by people with skills in working with family relationships. The combination of these two factors means that social workers are not best equipped to manage hostility from those who are not weak and overwhelmed, who are not looking for support, and who do not believe that their problems are anything to do with relationships in their family. To this must be added the difficulties workers may have as outsiders peaking into longstanding complex family relationships and interactions. The scope for parent avoidance and resistance as discussed in the last two chapters is wide.

The evidence from these accounts suggests that the dilemmas for social workers are not quite the same as those indicated for the child protection system as a whole by Dingwall (Dingwall et al., 1995). These workers do not agonise about family privacy. They approach families from a different perspective. Their initial orientation is mostly to support birth parents in the manner of Fox Harding's (1997) third perspective discussed in Chapter One. When this proves too difficult for the reasons discussed above and in earlier chapters they move towards Fox Harding's second perspective.

However when they then seek statutory measures in an attempt to give themselves some control to promote the child's interests they find that this is often illusory for the reasons discussed in Chapter Twelve. The root of their difficulty may lie in the combination of two factors. Like those in other studies (e.g. Packman et al., 1986; Sinclair et al., 1995) these workers mostly demonstrated a strong resistance to entry to physical care, for various child centred reasons (it would for example reinforce the sense of scapegoating and blame on the child, or lead to stigma). At the same time they had little else to offer families except themselves and their own very limited time. Most of these forty cases required work of some intensity, whether to support parents or to change their behaviour. Workers therefore recommended statutory measures with little to back them up. This reinforced the tendency of the hearing system to escalate up the tariff quickly, so that they found that children entered care against recommendation and placement was hasty and unmatched.

In summary then, to what extent then are social workers' difficulties connected to the incompatibility of their different roles? To both help parents and ensure that they care better for their children may only be incompatible if they are given equal weight. If on the other hand the first is simply a means to achieve the second the roles may not be incompatible, but potentially complementary. According to their accounts these workers see their main purpose as to achieve the second, although not necessarily by means of the first. Incompatibility of roles may be regarded as an umbrella term which contains many other conflicts. Workers' difficulties are complex. They arise from uncertainty about their authority, from the moral nature of their role and conflicts which arise within their own cultural orientation. They operate within the mainstream norms but their interest is to support the marginalised. When the latter resist workers often lack the temperament or the skills or the time to manage this. This is compounded by a lack of specialist resources to refer on to which would be able to work on particular types of family problem.

The purpose of this study has been to understand and explain how frontline child care social workers make sense of their everyday work. It has not been its purpose to propose changes either to their practice or to the organisational context within which it occurs. However it does appear that these workers, and quite likely others in other places, lack resources which might make their work more effective, and which might help them to overcome some of the difficulties they had trying to work with resistant parents. Three improvements might be suggested.

Specialist work with adolescents on their offending behaviour was one such need referred to earlier. Another would be for some supportive family centre for families with younger children. This should provide emotional support alongside intensive work on understanding how to meet the needs of their children, and the opportunity for parents to learn from one another as well as from staff. Forsberg (1999) contrasts the 'parent as a resource', informal, supportive nature of such a centre with what she calls the 'parent as a problem', expert centred nature of local authority child care work, and goes on to argue that the two approaches are complementary. The one would compensate for the limitations of the other. This however would not remove the dilemmas. Their management would simply be rearranged. It might also be that such centres would simply be an additional resource for those parents who do not resist. These forty cases had been heavily sifted and it may be that the most resistant parents would still be unwilling to respond at the stage they had reached here. Referral to such services should they exist may be more successful if made at an earlier stage.

The third suggestion is for further training for social workers in how to integrate knowledge of child development so that they can apply it to individual circumstances, and argue logically for appropriate intervention. There was some evidence in a few interviews of inconsistency and contradictory statements being made about the needs of the same child at the same time. There was also some evidence of changes in recommendation from one continued hearing to the next with no obvious change in circumstance. Chapter Twelve explored some questionable reasons being given for the use of statutory measures. Better training in moral reasoning perhaps with the use of 'dummy' cases might be helpful.

The place of this study

The main justification for this study is that it has focussed on front line social workers' own understanding of the concepts used in guidance and legislation. It has explored the way that they apply them in their daily work. Their practice has given the terms content. This would not have been possible if workers had simply been interviewed about their beliefs, in a manner removed from a study of their behaviour. In the same way it would not have been possible if all that had been studied was their behaviour or their decisions without their sometimes extensive explanations. No examination of social background reports or of files would have enabled the same understanding. Further because problem definition, intervention and the use of statutory measures have all been examined together it has been possible to study the

way workers connect them. It is important that national and local policy makers understand the way that those who have to implement policy make sense of their work and behave as they do. If they do not there will be a divorce between pronouncements from on high and what happens on the ground.

In recent years there have been numerous legislative and procedural changes, and departmental restructurings. In this context there have been two warnings about the limitations of the attention given to organisation. Morris and Shepherd (2000) argue that the focus on structures intended to reinforce management militates against skill development in social workers. Sinclair and her colleagues (Sinclair et al., 1995) found in their study of assessment that the quality of social worker input, its persistence, depth of involvement, and lack of dependence on contributions from other agencies were more significant for outcomes than organisational features. In the light of this, perhaps attention should be refocussed onto frontline staff, including their support and development. It is also an argument for a study of this kind.

There are inevitably limitations. It may be asked, for instance, whether the researcher's interest in the question of parental responsibility has introduced bias so that the way social workers connect child condition to parent behaviour appears stronger than it might otherwise. It is not possible to be sure, but other than in the initial telephone conversation with the worker the researcher did not use the term, and it was only very rarely used by social workers in interview. The researcher tried to avoid leading questioning and encouraged interviewees to explain in their own way. Did the analysis introduce bias? The researcher worked hard to discover other orientations in the data that might temper the concentration on parent behaviour. Little was found. Some reasons for this have been suggested earlier in this chapter. Notwithstanding what has been said above, conducting the study within a single local authority may have made it blind to the way that departmental structure, type of resources and culture affects social worker behaviour.

Some of the limitations suggest further follow up studies. Replication in local authorities with different characteristics might test the effects of departmental organisation, resources and culture. A similar study in an area with a significant ethnic minority population might throw light on the effects of social workers' cultural assumptions. Some of the findings here indicate that a similar approach but which concentrated on the way social workers made sense of gender roles in child care would be interesting. This study chose as its entry point the time of the

children's hearing or case conference. A study conducted at an earlier stage (perhaps at initial referral) might indicate some of the ways in which social worker definitions and decisions influence the progress of families' social work 'careers'. Similarly a longitudinal study of the period following the hearing or conference might show how social workers develop their definitions and manage interventions over time. Finally, exploration of some other reality such as the experience of parents or children or of panel members at the same stage might provide additional knowledge, although another reality is no more or less valid than that of the social workers.

APPENDIX

Legislation and criteria for child protection registration

1. Selected extracts from the Children (Scotland) Act 1995:

Children (Scotland) Act 1995

Part 1

Parental responsibilities and parental rights

1.— (1).....a parent has in relation to his child the responsibility—

- (a) to safeguard and promote the child's health, development and welfare;
- (b) to provide in a manner appropriate to the stage of development of the child—
 - (i) direction;
 - (ii) guidance,to the child;
- (c) if the child is not living with the parent, to maintain personal relations and direct contact with the child on a regular basis;

but only in so far as compliance with this section is practicable and in the interests of the child.

2. – (1)a parent, in order to enable him to fulfil his parental responsibilities in relation to his child, has the right---

- (a) to have the child living with him or otherwise to regulate the child's residence;
- (b) to control, direct or guide, in a manner appropriate to the stage of development of the child, the child's upbringing;
- (c) if the child is not living with him, to maintain personal relations and direct contact with the child on a regular basis;

Section 16 (1) expresses the paramountcy principle:

Section 16 (3) expresses the so called minimum intervention or ‘no order principle’:

Part II

PROMOTION OF CHILDREN’S WELFARE BY LOCAL AUTHORITIES AND BY
CHILDREN’S HEARINGS ETC.

CHAPTER 1

SUPPORT FOR CHILDREN AND THEIR FAMILIES

Introductory

16. --- (1) Where under or by virtue of this Part of this Act, a children’s hearing decide, or a court determines, any matter with respect to a child the welfare of that child throughout his childhood shall be their or its paramount consideration.

(3)no requirement or order.....shall be made with respect to the child concerned unless the children’s hearing consider, or as the case may be the sheriff considers, that it would be better for the child that the requirement or order be made than that none should be made at all.

Promotion of the welfare of children in need:

22. --- (1) A local authority shall---

- (a) safeguard and promote the welfare of children in their area who are in need; and
- (b) so far as is consistent with that duty, promote the upbringing of such children by their families,

by providing a range and level of services appropriate to the children’s needs.

Section 52, below, sets out the conditions of referral, usually called the 'grounds of referral':

CHAPTER 3

PROTECTION AND SUPERVISION OF CHILDREN

Children requiring compulsory measures of supervision

52.--- (1) The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the conditions mentioned in subsection (2) below is satisfied with respect to him.

(2) The conditions referred to in subsection (1) above are that the child----

- (a) is beyond the control of any relevant person;
- (b) is falling into bad associations or is exposed to moral danger;
- (c) is likely---
 - (i) to suffer unnecessarily; or
 - (ii) be impaired seriously in his health or development,
due to a lack of parental care;
- (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1975 (offences against children to which special provisions apply) has been committed;
- (e) is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed;
- (f) is, or is likely to become, a member of the same household as a person who has committed any of the offences referred to in paragraph (d) above;
- (g) is, or is likely to become, a member of the same household as a person in respect of whom an offence under sections 2A to 2C of the Sexual Offences (Scotland) Act 1976 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
- (h) has failed to attend school regularly without reasonable excuse;

- (i) has committed an offence;
 - (j) has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971;
 - (k) has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes;
- (3) In this Part of this Act, “supervision” in relation to compulsory measures of supervision may include measures taken for the protection, guidance, treatment or control of the child.

Request by the Reporter for a report from the local authority:

56.--- (2) For the purposes of making any initial investigation....the Reporter may request from the local authority a report on the child and on such circumstances concerning the child as appear to him to be relevant; and the local authority shall supply the report which may contain such information, from any person whomsoever, as the Reporter thinks, or the local authority think, fit.

(6) Where it appears to the Reporter that compulsory measures of supervision are necessary in respect of the child, he shall arrange a children’s hearing to which he shall refer the case for consideration and determination.

(7) Where the Reporter has arranged a children’s hearing in accordance with subsection (6) above, he---

(a) shall where he has not previously done so, request a report under subsection (2) above;

(b) may request from the local authority such information, supplementary or additional to a report requested under subsection (2) above, as he thinks fit;

and the local authority shall supply that report, or as the case may be information, and any other information which they consider to be relevant.

Disposal of referral by a children's hearing:

70. --- (1) Where the children's hearing to whom a child's case has been referred... are satisfied that compulsory measures of supervision are necessary in respect of the child they may make a requirement under this section (to be known as a "supervision requirement").

(3) A supervision requirement may require the child---

(a) to reside at any place or places specified in the requirement; and

(b) to comply with any condition contained in the requirement.

2. Criteria for placing a child's name on the Child Protection Register

Extracts from local authority guidelines

Definition and Classification of Abuse

Children may be in need of protection when their basic needs are not being met in a manner appropriate to their stage of development, and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other carer.

To define an act or omission as abusive and/or presenting future risk for the purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carer.

The following are the standard categories used in Scotland for the recording and classification of abuse.....in practice there can be overlap and interaction between categories and child abuse as experienced by a child may not always fit neatly into one category.

Physical Injury

Actual or attempted physical injury to a child... where there is definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Physical injury may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds...serious risk of actual

injuries resulting from parental lifestyle...for instance substance misuse; physical chastisement deemed to be unreasonable.

Sexual Abuse

Any child under 16 may be deemed to have been sexually abused when any person, by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to sexual arousal or other forms of gratification of that person or other persons.

Sexual abuse may include incest, rape, sodomy or intercourse with children; lewd or libidinous practices towards children, homosexual practices towards children, indecent assault...encouraging children to become prostitutes...

Activities involving sexual exploitation...may be indicated by lack of consent, inequalities in terms of age, developmental stage or size, actual or threatened coercion.

Non-Organic Failure to Thrive

Children who significantly fail to reach normal growth and developmental milestones...where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

Factors affecting a diagnosis may include persistent withholding of food as a punishment and the suitability of the food for the child....

Emotional Abuse

Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.

This may include situations where, as a result of persistent behaviour by the parent(s) or carer(s), children are rejected, denigrated or scapegoated, inappropriately punished, denied opportunities for exploration or play appropriate for their developmental stage, put in a state of terror or extreme anxiety by the use of threats designed to intimidate them. Children who are left on their own for long periods...or who do not experience adequate nurturing may also come into this category.

Physical Neglect

This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth.

Physical neglect may also include a failure to secure appropriate medical treatment, or when an adult carer persistently allows the child to follow a lifestyle appropriate to the child's developmental needs or which jeopardises the child's health.

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