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ON NEEDING 'NEED': AN EXPLORATION OF THE CONSTRUCTION OF THE CHILD WITH 'ADDITIONAL NEEDS'.

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Doctor of Philosophy (Social Work and Social Care)

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WORK NOT SUBMITTED ELSEWHERE FOR EXAMINATION

I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signed:………………………………………

Date: …………………………………….

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Acknowledgments

I would like to dedicate this piece of work to my mother, Glorea Ferry Davis, who would have been so proud to see me complete it. She showed me through her example that it was possible to get a degree while juggling children, work, and cats, and I often think of her as I do just that. And to my wonderful children, Jenna, Harry, and Alfie, and granddaughter Florence who was born towards the end of this process. I've often thought that 'doing a doctorate' is like an existential reflection of a very long, and very painful birth, but it will never be as beautiful as that smiley little girl.

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Summary

UNIVERSITY OF SUSSEX

LETITIA FAITH MARRABLE – DPHIL SOCIAL WORK AND SOCIAL CARE

ON NEEDING 'NEED': AN EXPLORATION OF THE CONSTRUCTION OF THE CHILD WITH 'ADDITIONAL NEEDS'

My research takes a social work perspective to investigate the concept of the child with 'additional needs'. This concept arose out of the Labour Government's programme 'Every Child Matters' (HM Government, 2003) which proposed that children's needs for support should be picked up at an earlier point by an integrated Children's Services consisting of social care, health and education. This would stop them from 'falling through the net' of services. A focus on 'additional needs' should mean that children in distress are helped at an early stage before problems became critical, improving the 'well-being' of children and their families.

The research has traced the cases of twelve children with 'additional needs' through their contacts with Children's Services, using an interactionist methodology to interrogate the meaning-making between respondents. Further, following Hacking (2004), a Foucauldian approach to discourse allowed me investigate the discourses which shape formal diagnosis and categorization. Focusing on the ways that the child is positioned and perceived has allowed me to address the question of whose 'need' is prioritized when the child enters the professional gaze. In doing so it has examined the role of formal and informal labels in constructing the child, the emotional content that goes into creating the 'meaning-labels' of the child, and the ways that failures in knowing about the child affect the ways that a child becomes pictured.

It concludes that in the shifting practices that make up Children's Services, the child with additional needs can become lost in the complex interaction between adult needs and emotions. The informal 'meaning-labels' which arise out of this complexity often identify the child as carrying a 'spoiled identity'. This can be carried through into practice with the child, including the processes of formal diagnosis and categorization. Adult emotions need to be managed better if children are to get fitting and timely help to allow them to thrive.

Section I : Providing a standpoint from which to explore.

Introduction to the thesis

In the autumn of 2003 I found myself in a local secondary school as a student teacher. It was an interesting experience, a changing experience, and deeply instructive though not in the way it was intended. Although I never finished my PGCE, it showed me what it was like to be a teacher, to be a part of a busy school, in front of a class of often rowdy, energetic children and with the responsibility for their education and welfare. It also made me consider difference, and the ways that knowing or not knowing about it impacted on the teacher, and from them, onto the child. A longstanding interest in the discourses around children with a label of ADHD[1] and a child of my own with specific learning difficulties[2] meant that my own relationship with 'labels' was ambivalent, both seeing that they had a use in highlighting that a child needed extra help, but feeling too that they could be over-applied. They seemed to effect the relationship between the professional and the child, sometimes becoming the child's defining feature. There was also a question of whose 'need' were they attending to, since it seemed that some labels removed the responsibility for difficulty from the adult – parent or practitioner – and placed it within the child as a fault.

My concerns started to focus around the well-being of the child, by which I meant emotional well-being, although the term has been defined in a broader sense in Section 10 of the Children Act 2004 around five outcomes for the child (HM Government, 2004a:1082). I came back to studying with a mind full of thoughts and questions. Why is it that some children become labelled, and others don't? What happens to the child's well-being when they become formally labelled as having a 'need' for support? What happens if the child does not get labelled? What other sorts of labels get used around the child, to what effect? What happens in the space around labelling, in the interactions and relationships between adults and children, and between professionals and parent/carers? What are the processes within the different services around the child with support needs which aid or hinder their well-being? The Every Child Matters policy agenda (ECM) was fresh, and a term which had been used within it to demonstrate that many children would need some support at some point in their lives, 'children with additional needs', helped to describe the integrated notion of ECM, since it included children with educational, social,

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[1] Marrable (2000) unpublished BA dissertation, 'Desperately seeking normality: parents, medicalisation, and the 'hyperactive' child'.
[2] and, it transpired part way through the project, physical disability as well.

and health needs. Being based in a social work department allowed me to take an interactionist, 'child-outward' approach, moving from the child and their knowledge about their lives out to their family and all Children's Service agencies working with them. This way I could look at the support they get to improve their well-being within these different agencies, each of which has separate functions and ideologies around the child (Gilligan, 1998). I came to these questions equipped with a range of roles and experiences, which were both tools and baggage for me. I am a mother, a person with physical disability, a researcher in social work, and a student. I have worked in a family centre, in schools, in health, and in counselling. I brought with me an intention that my research should move from the child's view outwards, and not just serve as an academic exercise, but should aim to make a difference. Together, these roles, experiences and values lent me a range of perspectives to draw on, and have made the process of undertaking this doctoral research a fascinating, if complex, journey.

Research Questions and thesis structure

A doctorate feels like a vast project from its starting point, and it is easy to set parameters too wide to begin with. However an initial step needs to be focussing in and creating research questions that help you to start your investigation, which will 'provide the flexibility and freedom to explore a phenomenon in depth' (Strauss and Corbin, 1998: 40). The three questions I worked with are:

- How do children become defined as having additional needs?
- Whose interests are being served by this process of definition?
- What are the implications of an understanding of these processes for service provision to children with additional needs?

I will examine these three research questions in more depth in Chapter 1, but here they start the thesis off, and provide an underpinning for the emerging nature of the project.

The thesis that arises from this project takes the following form. It is made up of three sections, which define different areas of focus within the work. In section one, I consider the social, political and methodological context of the research, and set out the methods that shaped the research. This takes place in three chapters. Chapter 1 is devoted to contextualising the social and political background of the research, setting out the 'problem' to be explored, examining the policy arena that the research emerges from, and opening up some of the areas of complication around definition and construction. The second chapter looks at the literature in this broad area from a perspective of 'sensitising concepts' (Blumer, 1969), since this is a fitting mode for my methodological approach,

focussing on the child in their social world, and on the ways that children are defined here. The third chapter, the final of this section, introduces this the methodological approach, grounded in Symbolic Interactionism, and corresponding methods for research practice. Here the thesis starts to connect with the liveliness of the fieldwork, exploring the 'what happened' of putting ideas in to action and introducing the central project participants.

The second section starts to present the findings from the data by exploring the themes that arose through participant's talk about the children. Chapter 4 starts from the children's standpoint, the ways that they spoke about themselves and their worlds. The second half of this chapter moves to their parents and other carers, and how they described the children and their lives, looking at how they were portrayed in relationship to the individual, the family, and their social contexts . Chapter 5 takes a similar approach with the practitioners' talk, exploring how their 'snapshot views' shaped the educative, moral, social, and embodied discourses that they used to describe the child.

The final section takes a more systemic and comparative approach to six of the children's cases, looking at how the ways they were defined constructed them as certain 'kinds' of children, often from a moral and blaming viewpoint. It looks at issues of power and exclusion within the relationships between adults and children, and by pairing the children's cases, compares the ways that they were constructed by the practitioners from education, social work and health who worked with them. In Chapter 6, the cases of Martin and George are compared, two boys whose 'uncertain' needs were defined in formal, and informal ways. Chapter 7 looks at the cases of Dawn and Stacey, two "unruly" girls from unsettled backgrounds, to explore the vulnerability of adults, children and the processes around supporting the child. Finally, in Chapter 8 Jimmy and Jake's cases are used to look at the positioning around boys seen as violent. In the conclusion in Chapter 9, I return to the research questions to look more pointedly at how they have been replied to, and to reflect on the process of 'doing a doctorate'.

Chapter 1: On needing need – policy, practice, and discourse around the child with additional need.

Introduction

Within social work with children and families there tends to be a focus on cases in crisis, due to the limited resources available to provide services. Decisions about who will be given help from within social work with children and families can be relative, a matter of what other referrals also need consideration on the day (White *et al.*, 2009), although based in formal processes to ascertain need. Abuse to children needs to be seen as a continuum whose thresholds move according to 'legal/moral and pragmatic concerns, also user perspectives and outcomes' (Department of Health, 1995: 16), and many children and families involved in Serious Case Reviews have never been judged as above that threshold for help (Brandon *et al.*, 2008). Brandon *et al* suggest that safeguarding work with children should also be thought of as a continuum, rather than something that only starts once a threshold is met, and that those involved in early intervention work are an important part of safeguarding (Brandon *et al.*, 2008). In this chapter, I set out some of the initial thinking about this project that links it to these concerns over serious cases and processes of assessment in uncertainty, looking from the child within a site of universal services and early intervention, outwards towards the targeted and specialist services who provide help for the child and their family. *Every Child Matters* (DfES, 2003b) is the policy agenda that frames this research, but it is important to note that the findings move beyond an evaluation of 'what works' in ECM, and remain at least as applicable under the current budget-cutting Conservative/Lib Dem coalition government. Corbin and Strauss speak about the importance of considering the structural when undertaking work from a 'bottom up' perspective such as grounded theory and Interactionism, these 'broader conditions affecting the phenomenon may include economic conditions, cultural values, political trends, social movements, and so on' (Corbin and Strauss, 1990). With this in mind, I will examine the roots of the policy within the chronology of the research, setting out more clearly the area that the research investigates, and looking at the way that terminology is shaped by need as well, not only contested in its meaning (Axford, 2008) but 'technologized' to create a particular discourse through its use (Fairclough, 1996).

New Labour and the child – setting the scene for 'additional need'

Policies around childhood formed an intrinsic part of New Labour's programme of government. Undeniably, childhood was a site of both concern and intervention, since 'the child – as an idea and a target – has become inextricably connected to the aspirations of authorities' (Rose, 1999: 123). After their initial years in government, observers were suggesting that New Labour 'put children and families higher on its agenda than any previous administration.' (Pugh and Parton, 2003: 157). Ten years into government, New Labour remained focused on the importance of children, and with The Children's Plan, aimed to create 'the best place in the world for our children and young people to grow up' (Balls, 2007:2).

On becoming government, New Labour had no wish to return to what they saw as the 'social individualism' of the post-war left, which 'was too focused on rights-claiming at the expense of individual and collective responsibilities; and it stood back non-judgementally from a range of social problems where government intervention is now thought to be required' (Driver and Martell, 2002:47). A clear social problem was the rising levels of child poverty in the UK, and with this, the social exclusion of many from society. From 1979 to 1997, while the Conservatives were in power, the numbers of people in relative poverty had tripled; by 1997 one in three children were living in poverty – around four and a half million children (Piachaud and Sutherland, 2001).

In March 1999 Tony Blair gave the Beveridge Lecture, a key speech in which he pledged New Labour to eliminating child poverty, even though it would be a lengthy task:

> I will set out our historic aim that ours is the first generation to end child poverty
> forever, and it will take a generation. It is a 20 year mission but I believe it can be
> done. (Blair, 1999)

Most of the themes for government which would affect children and families were introduced in the speech: the child as an investment of the state as well as the family, the role of responsibility in reshaping the nation's future, and the need to take an holistic, pro-active approach to problems of poverty. The speech's initial thrust was New Labour's plan to make 'welfare' popular again through radical reform, so that it was no longer seen as a drain on the tax-payer, and a free-ride for the lazy or corrupt. It would move the country from a *welfare state*, a term with connotations of 'us and them', to a *social investment state*. The academic Anthony Giddens, acknowledged by Blair as a major influence on New Labour politics, had described this move in his book *The Third Way*:

> The guideline is investment in *human capital* wherever possible, rather than the direct provision of economic maintenance. In place of the welfare state we should put the *social investment state*, operating in the context of a positive welfare society.
> (Giddens, 1998:117, italics in the original)

The child, and with it, the family, had a central role in enabling the government's vision of society. If 'welfare' succeeded in being redefined as 'a "hand-up" not a "hand-out"' (Blair, 1999), it would perform an economically strengthening purpose, helping the economy by helping people back into work, and by ensuring that the next generation are prepared for work in a global, knowledge economy: 'If the knowledge economy is an aim, then work, skill and above all, investing in children, become essential aims of welfare' (ibid). As part of this, welfare was no longer to be seen as provision only for the poor or vulnerable. Fore-running the integration of all services, for all children, within *Every Child Matters*, welfare was re-focussed on a late-modernity social investment version of Beveridge's way to defeat the 'five giants' (Yeandle in Alcock *et al.*, 2003) – 'active welfare' which would take in 'schools, hospitals, the whole infrastructure of community support' (Blair, 1999). The aim remained social justice, but it was also about creating equality of opportunity. As Blair said, it is 'the basis for a community where everyone has the chance to succeed' (ibid). In other words, the shift can be seen here to an understanding of welfare as part of a programme of progressive universalism, that is, help for all to achieve their goals, but more help for those with more needs.

New Labour's promise to raise all children out of poverty focused on the family, as an initial point of resources, and on education as a way for children to succeed in their futures. Within this was an aim to help not only poor children and families, but a more universal appeal to the nation to improve the lot of their own children as well:

> our reforms will help more than the poorest children. All parents need help. All children need support… Our family policy is geared to children and their well being more than the type of family that child is born to. I make no apologies for that. Education is our number one priority because without skills and knowledge children will not succeed in life. (Blair, 1999)

Welfare would be moved into the mainstream of society – if *all* parents, and *all* children, need help and support, then it becomes removed from simplistic connotations of poverty and neediness. It also begins to move the divisions between state and family. Where once the child was subsumed within the private space of the family, and was only 'heard' in policy when removed from this space through neglect or bad behaviour (Ridge, 2002; Lister, 2003), now *all* children could be heard, and the private space of the family would

need to start to crack its front door open to ensure that that their children were being publicly supported[3].

New Labour's aim to reform welfare and end child poverty can be seen as linked to intentions to revitalize the nation's conception of citizenship, as well as welfare. New Labour inherited a country entrenched after 18 years of neo-liberal pre-occupation with individual rights *versus* community. John Clarke suggests that they were aiming instead for 'activated, empowered, responsibilized' citizens (2005:447), a more social democratic/communitarian concern with individual rights *within* community. Within this new citizenship, there are 'no rights without responsibilities' (Giddens, 1998:65), transformed in Blair's Beveridge Lecture into 'mutual responsibility' – a phrase used three times to describe the ways in which the new citizen, particularly young citizens and their families, must take up the opportunities presented to them, rather than learning to depend on the state for handouts. The project for childhood becomes to produce good citizens who are prepared to take up their responsibilities, to their own families and to the larger community, and ambivalence arises about positioning the child as a citizen of now, with associated rights and needs. Childhood turns into more about *becoming*, i.e. becoming an active adult citizen, rather than *being,* as in just being a child[4]: 'Thus, paradoxically, the iconization of the child in the 'social investment state' has involved the partial eclipse of *childhood* and the child qua child' (Lister, 2006:321). It is interesting to note the shift in terminology around the child when they join secondary school, and take what is seen as a step towards independence. Suddenly, children must be addressed as 'young people', as though they were not people before this point.[5] Ideologically, childhood becomes the training ground for the future.

The Children and Young People's Unit (CYPU) was set up in 2000 to administer a £450 million Children's Fund, intended for community led projects for 5 to 13 year olds and towards ensuring that services were in place to help all children at risk of social exclusion. It had a wider remit too: to help build joined-up working and coordination throughout the departments of government (Parton, 2006). It was hoped that the universal services, education and health, would be involved in this on a voluntary basis, since they had access

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[3] Lister comments that new policies around childcare tax credits also signal a shift in the relationship between the family and government: 'It represents the first time that [British] government has accepted that childcare is a public as well as a private responsibility' (2003:432)

[4] This argument from the field of the sociology of childhood will be explored further in Chapter 2.

[5] I have not, largely, used the term young person in my project, since it makes what I see as an ideological distinction in the move towards becoming an employable, responsible citizen, and takes away from the acknowledgement of childhood as a space to simply be a child.

already to processes which would allow them to identify which children were most at risk from health problems, missing school, or taking part in 'bad behaviour' (Parton, 2006). However this voluntary approach proved ineffective. Even where these separately located and functioning services were able to do their job efficiently, the narrow brief of each could lead to a simplified or segmented view of the child: 'the complexity of the origins of children's difficulties is rarely recognised in the response of the 'boxed up' helping systems' (Thomas and O'Hanlon, 2002:x). The lack of co-operation between services for children was proving an hindrance to early intervention, which was seen as essential in order to provide better outcomes for the children. Furthermore, many of the services who provided help to children were still aimed at only the highest categories of risk, allowing other children to slip through the cracks into physical, psychological, or social harm. In the Treasury's Spending Review 2002 (HM Treasury, 2002a) it was argued that children were falling through the gaps in services, because the focus was on crisis or acuter services, rather than those which would prevent children from needing these by catching problems earlier. New avenues were needed if disadvantaged and vulnerable children were going to be helped earlier, and in a co-ordinated way.

Charles Clarke, then Secretary of State for Education and Skills, announced in the Children Act Report 2002 that the period was one 'of unprecedented activity to drive through the Government's determination to make things better for children, in particular the most vulnerable children.' This would be done through 'new arrangements for delivering a truly integrated and preventative approach to promoting the life chances of vulnerable children in the context of what we want for all children.' (Clarke, in DfES, 2003a:1).

It was during this period that Lord Laming's inquiry into the murder by her carers of the young Victoria Climbié was published. The conduct of the professional services who were meant to protect her had led Lord Laming to declare that 'The extent of the failure to protect Victoria was lamentable' (2003:3). Although this was not the first time for this to happen by any means, for instance in 1993 Reder, Duncan and Gray considered 35 such cases, stating 'if one feature of the thirty-five inquiries stands out above all others, it is the panels' repeated conclusions that inter-agency communication was flawed' (1993:60) it became the implied force behind the next major policy drive around children: *Every Child Matters*.

The green paper for *Every Child Matters* (ECM) was published in September 2003, followed by the Children Act 2004, and the white paper *Every Child Matters*: Changes for Children in 2004. The green paper's foreword by the Prime Minister stated that it was

'responding to the inquiry headed by Lord Laming into Victoria's death' (Blair, 2003:1), rather than a continuation of a previous policy bent, and certainly it is likely that her tragic death in 2000 had an effect on more than the way these proposals were presented. Pre-publication, it was known as the 'Children at Risk' green paper (DfES, 2003a) following on from the 'Children at Risk Cross Cutting Review' which had been announced by Andrew Smith of the Treasury in June 2001 (HM Treasury, 2002b). This had already signalled a focus on prevention, on emotional well being as well as good health, including resilience; it had spoken about achievement and participation, as well as enjoyment, and about better co-operation between services, with a school base. It was these themes, within the social investment strategy, which took priority in ECM, rather than those most at risk such as Victoria Climbié:

> It could be argued that the process of responding to Lord Laming's report was grafted onto another process which was primarily rooted in New Labour's concerns to construct a clear vision for children's services in line with the imperatives of constructing a social investment state. Hence, there is likely to be a prioritization of education concerns, for example, but it has been judged not possible politically to explicitly state this, thus leading to confusion and ambiguity, particularly for those seeking to design and deliver services. (Featherstone, 2006:13)

The project seemed to be aimed at a much broader audience, and 'risk' was to be considered in a much broader sense. Not only were those 'at risk' in the social arena to be considered, and at an earlier point, but also those in difficulty at school, education being the great leveller of inequality:

> The most tragic manifestation of these problems is when we fail to protect children at risk of harm or neglect. But the problem of children falling through the cracks between different services goes much further. Too often children experience difficulties at home or at school, but receive too little help too late, once problems have reached crisis point. (DfES, 2003b:5)

The ECM agenda had been led by the Treasury, less surprising perhaps given the multi-layered thinking that the government was advocating, where economics and well-being were tied together through the responsible, active citizen. In the introduction to the green paper the Chief Secretary to the Treasury, Paul Boateng, described how children's lives had been improved since New Labour's election by social and education focussed programmes, going on to admit that these have not been enough. While reiterating that education was the solution, he acknowledged also that many children need more help before they can access the opportunities it provides: 'We have to do more both to protect children and ensure each child fulfils their potential. Security and opportunity must go hand in hand' (DfES, 2003b:3).

Every Child Matters has been described as 'the biggest shake up of statutory children's services since the Seebohm Report of the 1960s' (Williams, 2004:406). The focus was on co-operation and integration of services, prevention or early intervention, common aims, and a focus on the child's needs. This would take place in a system of progressive universalism, allowing all children to be monitored in the universal services (primarily education and health) to ensure that their needs were being met, and those with more need for support being given it through the targeted and specialist services. The green paper provided an illustration of this approach to need provision , with the byline of 'targeted services within a universal context' (Figure i).
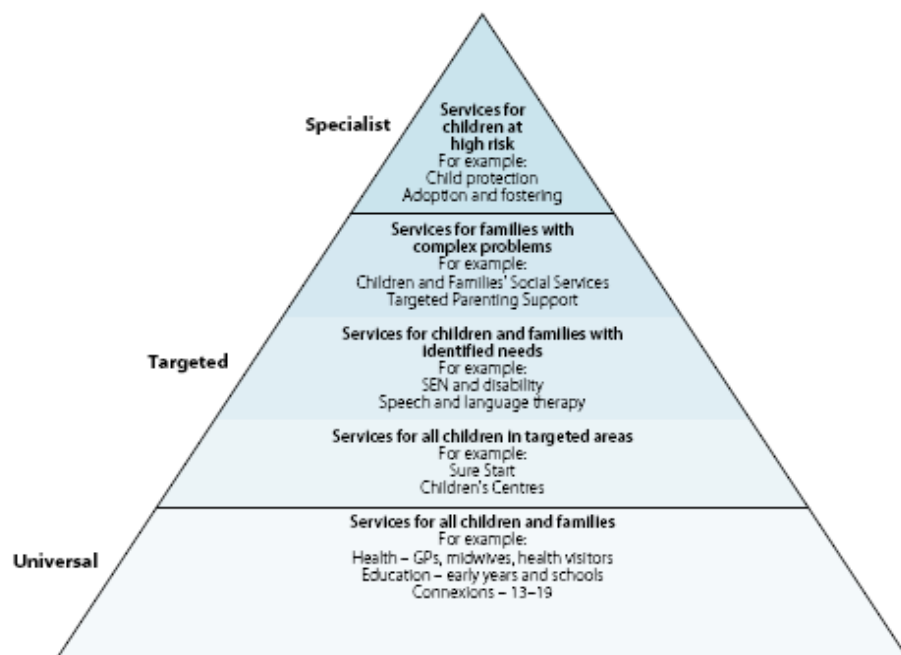
Figure i: 'Targeted services within a universal context' (DfES, 2003b:21)

An important conceptual shift was implied; from aiming at children who were already perceived to be 'at risk'[6] to a more general look at 'every child'. This is not to say that risk was no longer to be considered, or that those at risk were not intended to get the specialised help that they needed. However, risk was to be seen as a more pervasive threat

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[6] *At risk* is a term used in various ways. Within social services it has a specific meaning which relates to the Children Act 1989, and refers to risk of *significant harm*: neglect, physical abuse, emotional abuse, or sexual abuse. However recently it has also been used in more general ways to discuss, for instance, risk of social exclusion, or failure at school. The Children Act Report 2002 (DfES 2003a) uses it in these various ways, and flags up ECM in the proposed 'Children at Risk' green paper. The ECM Multi-agency working glossary states that it has 'been used in official guidance to refer to children thought to be at risk of offending, social exclusion, or significant harm' (ECM 2006), and in the context of discussing ECM, this is how the term should be understood here.

to *childhood*, rather than only the most neglected children; it was 'framed in such a way that any child, at some point in their life, could be seen as vulnerable to some form of risk' (Parton, 2006:986). The result of this shift was to allow for a change in strategies in approaching children and their needs. For a start, the monitoring of children at a universal level would allow for *preventive* services through health and education, 'The services that reach every child and young person have a crucial role to play in shifting the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place' (ECM, 2004:2).

'Additional need' was the term used to capture the much broader range of problems expected to be addressed through *Every Child Matters*. One fifth to nearly a third of all children were expected to have additional needs at some point, although many children would pass through the category. Its definition, given below from the ECM glossary, does not stand alone, it is described only in connection to a child, who becomes a 'child with additional need' (

Figure ii).

CHILDREN WITH ADDITIONAL NEEDS
Children with additional needs is a broad term used to describe all those children at risk of poor outcomes as defined by the Green Paper, Every Child Matters. (The five Green Paper outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.)
An estimated 20-30 per cent of children have additional needs at some point in their childhood, requiring extra support from education, health or social services. This could be for a limited period, or on a long-term basis.
Key groups include those identified as being 'in need' under the Children Act 1989, those with special educational needs under the Education Act 1996, disabled children, those with mental health difficulties, and others whose needs may not have been formally identified but who may, nonetheless, be at risk of poor outcomes.

Figure ii: 'Children with Additional Needs'(ECM, 2006)

Identification of children's needs for extra support – additional to the needs that all children have – would have to be the responsibility of *all* children's services workers. The dividing lines between teachers and social workers, GPs and the Youth Offending Teams, would move to encompass a more common aim of ensuring children's well-being through

the framework of five outcomes, 'being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic well-being' (ECM, 2004:4)[7].

However, this emphasis on commonality, expressed often in ECM documentation[8], raised the hackles of some professionals. From a social care perspective, the concerns were that the emphasis on education and achievement would over-ride the welfare dimensions of children's services. The heavy weighting of educationalists appointed initially as heads of Children's Trusts (Batty, 2004), and the positioning of ECM and other children and family services through the Department for Education and Skills, suggested that 'the school achievement agenda is a greater political priority than the social inclusion agenda of social services' (Cozens cited in Batty, 2004). From an education perspective, some argued that schools should concentrate more on teaching, not counselling or welfare. Following Education Secretary Margaret Hodge's suggestion that counselling services for children should take place in schools, the sociologist Frank Furedi stated: 'It's a bad idea. It would swamp the school system with non-educational issues. It already spends too much time acting as a social worker' (in Doward, 2004). The ECM programme for integration of services does indeed requires a shared duty of care. However, the question of 'what is social work' in this new situation could be answered by 'something services are already meant to supply':

> children in need are more likely to be assessed and receive support from a professional who is not a social worker. GPs, health visitors, teachers, SureStart managers and volunteers, police officers and youth justice workers all do social work. (Little *et al.*, 2003:212).

So the 're-shaping' of services into 'personalised and high quality, integrated universal services, which give easy access to effective and targeted specialist services' (ECM, 2004:13) can be seen as a re-organisation in order to require the universal services, particularly education but health also, to be less siloed in the way they already *do* social work, and more willing to work in a way which gives children access to wider support. This can also be seen as a move towards a more child-focussed approach – the 'Change for Children programme ... attempts to transform services for children with additional needs

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[7] The ECM green paper states that these are the outcomes selected in consultation with children as those 'which mattered most' to them. Barnardo's, however, found that the children that they consulted with about ECM were concerned that play was left out, a sense of enjoyment in their everyday world ((Kelley, 2004)

[8] For instance, the Green Paper and Changes for Children talk about *common* visions, language, processes, training, understanding, core of skills and knowledge, datasets, and assessment framework, amongst others. Shared is also popular, as in *shared* responsibilities, programme of change, set of outcomes, beliefs, ownership, visions, and understandings (HM Gov 2003, HM Gov 2004c)

so that the child's, rather than the services', needs are at the centre' (Brandon *et al.*, 2006:5).

Social workers and the other Children's Services professionals, from, for instance, mental health, physical health, the justice system, and education, have always worked with each other to some extent when a child presents as having problems and/or is disabled. Children may need to see more than one professional, since 'additional needs' are often not singular. As part of the ECM plan, the common assessment framework (known as the CAF) was intended to form an initial bridge between practitioners:

> It has been developed for practitioners in all agencies so that they can communicate and work together more effectively. It is particularly suitable for use in universal services, so as to tackle problems before they become serious.(ECM, 2005a:1)

The success of the ECM plan hinged on the universal services picking up problems and passing them on before they become too serious (ECM, 2005a). The government planned to implement a threefold database system, first flagged up in the Treasury's 2002 Spending Review (HM Treasury, 2002a), which would help to draw the information about children together and improve both communication and managerial knowledge about the spread of need and practice (ECM, 2007). Although these were not in use within the boundaries of this research, they help to illustrate that 'additional needs' stretch from a threshold of the child with no identified additional need, all the way through children with complex needs. The threshold of statutory and specialist assessments is set within the larger category, but these children remain 'children with additional needs' as well (Figure iii).
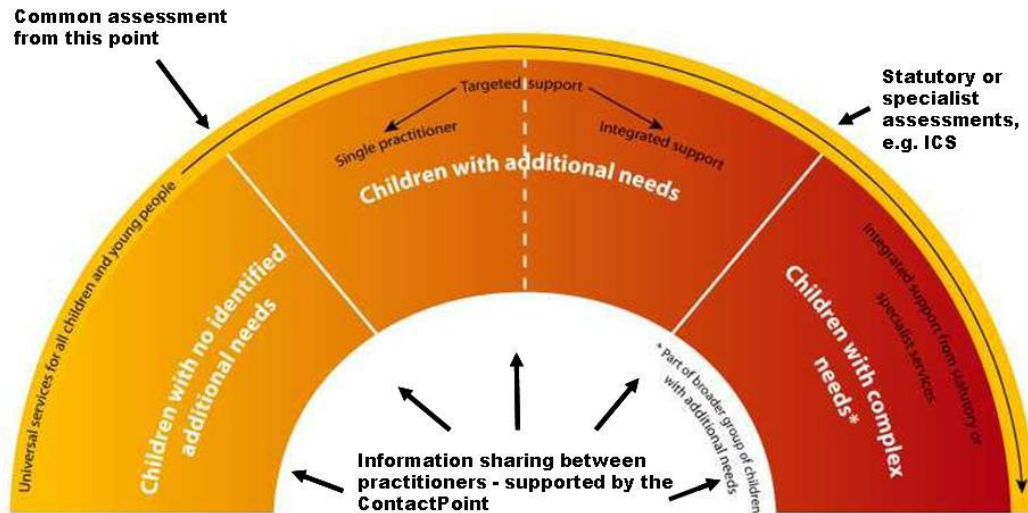
Figure iii: Overview of the ICS, CAF and ContactPoint Systems (ECM, 2007)

It also helps to demonstrate the ways in which another 'need' category, the 'child in need' as defined in the 1989 Children Act (HM Government, 1989), overlaps both these two categories, the child with additional need and the child with complex needs, showing their layered nature in providing a description of the child. Axford comments that 'additional need' in fact is built on the concept of 'in need' (Axford, 2009). The multiple notions of 'need' then, in relationship to the child, are slippy, before the child even gets placed amongst them.

On needing 'need'? Defining the ground for research

> The trouble is he's crazy…
> The trouble is he drinks....
> The trouble is he's lazy…
> The trouble is he stinks…
> The trouble is he's growing...
> The trouble is he's grown...
> Krupke, we got troubles of our own! (Sondheim 1956)

The 'slipperiness' of the way meaning is imparted to action manifests in the sorts of labels that can be applied to people. These can be formal or informal, based on specific categories or more loosely used in a descriptive way. Children and young people who find themselves in trouble, either in the community or at home, may find themselves labelled at several different levels, by the adults around them – parents as well as practitioners – by their peers, or by the child themselves, as people bring their own understandings and judgements to what may be a difficult, uncomfortable, or stressful situation. The multiple

explanations that can be applied to a single young person, as shown above in the excerpt from West Side Story[9], arise as much from the need of the labeller to provide a safe categorisation of a problem as from a desire to find an appropriate way to help out. However, the labels and categories into which these young people are placed are by no means unproblematic, either in their effect on the labelled, since it is argued that 'making up people changes the space of possibilities for their personhood' (Hacking, 2002:107), or in their definition, since the meanings can differ according to who is doing the labelling, why they are labelling, and what purpose the labelling serves for them. Even in the broadest sense of categorisation, to call a child 'vulnerable' can mean more than one thing depending on the context. For instance, the Department for Education and Skills website in 2007 varied its use of 'vulnerable' from page to page, referring here to *all* children as vulnerable by dint of their age and powerlessness, 'those wishing to work with children or other vulnerable groups' (DfES, 2005a), and elsewhere, to specific groups of children in the context of the Vulnerable Children grant: 'looked after children; children who are unable to attend school because of medical needs; Gypsy/Traveller children; asylum seekers; young carers; school refusers; teenage parents and to support the reintegration of young offenders.' (DfES, 2005c). The Teachernet website implies that vulnerable children are also those 'in need' or at risk (Teachernet, 2005), while an *Every Child Matters* web page dedicated to an initiative which backs the 'Being Healthy' aim of 'choosing not to take drugs' declares that the ECM agenda has been 'designed to meet the needs of the most vulnerable'(ECM, 2005b), implying that not all children may be vulnerable, but that the group is larger than those classified as 'in need'. However, the ECM white paper Changes for Children shows a new shift in discourse, mentioning the word 'vulnerable' only once in its main body, in a heading referring to the 'most vulnerable' (ECM, 2004:12). A publication for lead practitioners from the ECM fold completely avoided the term. 'Vulnerable children', a phrase which implied that the children are vulnerable to *someone* or *something* – an outside source – has been entirely replaced by the phrase 'children with additional needs' (ECM, 2005a). This moves the emphasis onto the child's own culpability: 'the experiences and *characteristics* of some children and young people may affect their capacity to thrive and reach their full potential' (my italics, DfES, 2005b:3). In other words, the discourse moves back towards an individual model of deficit within the child. Interestingly, the ECM Multiagency Working Glossary went on to explain that this

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[9] From West Side Story – the song is a irreverent tribute to the labelling and analysis of young gang members, sung by the young people themselves.

deliberate move from describing children as vulnerable, to as children with additional needs, had an intention of being less stigmatising:

> Some practitioners strongly dislike the term 'vulnerable', particularly if applied uncritically to large groups of children, such as children with disabilities; they believe the term labels or stigmatises, and prefer instead to use the term 'children with additional needs'. Care should be taken, therefore, when using the term 'vulnerable' to be quite clear what it is that children are believed to be vulnerable to (ECM, 2006)

This intentional engineering of language illustrates what Fairclough calls the 'technologisation of discourse', a purposeful and knowing use of discourse in an institute or organisation to achieve specific 'strategies and objectives' (Fairclough, 1996:71).

The next major steps in New Labour's campaign to shape childhood were set out in the Children's Plan (DCSF, 2007), and although this occurred as the fieldwork for this project was finishing, is important to note in terms of shifts in discourse. Here, vulnerability returned again in various forms. So, for example, there is the need to 'Safeguard the young and vulnerable' (9) i.e. vulnerability linked to childhood, 'joining up services is not just about providing a safety net for the vulnerable' (13), that is vulnerability is an aspect of those in need of extra help, and reference to 'the most vulnerable families'(20). Children in care are 'the most vulnerable'(29) , and so are those needing help from mental health services (36). This could largely be seen as a deliberate shift away from discourses of helping 'every child', the prevention and early intervention discourse shifting to one which is more targeted.

While vulnerability is one example of shifting definitions, equally problematic is the concept of 'need'. Chambers Dictionary defines need thus:

> n lack of something which one cannot well do without; necessity; a state that requires relief, such as extreme poverty or distress; lack of the means of living. – vt to have occasion for; to want; to require;…– vi (archaic) to be necessary… (Allen and Schwartz, 1998:1082).

 The verb form has slipped into a greedy form of 'want', as in 'I need an ice cream', while as a noun it retains a dual sense of urgency and importance: needs are necessities, or they are a lack of those necessities for life. In the first sense, all children have needs, as do adults. In the second sense, the child becomes 'in need', as defined by the 1989 Children Act (Figure iv), or a child with 'special needs', 'additional need', 'complex needs', etc.:

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

Figure iv: Excerpt from S17, Children Act 1989[10]

Little points out that all children have the *potential* to present with 'needs'; within one LEA 25% of children presented as being 'in potential need' in one year, although most of them were referred to either education or health services, rather than social services (1999:305). A report published for Research in Practice estimated that out of a total of 11 million children in the UK, 3-4 million of them were 'vulnerable' (Price, 2005), while official statistics from the 2003 survey of English local authorities[11] showed a total of 388,200 'children in need' on the books. Out of these, 226,700 – 58% - were active[12] in the week of the survey (DfES, 2004a:3). 69,000 children were shown as looked after by the local authority[13], 62,300 – 90% - of these children are reported as receiving services in this week.

The child welfare model of need, driven by the 1989 Children Act, is not the only construction of children's need in policy use. The Green Paper on separation and divorce, 'Parental Separation: Children's Needs and Parents' Responsibilities', states that 'Children need the support of their parents to thrive. They want and need a safe and secure environment, preferably involving both parents. Where this does not happen, the impact on the children can be severe.' (HM Government, 2004b:16). However, it is interesting to note that despite the emphasis on *children's* need in the title, the document focuses almost entirely on *parents'* needs and responsibilities, subsuming the child within the family and reinforcing the notion that the child is not fully human yet, with the right to acknowledgement that would bring; 'it risks children being regarded more as 'human becomings' than as 'human beings'' (Garrett, 2003:26, citing Qvortrup 1994). Need can

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[10] A fuller excerpt from the Children Act 1989 is given in Appendix i.

[11] Taken in a week chosen as 'average' in February 2003, these are of course children *known* to the authorities.

[12] 'Active' is defined as work being done on behalf of, or with, the child or young person within this survey week.

[13] This care could be for short breaks or longer periods.

also refer to the financial need for prudence, to an allocation of resources according to 'need', or to the needs of parents and of professionals to get it more or less right, for the sake of their sanity, their jobs, and their futures. 'Need' has its own political and social life.

It is clear then that the flexible notions of 'need' and 'vulnerability' are central to this project, and to the idea of 'interprofessionality' or 'joined-up working', since the emphasis and understanding of these two concepts differs between professions and institutions. Moreover, this ambiguity becomes important in the ways that children are defined and labelled in particular ways. As the ECM glossary stated, some of the forms of knowledge around the child (calling them vulnerable, or using medical diagnostic labels) are uncomfortable for certain professions. Further, the different institutions that make up Children's Services have different needs of their own to consider. Schools are central in this, because of the importance of education to children's future and because it is the place outside of the home and community where adults will most interact with them, and therefore a central professional zone for observing their health and well-being (Gilligan, 1998). Within the ECM agenda, schools are expected to acknowledge and meet the social needs of children as part of the five outcomes: 'All organisations need to listen and be responsive to the diverse needs of children, young people and their families and to recognise that safeguarding children and young people from harm must be everyone's business' (ECM, 2004:12). However, as institutions schools serve a number of purposes within society whose aims are not entirely reconciled: 'as a form of social control; promoting self advancement; and the means of providing a flexible labour force to meet the needs of the economy' (Blyth and Milner, 1997:1). Parents and carers place children in the daily care of the school in loco parentis, with mixed expectations and intentions, and with hope and concern for their futures as well as their day. Maden suggests that society's pre-occupation with school curriculum and structure is because it is a reflection of our shifting culture, that macro-society is mirrored in its micro-society, 'where society's hopes and fears are concentrated and synthesized into a detailed set of daily transactions involving all our children' (1999:73).

'Need' is most openly discussed within schools in terms of the 'special' needs of children, or Special Educational Needs (SEN). The 1978 Warnock Report on SEN re-conceptualised educational difference in children, moving away from the deficit based, medically orientated labels of 'handicap', 'subnormal', or 'maladjusted', which 'told them nothing of the child's *educational* needs' (Galloway *et al.*, 1994:6). Language is a curious thing however, both defining action and defined in action, and to change practice takes more than just a change in the way we speak of things; as Little says, 'it is difficult to decide

whether modifications to professional vocabulary offer any indication of change in professional behaviour' (1999:304). Labelling for SEN is a case in point. Although language after the Warnock report focussed more broadly on the level of *educational* need of the child - low, moderate, high or specific learning difficulties – labelling started to shift back into a pathologisation of the child. Children *have* ADHD, BESD, ODD, or Conduct Disorders; they are children *with* Asperger, Autism, or SLCN. These describe conditions in the child, in the main diagnosed by medical professionals. Many of these labels reflect the way that children behave in school, reflecting, it is argued, 'the school's need to keep order...school managers would argue, for the efficient running and indeed for the survival of the school' (Thomas and Loxley, 2001:52). The processes available to support the child, and in doing so, to support the school's order, range from an ascription without any formal assessment, as for BESD, through assessments from a range of practitioners in and out of the school. When a child is perceived as having the need for a high level of support, a 'statement of special needs'[14] can be applied for, 'an important means of identifying and ensuring the provision of whatever further support is required' (Teachernet, 2010c). This requires statutory assessments from a range of professionals outside of the school. The argument has been made, however, that the *process* of statementing itself, which involves what educational psychologist Tom Billington calls being ranked and measured against 'normality' (2000) can be traumatic and potentially damaging for the child: 'it is a serious question as to whether it is possible for children to have positive feelings about the creation of such a negative and 'spoiled' identity for themselves' (Galloway *et al.*, 1994:116).

School can provide a positive and enriching experience for children with additional need, through 'the normalising, integrative and developmental *potential* of the school as a social institution' (Gilligan 1998:14), but this is not always the case. For all children school can be a confusing place; for some children it can *potentially* be a place of stigmatisation and unhappiness. While schools struggle to meet targets of academic achievement set by the government and policed by the media, and concerns arise that disadvantaged or vulnerable children are 'excluded because of fears they will bring down a school's exam performance' (Andalo, 2003), growing numbers of children are identified as experiencing mental health problems. The Mental Health Foundation reported that 'one in five young people will experience some kind of mental health problem in the course of a year' (2004). Of these, it was said, one in ten would require professional help, and 8 to 11

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[14] Known generally as simply 'a statement'

percent 'experience anxiety to such an extent that it affects their ability to get on with their everyday lives' (ibid). Twenty-two percent of young people's deaths are attributed to suicide (Mental Health Foundation, 2003). It is clear that there is a struggle between many competing needs which all go in to making-up the 'child with additional needs'.

Setting out to research the construction of the child with additional needs.

While the previous two sections contextualised the field of research by exploring some of the main issues around policy and discourse that framed my concerns, here I want to clarify the intent of the project itself. From within the multi-professional field of Children's Services, it set out to look from the child in their school setting outwards, that is, to start from the child with additional need, who may be from any of the very broad range of 'needs' described in relationship to additional need (see

Figure ii) and to explore their cases through their own stories, those of their parents, and those of any professionals that work with them. It touches on interprofessional practice, but only in the ways that this affected a child's case. It looks also at the relationships between parents and carers and practitioners, again from the viewpoint of the way it effects the perceptions of the child. The title of the thesis refers to the 'construction' of the child, by which I mean the creation of meaning about them through a personal interpretation of the language and conduct of individuals and groups, informed by cultural and social understanding. This outlook, based in Symbolic Interactionism, allowed me to explore both the underpinnings of that construction, to get underneath the formal and informal defining processes that take place, and to explore the ways that it impacted on the children themselves.

I worked within a frame of three Research Questions, given below in Figure v. These allowed me to use an ethnographic, exploratory practice in order to 'experience' what was happening for the child and the adult in these situations, to try where possible to go beyond looking at what Howe (1994) calls 'surface performances' and instead look at 'depth explanations' to understand the action that arises out of interaction. I employed a combined methods approach, which began with a form of non-participant observation within the school and then beyond the school in the community – home, social services, the CAMHS clinic, the YOT and others – and then proceeded to formal and informal interviews with the children, their parents and carers, and many of the key practitioners who were working with them. Where possible, the paperwork around the children's case was also gathered, to allow for as rich a collection of data for analysis as possible (Glaser and Strauss, 1967). By doing this, I could go beyond the surface of talk and behind the surface of appearance to see what tied them together in the definition of the child.

Research Questions: On needing 'need': an exploration of the construction of the child with additional needs

1.   How do children become defined as having additional needs?

This question looked at procedural, textual, and interactive levels of definition, to explore the processes within each level that distinguish some children from their peers.

2.   Whose interests are being served by this process of definition?

Writers such as Thomas and Loxley (2001) and Galloway, Armstrong and Tomlinson (1994) argue that the 'need' in this process belongs to the professional, the parent, or the institution, rather than the child. I explore this argument within the context of the research.

3.   What are the implications of an understanding of these processes for service provision to children with additional needs?

This final research question explored the ways in which having a better understanding of the processes of definition and identification can support professionals in their work with children. It aimed particularly to address the multi-agency dynamics that arise where social care, health, and education are all trying to carry out their agency functions in a complex and evolving system.

Figure v: Research Questions

The ECM strategy was being rolled out across services as the fieldwork started at the end of 2006, although many of the intended processes were not in place, nor were they by the time the fieldwork finished a year later. An Audit Commission report of October 2008 stated that: '[f]ive years after the Laming Inquiry, there is little evidence that children's trusts have improved outcomes for children' (Audit Commission, 2008:4). This report, titled *Are we there yet?* highlighted some of the gaps and problems in governance arrangements, accountability and resource management, and relations with partners in implementation, indicating that there was still confusion about structure and intention, although largely agreement that ECM had provided a better focus for those involved. Less effort has been made though in the tangible areas of improving work directly with children and families than to the complicated business of setting up Children's Trusts.

Although the research set out to look at interprofessional practice around the child, my intention lay largely in this latter area, to look at what was happening at the level of

relationship and interaction in direct work with the child and their family, so that strengths and problems here could be clarified and with that, implications for better practice could be made. ECM had endeavoured to implement a top down effect to decreasing social injustice through trying to ensure that services have common aims within joined-up practice, but there remain issues at a much more fundamental level that no amount of joint-working will put right. Foucault saw that we are constituted in more than one way; it is the combined force of these that makes us what we are: 'We should try to discover how it is that subjects are gradually, progressively, really, and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts etc' (Foucault, 1980: 97). The child then might be made-up through any combination of these, and this is what I set out to discover.

Concluding remarks

This chapter aimed to explore the 'why' and the 'when' of my research, looking at the context and policy that was its landscape, and continuing on to the focus of the research. There has been considerable research carried out in the field of interprofessional working in recent years, from useful reviews of the evidence in the field (Cameron and Lart, 2003; Frost, 2005) to papers or books about interprofessional working practices or training (Frost, 1997; Brown *et al.*, 2000; Hall, 2005; Daniels *et al.*, 2007; Edwards *et al.*, 2009) to research which looks specifically at the working of a particular multi-agency team (Townsley *et al.*, 2004; Frost *et al.*, 2005; Frost and Lloyd, 2006), but less which looks from the child and family's view. My project positions the child within their social world, and in doing so considers the impact of parents as well as professionals, home as well as school and other agencies, on the child's well being. I believe this lends itself to new insights and knowledge-building that will described as the thesis unfolds. As a project that is not outcome-led or looking for measures of regularity that I can quantify, its value is in the meaning and depth that can come from spending time in close proximity to people. In describing a recent ethnographic study of social work practice, the researchers talk of the value of 'practice-near' research such as this, in the ways that it can examine and describe negotiated practice in a new area of performance:

> The purpose of this 'practice-near' approach is to examine the way in which the social workers negotiated the systems imposed from government. We did not set out to provide a critique of policy, rather to describe its effects and the way professional practices may be configured by policy, but in turn may negotiate and hence reconfigure the prescribed processes. (White *et al.*, 2009)

In carrying out this research I have tried to stay close to what was happening for the participants, while retaining a sense that there was a larger picture that they fit into, both

in terms of the social world and the longer term well-being of the child. The child needs to be considered both in a sense of being, as well as in their becoming. Riessman comments that social work research can support the values that social work practice works to, 'a commitment to social and economic justice – decreasing inequalities and increasing life chances of all citizens'(Riessman, 2001:81), and in carrying out this research this has been my aim.

In the next chapter, some of these themes will be picked up on in a review of the areas of literature which, in line with Herbert Blumer's indication for work in the interactionist model (1954), 'sensitized' my thinking at the start of this work.

Chapter 2: Reviewing the literature – positioning the child in the social world

Introduction

Research which uses a grounded theory approach calls for a circumspect literature review. On the one hand, it is important that the data is approached with an open mind if theory is to emerge through the analysis. Glaser expressed concern that literature reviews were used to take on theory before it had emerged in the analysis, setting out to 'shop their disciplinary stores for preconceived concepts and dress their data in them' (Charmaz, 2000: 511 citing Glaser 1978). On the other, the researcher is not an empty vessel waiting to be filled with new-found knowledge. They are bound to come to the research subject with some knowledge or ideas beforehand. In constructing a research proposal there is a need to show that prior research has been considered. The research questions will be required to show that a scholarly consideration has gone into their construction, aided by knowledge of the subject area in which they are placed. Blumer suggested that the concepts inherent in Symbolic Interactionism should be seen as 'sensitizing concepts', contrasting them to 'definitive concepts'

> A definitive concept refers precisely to what is common to a class of objects, by the aid of a clear definition in terms of attributes or fixed bench marks. This definition, or the bench marks, serve as a means of clearly identifying the individual instance of the class and the make-up of that instance that is covered by the concept. A sensitizing concept lacks such specification of attributes or bench marks and consequently it does not enable the user to move directly to the instance and its relevant content. Instead, it gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look. (Blumer, 1954:7)

What this thesis requires is a review of the 'sensitizing concepts' that set the research within a knowledge base, starting to highlight the gaps yet to be filled. Blumer's idea of sensitizing concepts was taken up by Glaser and Strauss in their early work together (Brown *et al.*, 2000), but used as a way to explain the type of concepts that they hoped will emerge from the data (Charmaz, 2003), rather than as Blumer had intended. In Strauss's last book, together with Juliet Corbin, they summarise Blumer's notion and reiterate Glaser's earlier argument, stating that initial literature reviews should not be overwhelming to the researcher,

> the researcher does not want to be so steeped in the literature that he or she is constrained and even stifled by it. It is not unusual for students to become enamored with a previous study (or studies) either before or during their own

investigations, so much so that they are nearly paralyzed in an analytic sense (Strauss and Corbin, 1998:49)

Nursing Researchers Hutchinson and Wilson suggest that a second type of literature review takes place *within* the analysis, once theorising begins, in order to compare, and contrast, existing studies and theories (2001:233). These will be integrated into the main body of work in order to discuss the findings.

This literature review needs to explore the sensitising concepts that were evident in my thinking when I came to this project, and I have bolstered areas with some of the more recent work by pertinent authors. These concepts are involved in shaping what is done by practitioners in the field and have shaped the wider discourse around children and additional need. It is not a systematic review of all the literature in each area, but uses some of the key writers to show the main bodies of thinking which will sensitize my own work.

The review will start from the child, exploring some of the discourses around the child and childhood, and investigating notions of self, identity, and roles, to look at the ways that the child and the adults around them construct their ideas about themselves. I will then look at uses and understandings of 'well-being', to explore the ways in which these understandings shape the representation of the child. This leads me into a discussion of labelling, and with it, deviance and difference. Finally, I will look back to 'need', and to the sorts of understandings people have made of it which will affect the course of the child's support.

Developing the child, developing the self?

There may be a sense, for many parents, that to ask 'what is a child' depends on the point at which the question is asked. The child is what they are in each meeting, but at the same time they are always growing out of their shoes. In other words, they are constantly developing, and also in the moment: both being, and becoming. Yet the arguments around childhood tend to focus on either one or the other, with a political focus centring around the dependency of the child, and the adult to they will grow into (Lee, 1998; Lister, 2003; Lister, 2006), while academics from the sociology of childhood focus on their capability and presence in their current state (Mayall, 1994; James and Prout, 1997; Mayall, 2000; Mayall, 2002; James and James, 2004; Mayall, 2008) Children and childhood are strongly defined in western society in terms of policy, services, and marketing goods for them, yet the definitions of normality which adults impose may be out of sync with the reality of a child, built partly through adults' imaginations and experience since everyone has been a

child at some point, rather than the child's. Gittins describes this in terms of myth making, constructing 'childhood' and the 'child' in ways that are useful to adults' purposes (Gittins, 1998). Although sociological work that looks at childhood is a relatively recent site of study – Prout and James (1997) give an example of an early fore-runner to the movement as Hardman's 1973 'anthropology of the child', and *Centuries of Childhood* by Philippe Ariés (1962) opened up the contested nature of childhood – the study of children themselves as a site of socialisation has been more long term:

> we might rightly suppose that from the earliest Socratic dialogue onwards
> through the history of ideas, moral, social and political theorists have
> systematically endeavoured to constitute a view of the child that is compatible
> with their particular visions of social life and speculations concerning the future.
> (Jenks, 1996)

Rose states that although the child has been this site of interest for a very long time, a shift in perception to an objectified view, a technical way to build a picture of 'the child' occurred when 'in the 1920s the child became a scientific object for psychology by means of the concept of development...made possible and necessary by the clinic and the nursery school' (Rose, 1998:110) because it allowed for the gathering of large amounts of data and through this the scientific establishment of 'developmental norms'. These norms were a statistical averaging out of a developmental spectrum. Billington notes that this became a standardised way to 'rank' children, through their IQ or other markers of normal behaviour (Billington, 2000). Gittins too comments on how the resulting scientific discourse around development makes those outside these measurements of normality into 'abnormal', risking being placed into the category of medically different or instead seen as deviant:

> Theories of child development articulate ages and stages at which it is believed
> certain behaviours are appropriate/normal/necessary for psychological and
> physical well-being and maturation ... They do not deal with difference, except in
> so much as any child who does not follow the prescribed patterns tends to be
> viewed and treated as pathological/abnormal/deviant (Gittins 1998:15)

Children may be positioned as less capable of taking part in decision-making than adults because of tacit beliefs about their developmental process: 'a tradition of seeing the child as not only vulnerable and helpless, but also irrational' (Thomas and Loxley, 2001:57). Studies done by sociologists working in the field of childhood refute many of these ideas, instead placing the child as an active participant in the making of their, and the social, world, no more 'irrational' than adults (Mayall, 2001). From Mayall's work around the sorts of ways that children experience their worlds, it is possible to conclude that the children's presence in the world is something they think about and work with.

Allowing them to be in this state of 'being' is important from an Interactionist point of view, since social interaction is seen as a process of 'joint action' between two people (Blumer, 1969), however, the Interactionist perspective also promotes a notion of becoming as well. The social psychology of George Mead, on which many of Blumer's ideas are based, sees the social self as a process of becoming, rather than a unitary self   (Mead, 1934) Atkinson and Housley describe the way that this creates a changing self, acting and reacting within the world: 'The social self is not an entity, it is a process. Selves and identities are never fixed. Processes of socialization or enculturation do not have a determinate end-point…The processes of becoming – of the flux of identity and biography – are the very stuff of social life.' (Atkinson and Housley, 2003: 89). The postmodern position of fragmented selves also endorses a view of the self as flexible, and within the child this may be a source of anxiety: 'Who am I? Is the cliché question most associated with adolescent angst. However, cliché or not, identity is framed and reframed at every uttering of self into existence' (Schostak, 2002:36).

The interactionist concern with 'socially assigned identities' (Birenbaum and Sagarin, 1976:19), starts to define the ways that people take on roles. Much of Erving Goffman's early focus was on adult identity-roles and the way they were defined through performance (Goffman, 1959), which can be used to think of the professional identities within Children's Services, but relate equally to the identity-roles that children take on in different locations. Goffman also spoke though about *imposed* identities, 'the discrepancy… between an individual's virtual and actual identity' which can create a 'spoiled identity', 'it has the effect of cutting him off from society and from himself so that he stand a discredited person facing an unaccepting world' (Goffman, 1963:31). Atkinson and Housley describe how interactionist work in schools had produced an analysis of identity formation in which they are seen as 'organizational settings within which biographies are shaped and progressively differentiated.' (Atkinson and Housley, 2003: 95).

While the Interactionists view the self as working through a variety of roles, social work and education take many of their ideas about the child's development from psychological notions of self and identity formation. Brandon *et al* (1998) discuss the 'developmental framework' that helps lead the social worker through the differing abilities of the child to understand their world around them. In this developmental view, the self is less problematised, and assumptions are made that we understand what is meant by it, in a singular, unified sense. The self is something that needs to be developed, and in a way that provides stability. For instance, they describe the main task of the primary school child as 'developing a sense of self in relation to the outside world; learning the rules' and then cite

Collins (1984) who suggested that 'developing a relatively stable and comprehensive understanding of self' is the first of four tasks in 'the development of self-concept' (Brandon *et al.*, 1998:51-2).

While developmental approaches to the self tend to have a psychological basis, these are not in themselves either stable or uncontested. Fonagy and Target's excellent book on psychoanalytic theories emphasises that 'the unfolding of a child's mental abilities is a process that presents challenges which, if unmet, can generate problems at later stages of childhood or in adult psychological functioning' (Fonagy and Target, 2003:xiii). They describe eleven main schools of psychoanalytic thought, along with their developmental frameworks, thereby setting out the multitude of diverse ways to address these potential problems. They admit that there is a weak space in many psychoanalytic theories to do with the self, due to the 'surprisingly narrow view of development' (ibid.:20). The authors also point to the culturally relative nature of self-formation, particularly in terms of conflict theory: 'The concept of self in psychoanalysis is almost by definition an independent entity, whereas within Japanese culture the self is conceived of as an interdependent structure' (ibid.:13 citing Markus 1991). Fonagy et al had set out their own well-formed ideas of 'the self as a mental agent' (Fonagy *et al.*, 2002) in a work published the year previously. In *Affect Regulation, Mentalization, and the Development of the Self*, they describe how 'mentalization', 'the process by which we realize that having a mind mediates our experience of the world', is closely linked to the formation 'of both the agentive and the representational aspects of the self' (Fonagy *et al.*, 2002).

The postmodern turn towards fragmentation sees identities and selves as fluid, part and parcel of our many cultural faces: our gender, race, status, education, sexual orientation, health, for instance. (see, for example, Harding, 1992; Fine, 1994; Schostak, 2002). Atkinson and Houseley link the post-structuralist perspective with interactionism, citing Rabinow to look at how Foucault described 'the thorny issue of identity' in three ways. The first is through dividing practices, 'categories and forms of classification that, via discourse, have an effect on the practical processing of individuals'. The second is through scientific classification, 'the constitution of the subject through the operationalization of specific scientific discursive constructions e.g. the rational actor in economics, the speaking subject in linguistics, the consumer of marketing science'. Lastly there is subjectification, a process of 'internal psychological introspection and social interaction.' (Atkinson and Housley, 2003:161). Ian Hacking too links the interactionist project with foucauldian post-structuralism, as complementary processes within the same sphere (Hacking, 2004).

Giddens' sociology of late modernity takes a philosophical or theory led approach to the self:

> We begin from the premise that to be a human being is to know, virtually all of the time, in terms of some description or another, both what one is doing and why one is doing it. The logic of such a standpoint has been well explored within the perspectives of existential phenomenology and Wittgensteinian philosophy. (Giddens, 1991:35)

Giddens recognises the embodied self; how the child learns about their self 'through day-to-day *praxis*', and how their social identity as a 'competent agent' is built through their ability to control their bodies (Giddens, 1991:56). He sees how people recreate their identities through new understandings of the self, and ties it into the reflexive project: 'Self-identity is not a distinctive trait, or even a collection of traits, possessed by the individual. It is *the self as reflexively understood by the person in terms of her or his biography.*' (Giddens, 1991:53).Dominelli, presenting the changes that she feels are taking place in social work professionalism, speaks in a similar but more social vein of 'identity as a constituted phenomenon that is negotiated through social interaction', allowing 'both practitioner and client to acknowledge each other as having the power to influence what happens in their relationships and exchanges with one another.' (Dominelli, 2004:79). Still within this reflexive project of self definition, Maynard differentiates between identity and self, speaking of the 'core self' as a cohesive self that may gradually transform as time goes on, but still retains a 'sense of continuity' (Maynard, 1998:136). Without this, we are unable to think reflexively about our experience within one identity or another.

Labelling well-being

I will approach well-being in relation to the child within society. Although well-being became defined formally within the Children Act 2004[15] to reflect the five outcomes that were presented in the ECM documents, there are other ways in which it can be defined. For instance Axford defines it in terms of the way it is discussed, and measured, in different professional discourses: as need, rights, poverty, quality of life, and social exclusion (Axford, 2008). My focus on coming to this subject area was on emotional well-being, a term aligned to emotional health and used to re-site mental health or illness within our embodied selves (Bendelow, 2009). The dilemmas entwined with our relationships with children as innocent or knowing, as intrinsically good or as born in sin, as object of ownership and control or free being with rights of equal status to that of an adult (see Gittens 1998), are woven into the way emotional health is constructed in the

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[15] See Appendix i

child. This will be evident throughout not only this argument but within the discussions of labelling and need that follow.

R.D. Laing observed that: 'In the context of our present pervasive madness that we call normality, sanity, freedom, all our frames of reference are ambiguous and equivocal.' (Laing, 1965:11). In other words, madness and normality are culturally created, and the reasons why some behaviours becomes mental disorder or illness in some societies, rather than a form of eccentricity or mere oddness, are not easily pronounced. Foucault located madness within a historical context of human ambivalence: 'We must describe, from the start of its trajectory, that 'other form' which relegates Reason and Madness to one side or the other of its action as things henceforth external, deaf to all exchange, and as though dead to one another.' (Foucault, 1964:xi). This removal of mental ill health to a place where its silence is enforced, its humanity and hence rights removed, helps us to culturally situate some of the behaviour towards children who fail to live up to cultural expectations of 'the child' as an extension of our adult selves: ''the child' is a myth, a fiction, an adult construction. So is 'childhood'. Both, however, have become symbolically central to our culture and psychologically crucial to our sense of self' (Gittins, 1998:2).

Within this context of historical and cultural relativity, the emotional well-being, or lack of it, of children becomes the target for clashing discourses within our society – the bad child, the out-of-control child, the wild child; the ill child, the abused child, the disordered child (Jones, 1996). All of these may bring the child out of the privacy of the home and into the social gaze of Children's Services.

What determines 'well-being' is part of society's wider political agenda of stagnation or change. 'Every Child Matters' states that the five outcomes are 'key to well-being in childhood and later life' (ECM, 2004:4). These stretch the definition in two ways. Firstly, it takes it out of the singular sphere of health and places the responsibility across all the agencies responsible for the child's welfare. Secondly, it infers that there is a social cause of ill-being, since otherwise, not all of the outcomes would be key. However, for many children at school, there seems to be a more limited set of options, since poor behaviour or failure to fit are often seen as an affront to the reasoned normality of the school: 'attacks can be organized against children's resistance to the power of reason, government and responsibility, both at structural and individual level.' (Billington, 2000:24)[16].

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[16] See also (Galloway *et al.*, 1994; Thomas and Loxley, 2001)

Foucault talks of 'the man of reason' who 'delegates the physician to madness, thereby authorising a relation only through the abstract universality of disease' (Foucault, 1964:xii). In this 'rational' setting to one side of the child who behaves 'abnormally', containing them as the 'other' within a pathologised discourse, lies the fundamental social quarrel with the medicalisation model of mental dis-ease, or ill-being, however it is not enough to dismiss it. The argument that Morris (Morris, 1991:10) makes for remembering the embodied state of the disabled person is the paradox under which a purely psychosocial model of child development collapses. Children are born embodied, and they are not born all the same. Within one group of siblings, despite similarities in parenting approaches and early experience, the differences in personality and ways of interacting with the world are clearly evident, even from birth. This interplay of the individual and social is discussed by Fonagy *et al* as: 'the relative importance of genes and the early environment to a mainly psychosocial model of personality development' (Fonagy *et al.*, 2002:16). Fonagy's sophisticated take on 'attachment theory' seeks to combines a psychoanalytic approach with the more structural positions of psychologists such as Bowlby and Ainsworth (Fonagy, 2001). In simplest terms, attachment theory emphasises the importance of the interactional, relational link between primary carer (usually the mother) and child, the lack of which may damage the child's ability to form healthy relationships (Howe *et al.*, 1999). It is one of the key ways in which social workers view the child and their carers; 'a central concept in social work practice with children because it is most often in the area of children's close family relationships that we see the origins of emotional and behavioural problems' (Brandon *et al.*, 1998:40).

The link between cultural, social, and medical models of mental health and illness is not easy to break: 'while illness as a biophysical state exists independently of human knowledge and evaluation, illness as a social state is created and shaped by human knowledge and evaluation' (Freidson 1970 in Bury, 1997:22). For the child who is in trouble, inside or out of school, the interplay between these visions of well-being, mental health and distress can be reassuring as there may seem to be help coming from all directions. Or else, the child can become lost in these systems of control.

One of the ways that people are differentiated from each other on an interactional level is through the use of labels. Labels are sometimes seen only in detrimental terms:

> the assigning of categories and their labels to certain groups in society is a powerful part of the drawing up and maintenance of boundaries between what is 'normal' and accepted, and what is 'abnormal' or deviant and deserving of different treatment or exclusion.(Armstrong, 1999:81-2)

Labels are often intended in positive ways, too. Unofficial labels, those we attach in our daily practice, assign people categories such as 'best friend' or 'clever' as well as 'annoying' and 'stupid'. Within official educational jargon, children can be 'gifted and talented' as well as 'BESD'[17]. What all labels tend to be, however, is constraining. They position people in certain ways, and the argument must be made for how easy it is to remove oneself from the label once given (Oliver, 1990).

Labels are culturally determined in the same way that 'differentness' is. For instance, where a physical difference is common and therefore seen as part of normal community experience, anthropologists and sociologists have shown that no excluding abnormality is perceived, and no label need be attached. (Oliver, 1990). In 'Mirrors and Masks', Anhelm Strauss examined the use of language to create identity, and with that, to classify what we see (Strauss, 2009).This ties to cultural mores; for instance, labels can be used in times of moral panic to create distance between 'normal' and 'deviant' groups: 'the threat and its perpetrators are regarded as evil 'folk devils' (Cohen:1972), and excite strong feelings of righteousness' (Thompson, 1998:8).

 'Labelling theory' arose out of work on criminality and deviance. Becker notes that out of a start, 'rooted in the central concerns of sociological theory', the study of deviance had become attached to solution-finding work in criminality, predicting and then naming those who were expected to be wrong-doers (Becker, 1964). Labelling theory sought to answer a different sort of question: 'Who applies the label of deviant to whom? What consequences does the application of a label have for the person labeled? Under what circumstances is the label of deviant successfully applied?' (ibid: 3). Also known, less well, as the 'Societal Reaction Theory' (Kitsuse, 1980), two main themes emerged within it. Firstly, labels are applied regardless, or independently, of actual behaviour. Secondly, rather than being a mere name for behaviour that all ready existed, the label itself amplified, or caused, 'deviant' behaviour (ibid.:383). Deviance was described in terms of breaking of a society's norms, as shown through the rules created for their citizens to adhere to (Birenbaum and Sagarin, 1976). Becker also suggests that deviancy, rule breaking, is a necessary part of societal cohesion, whereby the majority to toe the line *because* of the minority, not despite them: 'perhaps communities can retain a sense of their own territorial identity only if they keep up an ongoing dialogue with deviants who mark and publicize the outer limits of group space' (Becker, 1964:19).

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[17] This is not intended to apply a direct contract between these two labels as children with a label of BESD might be very gifted individuals, however one is a label to wear with pride, ,while the other indicates a spoiled identity. BESD as a category is discussed further in Section III.

Labelling theory has been criticised both inside the movement and out. External criticisms concentrate on the lack of the social and structural impact within interactionist models of deviancy. Internal critics such as Gouldner argue that it concerns itself with 'the underdog as a victim...a passive nonentity, who is responsible neither for his suffering nor its alleviation – who is more 'sinned against than sinning'' (in Hargreaves *et al.*, 1975:8-9). Others argue that labelling theory is too determinist for symbolic interactionism, which regards human action as self created (Schervish, 1973; Taylor, 1973). Becker rejoined that he regretted labelling the theory 'Labelling Theory', since he felt instead that it was not about the labels themselves, but an interactionist approach to the reactions of society and the individual (Becker, 1973). Ideas about labelling moved into the classroom with work such as Becker (1971) and Rist (1970), both studies of student classification, and Hargreaves, Hestor and Mellor's work on deviancy at school. The latter looks particularly at the way that teachers form their classifications of students, combining 'self-fulfilling prophecy theory' with 'labelling theory' in order to produce what they call a 'theory of typing' (Hargreaves *et al.*, 1975:141). Hargreaves et al propose that teachers do not firmly 'type' their students immediately, but use a threefold process of speculation, elaboration, and finally stabilization, where the teacher feels they know 'who' the child is. In children regarded as showing 'deviancy', this behaviour 'is seen as a relatively permanent and central feature of the pupil' (ibid.:188) – a stigma.

Goffman's work on stigma in the 1960s remains a source of interest and inspiration. Goffman argues that stigma is linked with the stereotyping that occurs as a comparison between normal and abnormal behaviour and countenance: 'Stigma management is an offshoot of something basic in society, the stereotyping or 'profiling' of our normative expectations regarding conduct and character' (Goffman, 1963:68). In more recent work, rooted in Goffman's earlier work on mental illness and hospitalisation (1961a), Hinshaw (2005) uses similar concepts to explore the way mental illness can label both the mentally ill (doubly, with a diagnosis as well as a stigma) and their families. Link and his colleagues have provided some valuable ideas and research from the field of psychology. They have proposed a 'new conceptualisation' of stigma, in which five interlinked triggers impact on the stigmatisation process:

> In our conceptualization, stigma exists when the following interrelated
> components converge. In the first component, people distinguish and label
> human differences. In the second, dominant cultural beliefs link labeled persons
> to undesirable characteristics—to negative stereotypes. In the third, labeled
> persons are placed in distinct categories so as to accomplish some degree of
> separation of "us" from "them." In the fourth, labeled persons experience status
> loss and discrimination that lead to unequal outcomes. Finally, stigmatization is

> entirely contingent on access to social, economic, and political power that allows
> the identification of differentness, the construction of stereotypes, the separation
> of labeled persons into distinct categories, and the full execution of disapproval,
> rejection, exclusion, and discrimination.(Link and Phelan, 2001:367)

In medicine, labelling hinges on the idea of the diagnosis since in our search to find cures, we need to know what we are curing. As Bailey suggests, 'the job of the medical doctor is to find out what is wrong with people and fix them up' (1998:49), and no-one who is suffering a heart attack or broken leg would argue the wisdom of this. However, the 'medical model' is a term used mostly disapprovingly within any literature that goes to the lengths of mentioning it; where it is not mentioned, it is often in use. The uncomplimentary tone derives from the implication of deficit within it: it sees difference in terms of a lack of normality, ill-health as a lack of health. Foucault describes this in 'The Birth of the Clinic':

> Analysis and the clinical gaze also have this feature in common that they
> compose and decompose only in order to reveal an ordering that is the natural
> order itself: their artifice is to operate only in the restitutive act of the original
> (Foucault, 1973:115).

The emphasis on 'seeking truths' within a scientific discourse, labelling them with a diagnosis, pathologises children, and places them outside normality: 'the scientific practices had been organized by institutions to investigate certain characteristics or differences deemed unacceptable – his 'difficulties'' (Billington, 2000:25). Corbett describes the medical model as having 'a patriarchal power structure', in other words, 'a hierarchy in which doctor knows best, and the patient (and family) is powerless to resist' (Corbett, 1994:46).

The medical model of labelling is alive and well despite resistance to it within the inclusive schools movement. Thomas and Loxley detail the way a label such as EBD[18] can remain an open category despite there being no 'official' categories following the 1981 Education Act (2001:47). Labels such as ADHD, Aspergers, and EBD, while woolly in their diagnostic descriptions, allow medical treatment of behavioural problems that teachers are unable to control (Galloway *et al.*, 1994:46): diagnosis here can accurately be described as 'the organisation of vague symptoms into categories then labelling these producing a disease that can be approached in the traditional medical manner' (Pendleton & Hasler 1983, in Bailey, 1998:50).

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[18] Now mostly called BESD

Assessing need

Labelling at school is not always bad, given our present school system and the state of the inclusive project, which the New Labour Government admitted was far from complete (DfES, 2004b). For instance, children with what are called 'specific learning difficulties' – dyslexia is the most common – may struggle with self-esteem until they are given 'the opportunities to exert control over their own pathologies'[19] (Billington, 2000:14). In this way, the label can be seen as providing for the *well-being needs* of the child. However, if we ask *what* need is, and *whose* need the label provides for, there will be more than one answer:

> The notion of need is seldom questioned. It is seemingly so benign, so beneficial to the child that it has become a shibboleth of special education thinking and policy. But we contend ...that 'need' is less than helpful, and that it is a chimera when difficult behaviour is being considered (Thomas and Loxley, 2001:48)

Need is historically as well as culturally located. An example is in the changing face of the family; where once a family was seen to *need* a male breadwinner, this is not always now the case. Social work interventions in the family have altered according to these perceived change in needs (Rodger, 1996). Brandon and her colleagues describe needs as being of a higher order than *rights*: 'The child has not only the right, but also the psychological and emotional need, to be treated as a person rather than an object of concern.' (Brandon *et al.*, 1998:37). This focus on the child's need can also be seen in social terms, Clark, Millward and Dyson talk about 'the social use of discourses out of which concepts and categories of need are constructed', citing Christensen 1996, Corbett 1996 and Ware 1995 as examples (Clark *et al.*, 1998:158).

I have already spent some time in Chapter 1 of this thesis discussing discourses and definitions of need. The overall need of the child, in the Every Child Matters report, is for 'well-being', encompassing the multiple needs of 'being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being' (ECM, 2004). In terms of government discourse this is meant to produce a multi-agency approach to need, involving at least health and education, and conceivably social work, law agencies, and others, all focussed around the child. Another aspect to the delineation of need in this way was to provide a framework where outcomes, and improvement of outcomes, could be measured. Axford and colleagues discuss the problems with measuring need in this way in terms of the multiple sources and descriptions that are gathered, often

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[19] Billington, and educational psychologist, uses this to describe the *inability* of a child to take up this position, given his more dominant label of EBD.

with little regularity to either the use of terminology or practice in doing so. However, they link this poor measurement to a poor provision of services (Axford *et al.*, 2009). Jack and Jordan advocate instead a broader 'social capital' approach to need, based around the ideas of social ecology, in which the egalitarian levels in societies determine individual health: 'social capital is a crucial factor in determining the quality of family life and the level of child maltreatment in any community' (Jack and Jordan, 1999:242)[20].

Need is not only for individuals. Galloway, Armstrong and Tomlinson define three discourses of 'need' within special educational need arguments. The first places need within the child, as a deficit. The second and third place the need firstly within the practices of the school as a by-product of teaching ability and strategy, and secondly, within the culture of the school's standards and ideology (Galloway *et al.*, 1994:15-17). Dominelli suggests that 'meeting needs at an individual level' remains a core value of social workers while at the same time, the 'needs-led' assessment has been eroded by the imposition of 'resource-led' values (Dominelli, 2004:92), which management inflict on the worker as a structural need.

Need, then, has multiple overtones and uses. Discourses of need surround the child in an overt way, and it is inextricably bound into the practices, institutions, and structures that make up children's services. It is inevitable in some ways, as we all have daily needs. As a discourse, however, it can overpower more reflective approaches to children. Thomas and Loxley observe:

> In the adult world, political and legal systems are particularly sensitive to the boundary between wrongdoing and mental illness…But for children and young people at school, because of assumptions about their vulnerability and their irrationality…these protections do not exist (2001:49)

'Who needs need' remains an open question, since it is apparent that in some ways, we all do. However, what the literature shows is that 'need' is also manipulated and used in ways that may, in fact, increase need, exacerbating the very problems that Every Child Matters seeks to remedy.

Concluding remarks

This review of literature has had a purpose within a purpose. As well as providing a backdrop to the doctoral work, it also preludes other people's backdrop as well. Many of the contested notions discussed here are reflected in the day to day practices in Children's

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[20] See also Wilkinson (1996)

Services, and in the discourses used about children who may need extra support. Two examples of this are in attitudes to labelling and in expectations of the child. Even from those expected to apply them, particularly educational psychology, formal labelling was seen as problematic and potentially stigmatising for the child, while from a medical perspective it was seen as a means to an end. From other professionals, a discourse of parental need was in place around labels, with their acquisition for the child seen as a means to either financial gain or a change of school setting for their child. A second example is the demonstration of how the child is primarily perceived as a project of learning, a becoming rather than a being, by education staff within the school. Secondary school is about preparation for taking part in the world of work and citizenship on leaving education. This discourse of the active, responsibilised citizen-to-be (Clarke, 2005) connects with a choice driven agenda for the child, who is seen as an individual who chooses how they behave (now, and in the future), with little regard for the ways that structural or psychological processes also work within and on a person's agency. In this next chapter, I will discuss the methodological basis for this research project, which has been designed to explore these layers of processes and influences on the uncertainty and different perspectives which Children's Services has to work with, and the ways these effect the child.

Chapter 3: Being, thinking, acting – a methodological approach for exploring the construction of need.

Introduction:

Undertaking doctoral research entails a contemplation of personal philosophy. In order to make the project methodologically 'fit for purpose', that is, to be working in a way that is both congruent with the focus and the field of the project, the researcher needs to understand how they see their own and others positioning in the world. This positioning relates to how we produce or provide a 'self' within our world – a 'being' – how we consider and think about this world, and whether we have choices within the actions that knit our existence. From within this personal paradigm, the research will be shaped.

This chapter explores my methodological approach, and the results of using that approach. It will fall into three parts. In the first, I will look at the theoretical stance behind the approach, initially in a general sense, to establish my place amongst the dominant research paradigms, and then in more detail to show why I have chosen an interactional approach. The second part will describe the research design which fits with the approach, the subject, and the research questions of the project. In the third part, I will explore what happened: the experience in the field. I will examine the ethical considerations and researcher's stance called for within the approach and design, initially from a theoretical, design position, followed by an experiential reflection on doing empirical research. The intention is to work within a connectedness, that is, to ensure that theory and practice relate to each other and relate to the research subject; to show that state of exploration and understanding of the connectivity of constructions which will help the research to come alive.

Methodology in an exploration of an adult-child 'construction'

The Research Paradigm

Research frameworks are often described in terms of a dichotomy of views, or paradigms. The philosopher of science Thomas Kuhn spoke of paradigms as schools of thought which include leanings and prejudices concerning what constitutes good data and analysis, practice and language: 'in short, they correspond to different *mentalities*' (Ingleby, 1980:25). On the one side, a positivist mentality entails trying to carry into the social sciences those techniques which are used in natural science fields such as chemistry, physics, or biology. This involves the observation of a research object, the noting of data in ways which will allow this data to be counted and quantified, and the implication that this observation will expose the cause of an effect. It looks for facts which can be compiled in

order to build knowledge in a linear way. The positivist researcher is *objective*, that is, positioned outside of the research as an independent, unbiased observer (May, 2001).

As a contrast to this are interpretivist approaches, which attend to the subjective meaning that people make of their world: 'What is distinctive about the interpretive is that they see people, and their interpretations, perceptions, meanings and understandings, as the primary data sources' (Mason, 2002:56) These then relate in empirical work to the subjective meanings produced by research participants rather than an objective reality which describes a fixed world (Bryman, 2008). It inverts the cause-effect linearity of positivism to look instead at meaning, and with it, 'the agent's intentions, motives, reasons, grounds, etc' (Ingleby, 1980:46).

The interpretivist viewpoint sees the social world as constructed by the individuals or structures that make up society. To say that something is 'socially constructed' implies the creation of meaning through language and conduct, informed by cultural and social understandings (Harrington, 2005). Qualitative approaches vary as to the degree that they feel that the social world is constructed, and to the degree that knowledge is considered relative to the situation, rather than absolute and therefore factual. This variance also affects the extent to which the researcher feels able to stand apart from the research as an objective observer, or sees themselves as an integral part of the project whose subjective views are as important in constructing the reality of the project as the participants (Bryman, 2008). As such they must be interrogated and acknowledged as an influence to the results.

In designing a research project then, the researcher needs to consider both the essence and scope of the research which they hope to carry out, and their own conceptions of knowledge and the social. In order for research to be successful it is most important that the type of design fits the purpose of the project. This doctoral project sets out to explore meanings and the construction of a concept of need, that is, how, and why, is it that some young people become designated as having 'additional needs' while others do not? What is it in the relationships and interactions between adults and children that creates this dynamic? How, in a social world where competing professional adults are involved in this practice, do the differences in their professional aims and functions effect these meanings? In order to do this, participants' subjective concerns and perceptions of their experiences are paramount. However, this research sets out to provide more than an exploration of these views and feelings, it looks to explore the discourses that are played out between individuals and within institutions such as Children's Services. This requires another level

of interpretation that involves the researcher as a participant in meaning production, in order to distinguish between what is *said* and what is *performed*: internal truth versus external actions. This emphasis on interaction, performance, and meaning has pointed towards Symbolic Interactionism (Manis and Meltzer, 1979) . The need to explore discourses which have affected the policy and depiction in local services of 'the child in need', the 'special needs' child, and more recently, the 'child with additional needs', as well as those played out in immediate relationships, requires a different kind of theory to look at the top down effects of policy and culture. The philosopher Ian Hacking, through his work on classification and 'making up people' has suggested that it can be useful to use Foucauldian top down approach to discourse, combining it with the bottom up approach of an interactionist methodology (Hacking, 2004). This is not because, in his view, there is common ground in terms of method or theory between them, but because 'the two perspectives are complementary and both are necessary' (ibid.:278). So although my approach will be largely interactionist, I will also employ other interpretivist theorists to enrich the outcome. The next section will discuss in more depth the theoretical approaches and how they relate to the research.

Interactionism and social research

The term 'symbolic interactionism' was introduced in a paper by Herbert Blumer in 1937, although he stated later that it was 'a somewhat barbaric neologism that I coined in an offhand way...The term somehow caught on' (Blumer, 1969:1). It arose out of Blumer's concerns with clarifying and promoting the philosophical position of his teacher George Herbert Mead . Mead, along with other American pragmatists such as John Dewey, was interested in the way that language is used by people to shape ideas and meaning: 'language allows for the creation of culture, in that human social actors can exchange experiences, cumulate experiences and share meanings' (Atkinson and Housley, 2003:6). The process is seen to take place not only between pairs or groups of people, but also internally as a dialogue which shapes the self. This self comprises both an 'I', as a core self or ego, and a 'me' which responds and is produced by the expectations which are placed on it, or perceived to be placed on it, within the social world (Outhwaite, 2005). Action becomes possible through this reflective process. However, this is not to say that actions are based on common understandings, since different groups ascribe different meanings to symbols, depending on social station, age, gender, ethnicity or upbringing, 'They accordingly approach each other differently, live in different worlds, and guide themselves by different sets of meanings' (Blumer, 1969:21). This suggests that, to analyze the interactions between actors in a group, it is vital to deconstruct the significance within

each action, which will have been built from a complex set of experiences and social situations:

> We must recognise that the activity of human beings consists of meeting a flow of situations in which they have to act and that their action is built on the basis of what they note, how they assess and interpret what they note, and what kind of projected lines of action they map out...One has to get inside of the defining process of the actor in order to understand his action. (Blumer, 1969:16).

Interactionism is not a single line of research methodology, instead it can be said to be a group of practices, ranging from the Chicago school of social study, to Manfred Kuhn's Iowa school, to Erving Goffman's dramaturgical approach[21]. Its starting base was in social psychology and sociology, but it has also been used in diverse social fields, including social work (see Shaw and Gould, 2001). Atkinson and Housely argue that it is often used, but not acknowledged by researchers; they subtitled their book on the subject 'a lesson in sociological amnesia' (2003), Although it can be said that, with its long historical grounding[22], interactionism 'has been transformed' (Atkinson and Housley, 2003:117) in use, it is helpful to consider what is intended by the method. Manis and Meltzer identify seven linking concepts that they term the 'basic propositions'(1979:5) of interactionism, although they concede that not all will be acceptable to every Interactionist. The first of these is that human behaviour is distinct, because it uses symbols to show and create meaning. Secondly, people need other people to become 'humanized', and they do this through their interactions with one another. Thirdly, society should be 'conceived as consisting of people in interaction' (Manis and Meltzer, 1979:6), that is, it is built through the processes of everyday life. Along with this, though, there is also a framework of society which can be seen as the network of larger groups, and therefore is not a fixed and pre-determined entity.

The fourth proposition addresses the person as an agent. It states that there is an active proponent in behaviour and actions, that behaviour is more than an instinctual reaction to others, but instead an action formed through 'some degree of choice' (Manis and Meltzer, 1979:7). This is not to say that these choices are made in a deliberate, overt fashion, a problem that will be addressed in this research project. The fifth concept states that thought, or consciousness, is a product of symbolic interactions between the 'I' and 'me' of self, while the sixth emphasises that since behaviour can be changed by immediate circumstances, it is constructed in the moment through the interpretation of the

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[21] Although Lemert comments that Goffman preferred to call himself simply an empiricist and social psychologist (Lemert, 1967:xxi)
[22] Over 100 years if tracked back to the works of the American Pragmatism movement at the beginning of the 20th century, as Manis & Meltzer (1978) do.

interaction. Finally, because of this constant re-interpretive process, agency does not function purely at a conscious, overt level, and so, for the researcher to explore these more hidden strategies and meanings, covert tactics are needed. This does not need to imply spying or observation without permission, but does require the intervention of the researcher's skills in the research relationship. They must remain mindful of the ways that people redefine their selves from situation to situation, moulding their exchanges to the moment and conversant. As well, people bring different backgrounds and training to their interactions, making knowledge and action 'also perspectival, in that our explorations and transactions necessarily reflect our respective positions, our starting points and our interests' (Atkinson and Housley, 2003:121). To summarise then, interactionism as a broad practice looks at individuals as active, although not always knowing, agents in the productions of their social worlds. The researcher's task is to translate what is said and done to provide a sense of the workings, strategies, and meanings that construct those worlds.

This may seem to imply that symbolic interactionism rejects a real and natural world in favour of one that is purely socially constructed. Instead, many interactionist approaches consider that there is an empirical world, that in which research takes place, which proves its existence by its resistance:

> The fact that one can accommodate or resolve the resistance only by forming a new image or conception does not free the world from its obdurate character. It is this obdurate character of the empirical world – its ability to resist and talk back – that both calls for and justifies empirical science.(Blumer, 1969:22)

However, although the empirical world is 'real' in the sense that it challenges findings through a resistance to unsound findings, this is not a positivist reality, based in the modernist, enlightenment project (Ingleby, 1980), waiting to be uncovered and eventually to be permanently revealed[23]. Even within the natural world, what exists, or what we as humans understand to exist, transmutes from one time to the next. In the social world, what is 'real' is part of an ongoing fluidity. This can be seen then as two separate understandings of 'reality': an ontological notion of *being*, versus an epistemological notion of *knowing* (Baugh, 1990:58). Both the solid reality of being and the social fluidity of knowing are important, if change is to arise out of research findings. The former

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[23] Blumer notes that the danger with this is that the current state of knowledge is taken as fact within this paradigm until disproved, rather than a stage in a voyage. He argues that this can block further inquiry (in Baugh 1990:60)

illustrates the current state of affairs, and latter is implicated in change taking place, shifting the 'real' once again, an iterative process of both stasis and movement.

The solid and fluid notions of reality are highly relevant when considering situations where people may be distressed or in pain. Although the reasons for distress may be constructed through interactions between individuals and institutions, the uncomfortable, hurtful feelings are not, they exist for those that experience them, and can only be experienced through them. Similarly, disability campaigners argue for remembering the reality of bodily impairment while working against socially produced disability, such as Jenny Morris's admonishment that to deny physical and mental difference 'is to deny the personal experience of physical or intellectual restrictions, of illness, of the fear of dying' (Morris, 1991:10). This is an important consideration for the research project, particularly in relation to the first two research questions. In interrogating the processes through which children become identified as having additional needs, and the distribution of need throughout individuals and institution, it is likely that sensitive and sometimes distressing situations will arise from out of their experience, for both children and adults. To explore these in a way which is reflective of their situation is congruent with this methodological approach.

Beyond interactionism: extending the methodology

So as to adequately explore the layers of construction that produce the definitions of children's 'additional need', I need to go beyond the intricacies of personal relationships and transactions. One of the main criticisms of the interactionist perspective is that, because of its microsocial focus, it fails to deal effectively with issues of power in society. However, the structural perspective from which these criticisms arise can also be seen to be inadequate, considering that power emanates from 'social inequality and socio-economic relations that were reflected or articulated through ideological forms' (Atkinson and Housley, 2003:76). Atkinson and Housley argue that it was Michel Foucault's discussion of power as set in the micro-capillaries of the social body that opened up the ways for power to be examined at interactional levels. Power relations do not live purely in hierarchies of power, they are set in our daily practices and social interactions:

> What would be proper to a relationship of power, then, is that it be a mode of action on actions. That is, power relations are rooted deep in the social nexus, not a supplementary structure over and above 'society' whose radical effacement one could perhaps dream of. To live in society is, in any event, to live in such a way that some can act on the actions of others. A society without power relations can only be an abstraction (Foucault, 1994:343)

Foucault's discussions of the discourses through which we shape our world reflect and intensify the interactionist view of building meaning through our use of symbols to ourselves and others. Blumer speaks of how our histories and knowledge shape our transactions, how 'participants involved in the formation of the new joint action always bring to that formation the world of objects, the sets of meanings, and schemes of interpretation that they already possess' (Blumer, 1969:20). These prior possessions must also include their world-views based in experience, education, and culture. Foucault called these dominating and disciplining belief systems 'regimes of truth' (Foucault, 1980). It has been noted that Foucault's work can be seen as a reaction to both extremes of subjectivism and positivist empiricism:

> His work is therefore characterized as moving beyond structuralism and hermeneutics, towards an 'interpretive analytics' (Dreyfus and Rabinow 1982). In the process, Foucault considers knowledge and power to be constructed within a set of social practices. The result is to question the concept of truth as separable from the exercise of power (May, 2001:16).

Through his explorations of the ways that people become defined in certain categories[24], the Foucauldian philosopher Ian Hacking proposes the need to look at this problem from two directions. The Foucauldian 'top down' approach allows the interrogation of the evolving processes of classification through an investigation of the discourses that construct them. At the other end, Hacking uses the techniques of his 'sociological hero' Erving Goffman (2006:293) as an exemplar of an interactionist method to look at how people involve themselves in this ongoing performance of categorization (Hacking, 2004). Goffman used an ethnographic participant approach which looked at the minutiae of people's behaviour in their daily practices, using these to explore their roles and perceptions and how it shapes their selves. Hacking feels that:

> Goffman's work is essential for coming to understand how people are made up day by day, within an existing institutional and cultural structure…But what is completely omitted by Goffman is the question of how institutions come into being, and what organizations of thought and statements have to do with our thinking of them as natural, as part more of the found order than the order of things made by people. (Hacking, 2004:299)

Of course, Hacking is not the only social researcher whose work uses the micro- and macro-social. Giddens' 'structuration' theory explains the social world as working through both agency and structure (Giddens, 1984). Bourdieu's conception of 'habitus' and 'capital' seem to explore the deterministic elements of the world and the ways people move within

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[24] Hacking emphasises that in his view there 'never will be any universally applicable theory of making up people' (2004:281)

them (Bourdieu, 1994). The criticisms applied to these – that they seem to imply both determinism and free will as a part of social nature (King, 2005) – may well apply equally to Hacking's work. However, the implications of looking for discourse rather than structure, a post-structuralist rather than structuralist approach, may circumvent some of these issues. Since both the interactionist and the post-structuralist approaches view human nature as having choices, but within a framework determined by experience and history, they neither of them speak of the social world as either pre-determined through structure or free to do as the individual chooses (Atkinson and Housley, 2003). Instead, through looking for the discourse that arises out of interactions and shapes what happens next, different layers of meaning begin to arise, out of the conscious and unconscious life. This psychosocial approach, which aims to explore the 'inner worlds' which both have an impact on, and are affected by, the outer social worlds (Schofield, 1998) and which make-up human interaction, will provide the starting point to explore the layers of definition which go into constructing the child with additional needs.

Locating myself, locating others – on being a researcher.

The ideas of locating or positioning oneself within research can have several different meanings. Here I need to explore a methodological positioning, meaning my relationship with the participants in the research, as this needs to be understood in context with the chosen theoretical stance. Later, in discussing the methods I will use to gather data for the research, this will connect with the need for an ethnographic positioning, that is, my role amongst the other roles being explored.

Within some research paradigms, such as an experimental empiricist approach, there has been little problematisation of the positions of the researcher and their sample population. Those who take part in the research are subjects, waiting to be studied by the objective researcher who in some way is able to 'suspend [their] sense of belonging' to this group so that they can collate facts about the social world (May, 2001:9). Amongst interpretive approaches, positioning is more variable. Feminist critiques of traditional social sciences have argued that the researcher/researched relationship has been one of disengagement, a strict separation of emotion and self in both fieldwork and writing: 'social science has viewed the self of the social scientist as a contaminant. The self – the unique inner life of an observer – is a variable we are taught to minimize in our studies, to counter, to balance, or to neutralize' (Krieger, 1991:29). This neutralisation of the self would be out of character within this research project. Since it will be looking at the ways that people interact and in doing so, create a reality for themselves and for others, a *collective construction* of the creation of society (Blumer, 1971), to ignore my own part in this would

be unethical. Furthermore, it is part of my theoretical position that as people we are influenced by our personality and beliefs, core values and experiences. In reality it is impossible to remove your self from the research, either in process of data collection, analysis or authorship; you remain as an invisible knower: 'One's self can't be left behind, it can only be omitted from discussion and written accounts of the research process' (Stanley and Wise, 1993:161). Self is evident from the conception of the project, and makes itself known through the entire process of the research, from planning stage to the final write up, and beyond into the dissemination of findings.

If one accepts, as a position, that the self will be part of the research, the question remains, what to do with it? In my case, I have had several 'selves' to consider, that of mother whose child went through this 'additional needs' process during the course of the project, as a disabled person, as someone from a counselling background, my role as the researcher with the research participants and gatekeepers, and my role as a student (amongst others). One solution is put forward by Bourdieu, who calls for: 'a 'reflexive sociology' in which sociologists try to theorize rigorously their own position in relation to the practices of the participants of their studies (Bourdieu, 1992). The researcher tries to remain self-aware, to be reflexive about their feelings, thoughts, and practice – not so that they may be put to one side, but so they can be utilised and examined. The approach is close to that of the counsellor in humanistic counselling, wherein the listener uses their self to show 'accurate empathy… unconditional positive regard…genuineness…self-awareness' to their speaker (O'Farrell, 1988).

In *Modernity and Self Identity*, Giddens recognises the links between the therapeutic and the reflexive impulse: 'therapy is an expert system deeply implicated in the reflexive project of the self: it is a phenomenon of modernity's reflexivity[25]' (Giddens, 1991:180). The reflexive project has greatly influenced ethnographic enquiry, leading to an awareness that not only intellect, but emotions, instinct, and tacit knowledge must be recognised within the researcher's understanding. In positioning myself in interactionism, I locate myself and those who take part in the research within this reflexive mode, remembering also that there are times when the reflexive process is not immediately available. Some actions issue from below the level of awareness:

[25] Outhwaite notes that Giddens is here referring to what he terms 'late modernity', distinguished in part from early modernity by the reflexive turn. Reflexivity is also identified as 'intrinsic to (or at least only fully exemplified in) post-modernity' (Outhwaite 1998:32)

> The actor of interactionist theory... is capable of self-consciousness and self-
> awareness. His or her actions, and his or her potential effects on their
> perceptions, are thus available for reflective knowledge. Even though many of
> our actions are – in this context – pre-conscious, in principle the interactionist
> actor can treat his or her actions in the world and interactions with others as
> objects for inspection. (Atkinson and Housley, 2003:121)

In counselling practice, genuineness and self awareness means being open and honest about your feelings but not allowing them to overtake you. In research practice these must be taken as a starting point for investigation rather than an end product: 'Feelings are not, then, bracketed in the language of objectivity, nor are they intended as 'infallible guides'; particularly given the possibility that they are simply mistaken' (May, 1993:78). In doing this, the feelings and emotions of others too become an important part of the analysis (Duelli-Klein, 1983), which Duelli-Klein argues is an important part of a feminist methodology. Following from this, Marjory Wolf suggests that by using intersubjectivity, which 'challenges the splitting of researcher and researched and of subject and object' (Wolf, 1996:5) we can avoid some of the pitfalls of being overwhelmed by our selves, although from a psychodynamic perspective, Andrew Cooper says that this process of being overwhelmed can be part of a better understanding of the research field (Cooper, 2009a). The aim here is to connect to others while continuing to remain active, open, and aware.

In the previous chapter, some themes around positioning the child within society were explored. My own view is that children are both 'being and becoming' (Uprichard, 2008), a theme which reappears in connection with some of the relationships between practitioners and children in the analysis. They are as much active agents in their lives as adults are, although there are differences in terms of power and their needs for care that are intrinsic to their consideration:

> Children do practically have 'need' of their parents and adult companions, a need
> that is a combination of the material, physical, emotional and so on, but one that
> is always realised within particular socio-historical, and cultural, setting. (Jenks,
> 1996:41)

In this case, children should be treated with equal respect for their rights as adults, but in the research process, there will be some difference in considerations, for instance in planning interview schedules that focus on their interests and are sensitive to possible discomfort in the power relationships between not only adult and child, but also researcher and research participant. The researcher must 'recognise that the rights of children must come first in deciding how to interview them, what to provide as support structures, the ethics of confidentiality and the specific issues relating to children with

various physical or learning disabilities' (Corbett, 1998:59). Through allowing an attentive reflexivity to colour the research practice, children and adults are both held in respectful mind, aiming, as far as possible, to 'work with' rather than 'research on' *all* participants in the research. This is part of a larger ethical stance considered below.

The design for the research – plans and considerations for researching 'construction'

Coherence is important when designing a research project. There must be a strong connection between theory and methods or the research becomes unsound, and 'fitness for purpose' is as important to the practice methods as to the theory used to think about the problem. Furthemore, both of these must be fit for the context of the research (Shaw and Gould, 2001), in this case, social work research in the complex field of Children's Services. In order to explore the layers of construction of need, this project needed to investigate procedural, textual, and interactional levels of definition. Interactionist projects from the Chicago School onwards were often ethnographic studies, as the need to explore the ways that people create meanings requires time spent in contact with people, and this study retains this form. Ethnographic studies can include data collected in any number of ways, through observation, interview, performance, art or text. In this section, therefore, I will set out my grounded theory approach to the data, including the field of research. I will describe the data collection methods and the forms of analysis that will be used. However, before this I will explore the ethical considerations which will inform the practice of the research, since, as Shaw comments, 'the practice of research ethics is presented afresh – and contextualized in distinct forms – at every stage of research.' (Shaw, 2008:401).

Ethics, multi-professional practice and ethnography.

Working ethically is crucial in a research project such as this which involves trying to understand people's meanings and needs: both adult and child. Social work, health and education – the main bodies in Children's Services – all have their own ethical standards and codes for practice, some more explicit than others. Dominelli (2004) maintains that ethics are built into social work values, although Shaw and Gould feel that this is not a firm basis for *research* ethics (2001). The National Health Service has strict regulations regarding any research that takes place within its domain, and scrutinises all projects in terms of ethics and governance before allowing permission to proceed. The University of Sussex has its own set of ethical practices which researchers are expected to work by, and local authorities too have regulations about research carried out within them. Given these

multiple codes and criteria, I will first consider general aims and problems in working ethically in the social domain.

Discussing ethnographic research, Hammersley and Atkinson name five ethical issues of import: 'informed consent, privacy, harm, exploitation, and the consequences for future research' (1995:264). None of these are straightforward. For instance, informed consent requires that all participants understand fully the aim of the research, as well as their part in it. However, this may change the outcome of the data collection by altering what it is people say or do in your presence. 'Privacy' in ethnographic research may seem to be covered by offering anonymity and confidentiality to the participants. Although these are starting places, when ethnographic writing tends to be a rich narrative which aims for some level of authenticity, it may be difficult to truly conceal identity. Burgess describes how in Vidich's ethnography of Springdale in the 1950s 'individuals could be identified by means of the problems being analysed' (1984:188). This could also be seen as an issue of 'harm' in that it may damage reputation or sense of esteem within the community. In terms of research, harm can be defined as 'physical harm; harm to participants' development; loss of self-esteem; stress; and 'inducing subjects to perform reprehensible acts' as Diener and Crandall (1978:19) put it' (Bryman, 2004:509). Although the first and last of these are fairly easy to avoid, in working with children and with families who may be in difficulty, great care must be taken to avoid the middle three.

Whether it is possible to conduct completely non-exploitative, harm free research is doubtful. Doctoral research such as this will always have an element of self-service to it, even when it is aimed at providing evidence for improving services. One way to try and limit exploitive practice is to take an approach which seeks to establish a sense of mutual benefit. Ann Oakley's early experiments in feminist research where she tried to be give as much of herself as she hoped to receive in return in her research relationships is an example of this. She aimed to establish a friendship based in mutual trust, 'an egalitarian research process characterized by authenticity, reciprocity, and intersubjectivity between the researcher and her 'subjects'' (Stacey, 1991:112). Stacey discusses at length the issues of exploitation and betrayal inherent with using 'friendship' as a research tool; placing the researcher in dilemmas of secrets told and authenticity, a tabloid use of people's situations for your own gain. She admits, however, that the researched often say that they gained from the process, receiving support and advice from the researcher as they would from any friend (1991).

Hammersley and Atkinson's final issue, consequences for future research, is a direct result of the first four. If you carry out poor research which doesn't get consent, ignores people's rights to privacy and confidentiality, harms and exploits them, then future research is debilitated because no one wants to take part. This isn't to suggest that there isn't sometimes a gap between ethical theory and practice:

> We might like to secure consent that is informed, but we know we can't always inform because we don't always know. We would like to protect personal privacy and guarantee confidentiality, but we know we can't always fulfil such guarantees. We would like to be candid but sometimes candour is inappropriate. We do not like to think of ourselves as using others as a means to our own professional ends, but if we embark upon a research study that we conceptualise, direct, and write, we virtually assure that we will use others for our purposes. (Eisner 1991, in Shaw and Gould, 2001:22-3)

The contingencies of carrying out research where you can't plan for every occasion, or control the behaviours of either participants or gatekeepers, mean that we can only do the best we can. The reflexive researcher has to accept the limitations that their humanity and position sometimes imposes.

In order to carry out this research, given its base in a multi-professional field where ethics feature strongly, and its need to work with children and parent/carers who may feel in a vulnerable position, ethics fell into two areas of consideration. Firstly, guidelines for professional bodies needed to be followed, so that consent to carry out the research would be granted. In this research the fieldwork entered into the worlds of education, health, and social services, so all three were involved in the research governance of the project.

The second consideration is my own continuing ethical practice outside of these permissions, since ethics continue to feature at all stages of the research process (May, 2001; Shaw, 2008) . Although all documentation such as consent forms and information sheets are approved as part of the governance process by ethical committees, what is done in terms of using them remains the result of my actions. As a researcher based in a university, I see it as part of my role to abide by the ethical guidelines set out by that university, and to extend them where necessary. Within this research there are certain elements that required particular consideration. For instance, it is accepted that all participants give full and informed consent. In this project, this applied to the children who took part as well, no matter what their age and situation. Where children, or adults, are in a vulnerable state, moving through various agencies and assessments, it is necessary to review consent as circumstances change. I need to assess and remain reflexive about the influence of the research process on the participants in order to establish that minimal

harm is done, and wherever possible, that the research has a positive influence for those taking part. Finally, where participants in the research group, children and adults, find communication difficult, I must look for ways to work with them, rather than expecting them to understand me.

While bureaucratised codes of ethics are considered a feature of 'professionalism' (Banks, 2001), while striving to be a social work researcher, I am not a social worker. With this in mind, it was important that I not only follow official guidelines with regards to ethical research practice, but remain reflective and open about my own values, and the judgements that I make because of them. This is crucial in a project where values and judgements, in the practice of others, are so much to the fore. In creating research relationships where participants of all ages are given a chance to express their views, and where possible to feel that these views will make a difference to other children, families, and practitioners, I hope to bring something to the participants themselves, rather than just providing a means for my own ends.

A 'Grounded Theory' approach to practice.

The term 'grounded theory', like 'interactionism', is one with a larger, fuzzy definition, and then multiple more refined definitions which have evolved through use and thought. Grounded theory was first set out by Barney Glaser and Anselm Strauss in 1967 as a means for analysing qualitative data. It was formulated in response to the 'ascendancy of quantification' (Charmaz, 2000:511), which had risen with the growth of scientific knowledge to largely supersede qualitative practice in social science in terms of status by the mid twentieth century, and had its roots in Blumer's Symbolic Interactionism (Hammersley, 1989). Glaser and Strauss sought to resolve what they saw as a split between theoretical and empirical work with an approach which linked the creation of theory with the collection and systematic analysis of data. The two parted ways, methodologically, and Strauss, together with Juliet Corbin, took the lead in promoting and shaping the practice (Bryman, 2008). Charmaz suggests that this is because Strauss and Corbin's writing was much more accessible than Glaser's more abstract work (Charmaz, 2000). It is seen by some people as 'a distinct method or approach to qualitative research in its own right; to others, it is an approach to the generation of theory' (Bryman, 2008:541), that is, it is sometimes used by researchers to shape their research methodology, while others use it to shape their analysis.

Grounded theory is often seen as an example of inductive analysis (Heath and Cowley, 2004), where theory is expected to emerge from the data rather than the data being used

to prove or disprove theory as in deductive analysis. Atkinson and Housley (2003, citing Peirce 1934) describe it instead as 'abductive', a process through which the theory is drawn out of the data, rather than waiting for it to emerge, and in later work Strauss and Corbin emphasise that it is both inductive and deductive as part of an iterative process (1998). Analysis and data collection goes on side by side so that as themes emerge they can be further explored in the field, and the research sample is formed 'theoretically', that is, 'aimed towards theory production, not for population representativeness' (Charmaz, 2006:6). Data is gathered until the researcher feels they are 'saturated', that is, until they feel that there is nothing extra to add to the findings. Constant comparison is used from the start to compare the similarities and differences between interviewees and interviews, between interviews and observations, fitting in with the interactionist concern with differences between 'what is said' and 'what is done'. Grounded theory takes data and codes it, first at exploratory levels, and then in more refined ways to build up concepts and categories of ideas and themes. Comparison of category to category helps to build theory (Strauss and Corbin, 1998).

Grounded theory began from a position of objectivity, with its emphasis on the researcher-observer as able to put aside their own values and knowledge in order to seek an external truth through the generation of theory from data (Charmaz, 2006). Glaser (1978) stated that there is a need to come to the data without preconceptions, and keeping reading and preparation for analysis as broad as possible: 'learning not to know is crucial to maintaining sensitivity to data' (Heath and Cowley, 2004:143). However, since this project's methodological stance is clearly one in which not all knowledge and action issues from a point of awareness, this idea that one's self can be knowingly put to the side would be contradictory. Instead another mode needs to be found. Charmaz argues that it is not necessary to use grounded theory in this objectivist way, and that it is in keeping with an interactionist approach to use it in a constructivist way instead:

> By adopting a constructivist grounded theory approach, the researcher can move grounded theory methods further into the realm of interpretive social science consistent with a Blumerian (1969) emphasis on meaning, without assuming the existence of a unidimensional external reality. A constructivist grounded theory recognizes the interactive nature of both data collection and analysis, resolves recent criticisms of the method, and reconciles positivist assumptions and postmodernist critiques. (Charmaz, 2000:521-2)

The position of 'abduction' rather than 'induction' helps to shape a more integrated, connected method of data analysis, since 'abductive logic...refers to an interactive process of knowledge, a dialectic between ideas and experience, or between data and theory' (Atkinson and Housley, 2003:123-4). Given the nature of the doctoral experience, where

the student is expected to have provided detailed research plans including a theoretical grounding as evidence of their progress, it would be a nonsense to expect this knowledge not to flavour my thoughts in both fieldwork and analysis. Charmaz suggests however that these must not be used to catalogue data into preconceived boxes: 'grounded theorists cannot shop their disciplinary store for preconceived concepts and dress their data in them. Any existing concept must earn its way into the analysis' (Charmaz, 2000:511).

Like all research approaches, grounded theory has its critics. For a start, it can be seen as an impractical approach, due to the large quantities of data which need to be coded extensively – a time-heavy process. This can lead to a half-hearted use of the method, where data is skimped over to save time. There is concern, too, that the different directions that the practice has taken have resulted in muddiness in its terminology. For instance, Strauss and Corbin (1998:73) speak of the emergence of *concepts*, while Charmaz (2000:519) writes of the emergence of *categories* instead. With this runs the view that many people play lip service to grounded theory, when they only mean that they will use an inductive approach to the analysis (Bryman, 2008). Ruch, however, talks about using a 'grounded theory *approach'*, since the intensive process as laid out by either Glaser or Strauss and Corbin does not lend itself well the constraints on time and resources that make up doctoral projects (Ruch, 2007). In Strauss and Corbin's final book written together before Strauss's death in 1996, they confirm that the 'set of methods' they elaborate are to be used as tools; they are 'a means to an end. They are not meant to be used rigidly in a step-by-step fashion.' (Strauss and Corbin, 1998:14).

In Chapter 1 I presented the research questions that start my project, devised to open up the area of research for exploration, rather than to test existing theory. As a starting place to thinking about method, I created some 'questioning tables' to allow me to think through the processes of data collection that I anticipated needing to complete my research task. These are included in Appendix ii. The method thus devised is discussed below.

Researching in an uncertain field

Children's Services is a diverse area in which to study. This can be problematic in terms of getting permission to conduct research across the field. Not only professionals and other practitioners are involved, the children themselves and their parents and carers must be included as active agents in the construction and use of the defining process. Because of the nature of identification and definition within Children's Services, where children's needs and additional needs are unfolded throughout their daily routines, it is impossible to predict where the service trail of definition, help, and support might lead. However this

unpredictability will be a strength in terms of watching the process unfold, allowing a sense of 'situated learning' to take place with the child and their family as they and I experienced the unfamiliar: "newcomers' legitimate peripherality provides them with more than an 'observational' lookout post: It crucially involves participation as a way of learning – of both absorbing and being absorbed in – the 'culture of practice'" (Lave and Wenger, 1991:95). Following a trail involves knowledge of at least a starting point, even if one is not sure where the trail might lead. For this study, my trails all began in a large secondary school, since education is the service in which all children, with and without additional needs, will be seen.

Secondary school level, rather than primary years, seemed the appropriate place to observe the processes of becoming defined (and undefined) taking place. Firstly, children in year 7 are largely unknown to staff in the school, as it is their first year at secondary level. Primary school, with its one teacher to a class, places a different emphasis on the children, who are (to some extent) still taken care of within the school. This may mean that teachers know the children and their needs better, but it may also mean that problems are handled within the class, or ignored within the class, rather than addressed by outside services. Moving from primary to secondary school means a huge change in culture for children. They are expected to take far more responsibility for themselves, their location and their learning than only six weeks previous. This is wonderful for some children, but more difficult for others (Sirsch, 2003; DfES, 2006). The change of culture and emphasis may mean that children who managed at primary level now start to struggle. By looking at year 7, with its age group of 11 and 12 year olds, I was able to explore the construction of a range of definitional states. In terms of their 'additional needs', it was expected that children who need extra support will be unidentified, becoming identified, staying identified, or losing that label.

An ethnographic approach lends itself to the mixed methods which allow me to base myself in an interactionist tradition of data collection and grounded analysis, while observing discourses that arise through the analysis. Glaser and Strauss speak of using all sources as data, including literature and secondary sources (1967). The design included non-participant observation, semi-structured interviewing, and critical discourse analysis of documents and other texts. The plan allowed for between 8 and 12 cases to arise out of a class 7 year group in the ethnographic field of a single secondary school. These children, positioned in one of the four groups of identification stated above, emerge through a strategy of purposive and theoretical sampling (Bryman, 2008), that is children and families from particular categories will be asked if they want to take part until a group

which is felt to cover a range of 'additional needs' is formed. No children were included without full informed consent of both themselves and their parent/carers. From the child themselves, the cases will move outwards to follow their own paths of support and care. This happened through observations of home, meetings, assessments, and classroom practice; interviews with the children themselves, their parents or carers, and as many as possible of the professionals who were working around them; and a compilation of the textual trails to see the ways in which they are constructed as having additional needs, and the help they get as a result of this.

Methods of data collection: observation, interviews and discourse.

Ethnography can be approached from a 'naturalist' mode or from what Hammersley and Atkinson call the 'anti-realist' and 'political' modes (Hammersley and Atkinson, 1995). The naturalist mode is the objective, 'scientific' stance in which the researcher observes their research subjects without, they believe, any interference. The second position places the researcher firmly inside the project, accepting that their observation will have an effect on what goes on and what they will experience. From my position as a feminist[26] and a reflexive interactionist, my techniques will fall into this latter group of ethnographic styles, not so much as a participant or non-participant observer, but as what Gold described as the 'observer-as-participant' (Gold, 1958). I will be open about my project, sit in with participants, but not take on the role of controlling adult with the children. With adults my position is more firmly in this camp. This location gives the researcher scope to decide the extent to which it is appropriate to take on the life of the other participants, while remaining 'free to run around as research interests beckon' (Roy, 1970, in Burgess, 1984:81). This will allow me to spend time with the children as they follow through their day, sitting with them to experience how they and the adults around them interact, while 'not being' one of them. However, my positioning is also 'not being' a teacher, helper, parent or other adult with power over them.

Observers are often described in terms of insider/outsider, depending on whether they are researching inside their own (spatial) community or field, or whether they are going into a new experience or place. In fact I am neither as I have some experience working or volunteering in many of these fields, but have been a trained professional in none of them[27]. As an insider, I might be more easily accepted within the research field, and have better access to gatekeepers, as well as prior knowledge or membership of the 'community

[26] For a discussion of particular issues endemic in Feminist Ethnography, see Stacey 1991.
[27] My position as an 'insider' parent is also important here.

of practice' that makes up the field. Lave and Wenger describe communities of practice as: 'a set of relations among persons, activity, and the world, over time and in relation with other tangential and overlapping communities of practice' (1991:98). Within the inter-professional world of Children's Services it would be near impossible to be an insider in all the communities involved, although they are not constrained by agency but instead cluster around interests or activities. However there are strengths in the outsider position as well. As more of an outsider, I would hope to experience the life and process of Children's Services with fresh eyes, since within communities of practice relations and custom can be taken for granted by insiders. During observation I will take notes, and record fieldnotes afterwards, so that these can be coded alongside other data.

Interactionists Blanche Geer and Howard Becker emphasised the importance of using observation and interviewing together to explore problems and practices. Their work together in 1964 led them to think about the ways that people express themselves differently through their actions to their words: 'The contrast they drew between events and accounts of events yielded by interviews mirrored another of the classic formulations that was also one of the canonical texts – the oft quoted distinction between 'what people do' and 'what people say they do'' (Atkinson and Housley, 2003:126). In the 'needing 'need'' project, interviewing provides a main part of the data collection. While interviewing can run the gamut of paradigms, from the rigid spoken questionnaire of surveying to life story work which is essentially open-ended and unframed, here I will work in a 'semi-structured' way, with an initial interview schedule which will change as circumstances require, both within an interview and across the project in order to 'theoretically' enrich the data. This flexibility is ideal in grounded theory, where ideas about concepts, categories and theory require the researcher to follow into new interview ground if it seems fitting. In line with my interest in humanistic counselling techniques, I will aim to provide participants with a space in which they will feel heard, unjudgmentally and with regard for their well being. Interviews will be recorded where participants agree, so that they can be transcribed for coding. Where interviewees prefer not to be recorded, notes will be taken instead.

The last major form of data collection proposed is written texts. Schools, medical staff, and social services all keep extensive notes about children and families. These form a record of practice and judgements concerning children's need. Other texts will also prove necessary in order to follow the procedural constructions of meaning, these will include school documents and local government documents, as well as central government policy aimed at providing services for children. Where permitted, these different layers of text will be

collected and analysed. Together, these three main modes of data collection should provide a triangulated approach to strengthen research findings.

Analysis and writing research.

The analytical process in grounded theory is not one that starts when data collection ends, but proceeds alongside it until data saturation is complete (Charmaz, 2006). Coding can be a long process as it involves layers of thinking about meaning in the data. I will use NVivo 8, a computer aided qualitative data analysis software (CAQDAS) programme, to assist me in this task. CAQDAS programmes are data management tools rather than analysis packages, since they help to organise the large amounts of data involved in a project of this sort. They serve a purpose too in establishing an audit trail for the rigor of research practice, strengthening the research design in doing so (Kelle, 1997). They permit the researcher to code extensively in layers, to link and query data, and to create memos, which are an essential part of grounded theory practice, being both a record of ongoing thinking, and a springboard for new thought. Charmaz sees them as 'the intermediate step between coding and the first draft of the complete analysis' (2000:517).

It can be helpful to think of the analysis of interactions (seen first in observation, and later described in interview and text) as taking place within a counselling relationship. The data itself becomes the client, 'speaking' to the researcher not only through words, but through timing, intonation, body language and emphasis. The decontextualising of data, one of the main criticisms of the use of CAQDAS (Bryman 2008) can be countered through a reflexive approach such as this.

The processes of writing the research, and examining discourse, are linked through the problems with language. In writing research the author produces new discourse, while commenting on others' discourse. Language is used to create ourselves and others, to make changes and to retain the status quo: 'Language is so structured to mirror power relations that often we can see no other ways of being, and it structures ideology so that it is difficult to speak both in and against it' (Parker, 1992:xi). It is impossible, as a researcher, to escape the strictures of discourse, since we are contained within these same practices. They are

> practices that systematically form the objects of which they speak. Discourses are not about objects; they do not identify objects, they constitute them and in the practice of doing so conceal their own invention' practices that systematically form the objects of which they speak (Foucault, 1972:49).

The reflexive self must remain evident in writing the research, in that there is a duty on the researcher to re-present their participants in as authentic a way as is possible in order to be true to the 'journey' of the project:

> So here is the paradox: the lived always seeks to be represented in some way and thus sacrifices the sense of life for the sense of words and meanings in order to relive. The journey is thus a double structure: one track is the life of bodily engagement with the world; the other track is the life of reflection in order to re-present textually, through images, through signs of all kinds, the experience of the journey. (Schostak, 2002:2)

Part of the paradox is that to represent others, it is not enough to simply repeat what you have been told, word for word. Although the writing and analysis of data must remain faithful to participants and the trust they put in you, the researcher must also be mindful of the way that people redefine their selves from situation to situation, moulding their exchanges to the moment and conversant. In using 'thick description', the author 'attempts to rescue the meanings and experiences that have occurred in the field situation. It captures the interpretations persons bring to the events that have been recorded' (Denzin, 2001:52). Without thick description, Denzin argues we cannot have 'thick interpretation', which reports the heart of the research, demonstrating the layers of meaning that people construct through their every symbolic interaction.

Following the paths: the research process in practice

While the previous section presented the plan for the research, in this section I reflect on 'what happened next'. There are two sides to this, which will run alongside each other rather than being separated. I need to present the largely technical side of what happened in the field, describing the ethical process, the starting point of Southaven School, the participant group of twelve children and their families who took part, and the practice of the fieldwork. I will reflect throughout on the process of researching in this complex field.

Starting the project – finding my way through the ethical minefield.

While a reoccurring theme for me in terms of interest has been the difference between policy and practice – more the process of what happens when new policy is implemented – equally fascinating is the process of planning an 'ideal' research design, and then having to be pragmatic with it in the field (Ghate, 2001). Here I need to locate my research, in terms of the ethical processes in this complex multi-agency arena.

Ethics in empirical research, as discussed earlier, does not end at the beginning of the project when permission is granted to proceed with the fieldwork, but it did start the process off. It was an important hurdle to get over, and having chosen to research an area

which overlapped education, health, and social services made it complicated. From each of their perspectives, these professional groups wanted to assess, and sometimes alter, the research design.

The first step, which I began in Spring of 2006, was to grapple with the NHS procedures, since I was aware that they were extensive, and the same if you were carrying out a small scale qualitative study or a large trial of a medical procedure or new medicine. Once the NHS was involved, all of the family members became subject to this ethical process. The complicated COREC process involved an online form which was tailored to the overall design, so in principal the small qualitative project would have a different set of criteria than the large project which might endanger life. Nonetheless, the form came to twenty plus pages, and asked for details of the sample and the research field which from my point of view were impossible to give accurately, since I was not sure which professionals children would be seeing, as well as requiring guarantees from the university. Fortunately there were only small changes to be made, including changing references to 'children' to references to 'young people', an ideological shift I have discussed earlier. Examples of the 'invitation to take part' letter, information sheets, consent forms, and interview schedules[28] are given as appendices. There were further hurdles, in terms of applications next for NHS research governance, and finally a legal agreement between the university and NHS, the negotiations for which ran half way through the following year. This sort of ethical dilemma, to proceed or not to proceed when most of permissions had been granted but some were completely beyond my control, is a difficult circle to square, however there was some urgency to using the openings I had concurrently been developing in terms of location for the research field. I was delighted when Southaven High (described below) agreed to be the starting location for the project. Their view of ethics was that so long as I arranged informed consent for participants, the procedures that I had already undergone through the NHS and the University Ethical Code of Practice were evidence that I intended to work in an ethical way. The local authority was more puzzling. It proved difficult to find out what the correct procedure would be, and after being sent on a wild goose chase after someone who was no longer employed by the LA I was told, like the school, that my NHS and university clearance would be sufficient to proceed. However, later in the Autumn I was contacted by them and informed that there were now procedures in place that I would have to follow in order to speak with anyone employed by the LA, including, they felt, in education. Although this was completed swiftly, it made me uneasy that by this time

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[28] In line with the evolving approach taken in grounded theory, these were modified as new ideas and theories emerged.

I was already in the school observing practice. The ethical procedure felt like trying to tiptoe through a minefield blindfolded at times. While there are always the needs to ensure that participants are informed as best as possible at all times, and that they give ongoing consent for all parts of the fieldwork, I found that at school this was difficult. For instance, I had been introduced to the staff at their morning briefing session, but some teachers had missed this either because of absence or because their attention was elsewhere, so that I then had to seek permission, and explain my presence at the back of their classroom, for each new class.

In health and social work, too, there were consent issues over written records. Within health this was a matter of taking the issue to another committee, as I had asked for permission to look at written records in the children's, and parent/carer's consent forms. Within social work this was more difficult as they felt that the consents that I had did not cover the records that they kept, since these also might contain reference to other family members. As this was late in the fieldwork I made a decision not to go back to each family where I knew (from LA records) that there was some contact with social workers, since interviews had all been completed by this time and I knew that many had not mentioned this involvement. It proved another thinking point – was this about participants sense of worry or shame social work involvement? Or perhaps they did not see the relevance to the project, although we had discussed as an open question which forms of 'support' had been involved with them. The level of social work contact with each family that I was able to establish via social services is given at the end of Appendix iv, the 'Shifting Need' charts.

Location, participants, and fieldwork – describing the research field
Southaven is a large (approximately 1000 children) secondary school along the south coast of England. It sits on the outskirts of its small city location, and has a broad catchment area taking in a wide spectrum of children. During the period that the fieldwork was taking place, Southaven was going through a period of change. The senior level staff with responsibility for special educational need and inclusion were both new, and there had been little changeover or prior information about the children in their care, due to the timing of the changes. The school underwent an Ofsted inspection immediately before I started fieldwork, which had not gone well, and many of the early stage morning briefings had an element of bolstering the disheartened staff's morale. The school did not use the term 'additional needs'.

I spent an initial 6 weeks at the school, for three days each week, with two separate year 7 form groups, in my mode of 'observer-as-participant'. My introductions to the two groups

were quite different, where the initial form tutor simply told the group that I would be spending time with them, while the second form tutor implied to them that I would be watching their behaviour and informing on them. My role in fact was to try and do nothing, as far as possible, to interfere with the 'normal' affairs of the classroom, so that when asked by the SENCO if I would help with discipline, I had been firm that the only time I would intervene was if children or staff were in physical danger. However my presence did have an effect. Although children are used to having an extra observer in the classroom, they were surprised to find that I wouldn't react and 'take an adult side' to behaviour, even where a teacher asked for my help. This was a painful position for me to be in, since I did have classroom experience as a teacher and felt awful about leaving some teachers in what was clearly distressing situations for them, where children would not do as they were told, left the classroom and reappeared at will, and in several cases broke out into violent fights. On one occasion, during such a fight, I did take on my 'adult side' and intervene. From the children's point of view, my non-interference was sometimes, I worried, an incentive to behave more badly to see if I would react, but often a reason for them to try and include me in their pass times, offering me sweets, showing me their work, asking for help with spelling, grinning at me when something funny happened in the classroom (or once when I dosed off during a lesson!). This is not to suggest that I was an honorary child, but I felt that I had been tested and found acceptable. The observer-as-participant, rather than participant observer, allowed me to view the interactions between adults and children (as well as adults with adults, and children with children) as 'cleanly' as was possible, save using an unethical covert method such as a hidden video camera, while at the same time I could then shift positioning at will from the child's view at the back of the class, to the teacher's view in conversation later.

A second influence on my positioning, however, was to do with data collection during observation. In the first instance I tried to avoid taking notes in class, since this would interfere with my ability to watch and experience what was going on. During breaks, and at the end of the day, I would then write out what I could remember of that experience. School children's days are packed, the school was large and I found it difficult enough arriving at classes on time after my initial guidance from class members had stopped. It didn't work well for me recording my observations in this way, although the notes I made are useful both as aide memoirs and as 'evidence' of events. When I moved from Form A to Form B after three weeks, I started to write more detailed notes in class. This was more helpful for me, but gave the children from Form B the impression that I was an inspector of some sort – this they told me after I had been with them for five or six days. I had to

work hard with anyway to let them know that I was not a spy for their form tutor as she had told them,

Following the initial observation in the classroom with the children, and in consultation with both form tutors, the SENCO, and two lists held within the school which logged special educational need and 'vulnerability', respectively, I drew up a list of 34 children from all of year 7. The reason for including the entire year group was because in observation the forms were split for about a third of the time, so that I ended up observing a much larger group than just the two forms I was assigned to. All of these 34 were on the Vulnerable Students register, out of a total of 88 listed there for year 7, though not all were on the SEN register. Vulnerability, in terms of this register, related to a perceived vulnerability to poor educational outcomes, and 'rated' the children with regards to behaviour, attendance, and learning, in this order of priority if more than one vulnerability was present. It aimed to identify which children were in need at the school and to log any support they already received. There was one looked after child in this group, and one child with a statement of special need. This measure is used here since in fact the children had a wide range of need by which they could be described, but this seemed a common way to look at 'level'. The chart below (Figure vi) displays the listings of the larger group on the SEN register. The gender divide of this group was 12 girls (35%) and 22 boys (65%).
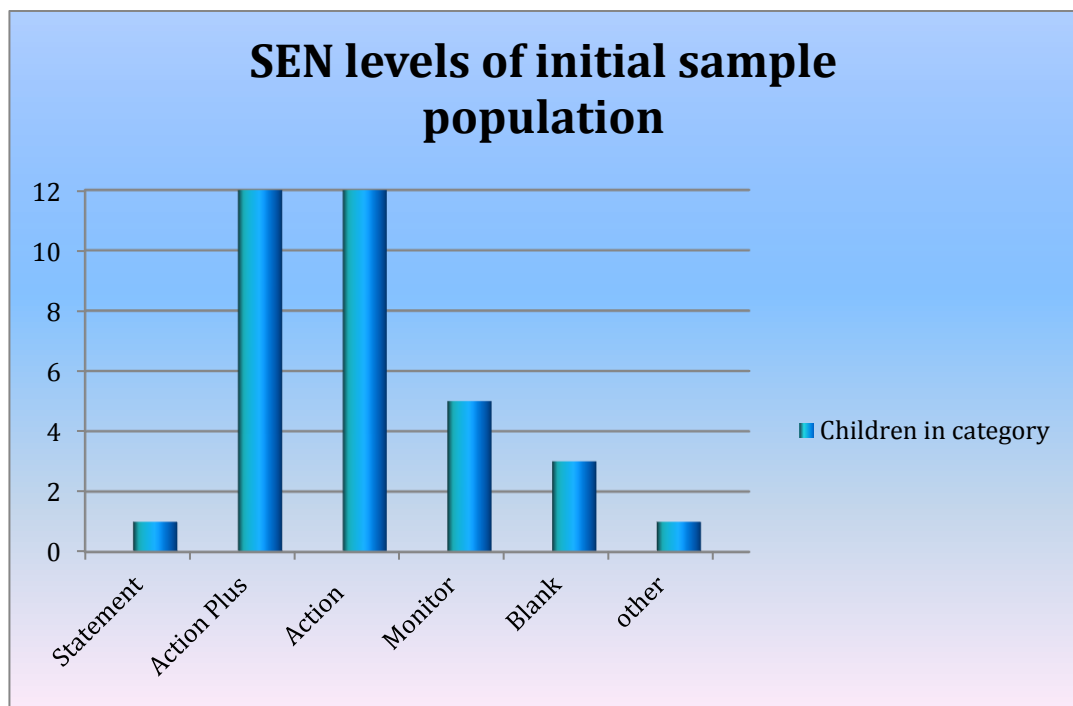
Figure vi: The SEN levels of the sample population

Letters were sent to parents/carers of all these children, asking if they and their child would like to take part. In terms 'negotiating access' to children, their parents or carers stand as gatekeepers, illustrating the construction of children as 'dependent and in need of protection' (Orme and Shemmings, 2010:164). Parents' approvals were essential for the children and in relation to themselves as well, as they too were an integral part of the research design. The letter of invitation said that people were welcome to reply directly to me either in agreement or refusal, and a form and stamped, addressed envelope was enclosed, but also mentioned that if I did not hear from them I might call to check whether they would like to take part (Appendix vii). I had eight direct positive replies using this method, and a few negative replies. From these eight confirmations I wanted to purposefully expand the group, and through direct contact with parents of children who had been in the initial observations, the group expanded to 12. This purposeful sampling helped to include some additional children who I had spent time observing and others, such as Natalie, were invited because of their particular positioning (in her case as a child with a long term Statement). The recorded, and unrecorded ascriptions of need for the children are shown in two 'Shifting Need' charts, given as Appendix iv.

The twelve children who agreed to take part were 4 girls and 8 boys, roughly the same gender balance as the larger group (33%/67%). Since I have not used any of their real names in order to protect their identities as far as possible, they are known here as Leanne, Dawn, Stacey, Natalie, Jimmy, Alex, Danny, George, Gary, Jake, Martin and Jordan. There were two children from a mixed ethnic background in the group, and they came from a range of family situations. Their living arrangements, in term of parents, are shown in Figure vii.

Children's Living Arrangements
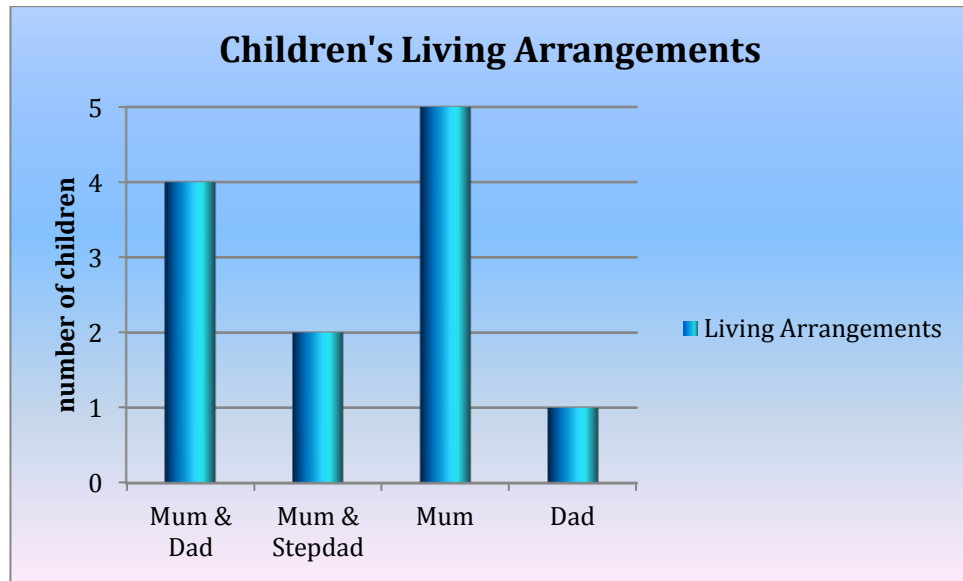
Figure vii: The Parental Living Arrangements of the Children in the Participant Group

I spent about a further four months in school once my classroom observation finished, observing in other areas such as the SEN department, gathering paper data, or speaking with staff. I interviewed 14 of the teachers who I had observed teaching, this included the seven form tutors who had worked with the children, two heads of year 7 (joint responsibility) and five other subject teachers. Further school based staff included the head teacher, most of the senior management team, and staff related to inclusion and behaviour. Parents were met with on an initial occasion for a chat and to discuss the project, and to ensure that consent was given in an informed way. Most of the children were also present at these meetings. Parents told me of any upcoming appointments with professionals, or about any key figures who were working with the children.

The children were interviewed on a separate occasion from their parents (and in Leanne's case, her grandmother as well), with the exception of Danny, who joined in to his mother's interview. Mothers, in particular, did hover in the background of some of the interviews, as will be evident in Martin's interview, although this was not the case with all the children. The mothers of these children were the prime source of parental data about them except in Dawn's case, since she lived only with her father. Three of the other fathers, however, also took part in the interviews, and Natalie's first step-father was present at the initial meeting about the research. There were two mothers who became increasingly difficult to contact towards the end of the fieldwork, in order to arrange the interviews with themselves and their sons. In these cases, I felt that this difficulty was a way of expressing a wish not to be interviewed, which of course, as gatekeepers, stopped me interviewing their children too.

Wherever possible, I attended meetings and observed practice with the parents and children either at the school or outside of it: some of these were multi-professional, others more personal to the child. Appendix iv shows the 'Interview Chart' which lists each interviewee, and the children from the group that they spoke about. Several key informants within the school were formally interviewed more than once, which gave me a temporal perspective on the action within their views. In line with the ethnographic approach, there was a lot of 'chat' with professionals outside of the formal interviews. Appendix v shows the practitioners interviewed for the project, and in Appendix vi, a list of all interviewees is given.

All participants were given information sheets about the project. Separate versions of this had been written for different groups within the research, importantly for the children who took part since the majority of them (8) had literacy or communication difficulties. I read through it with the children to try and ensure that they understood what would be happening in the project, and clarification of the details was offered to all participants. Before interviews took place I checked that participants still wanted to proceed, options were given about being recorded as part of this. Only one participant, an education professional, asked not to be recorded and I took notes instead. One of the children, although agreeing to be recorded, became much quieter once the interview started, leading me to feel that he was not comfortable with the situation. While the adult interviews averaged an hour and a half each, the children's were limited to approximately half an hour although this varied with each child.

The analysis started at an early stage, in thinking and writing memos during the observations and proceeding through the interviews. The tension at the school and the high emotions of both teachers, who were worried about their charges, and parents who contacted me was evident early on. The interviews were largely transcribed for me by two transcribers with experience of working with confidential data, and after initial transcription I went through the majority of the transcripts while listening to the interviews again in order to make corrections and refresh the liveliness of the interviews in my mind, before downloading them into NVivo for coding. Blumer described the analytical process as a creative, flexible 'inspection':

> The prototype of inspection is represented by our handling of a strange physical object; we may pick it up, look at it closely, turn it over as we view it, look at it from this or that angle, raise questions as to what it might be, go back and handle it again in the light of our questions, try it out, and test it in one way or another ... Inspection is flexible, imaginative, creative, and free to take off in new directions. (Blumer, 1969: 44)

This form of analysis works well in NVivo, where the ability to work intensely with a single interview or to search any number of them for key words and phrases facilitates this comparative, 'flexible, imaginative, creative' process. As I began to work with the data, the stories that were told about and by the children were full of feeling, sometimes overtly but often stitched into the thread of the narrative. Since what I was seeing was coming from a range of perspectives, it seemed that to look at it from a similar range of perspectives, linked through their psychosocial approach, was the best way to handle the complexity of the systems and relationships involved.

Therefore, the analysis uses ideas that arise in the work of Symbolic Interactionists such as Blumer or Goffman[29], from the field of Personal Construct Psychology and other constructionist perspectives such as the work of Tom Billington. These approaches provide the opportunity to look at interaction – internal and interpersonal – as a constructed performance whose 'truths', created in personal realities, shape what happens next. As a way to look at what goes on beneath these performances it relies also on a psychoanalytic approach, grounded in the object-relations work of Wilfred Bion: Andrew Cooper, Margaret Rustin and Peter Fonagy feature largely here. There are elements of poststructuralism too, after Hacking, as a way to examine some of the 'othering' processes embedded in this context, that of the categorisation of people particularly. These are positioned within a systemic approach, after Reder, Duncan, and Gray (1993), to piece together the elements that on their own, tell partial, individualised stories, but together create a story of the children embedded in their social worlds.

Concluding remarks

This chapter ends Section I by setting out my methodological approach as one which was essentially interactionist, however, after Hacking (2004), the methodology will also incorporate an analysis of the discourses which help to create the wider social order that interactions are part of. All methodologies are open to criticism as they reflect the personal paradigm of the researcher, and part of the interest of the social world is the ways in which we create these different views of the world. So long as the researcher is reflexive and ethical in their practice, what matters in research is fitness for the task at hand. Interactionism is fit for purpose to help to explore many of the questions posed in this research, but may not allow for the consideration of different levels and layers of construction. In exploring the construction of need, it will be necessary to examine the roles, actions, language, policy, and discourse of professionals, parents, and children. The

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[29] Despite Goffman's protest that he was not an interactionist, his early work is certainly in this mode.

professional participants in the research come from diverse areas of practice tied together by Children's Services, and the children and parents lend a further personal component. Sociologists exploring childhood have used feminist arguments to explain why the children's input is so important to this field: 'Just as women in relation to male-structured social institutions are 'valuable strangers' (Harding, 1992:124), so we can learn from children about the gaps and misfits between their experiences and their positioning in the social order, often taken for granted by adults (Mayall, 2002:2). By using a grounded theory approach to both collecting and analysing data, the ethnographic study allows emerging concepts and themes to be explored within the ebb and flow of identification and definition processes in Children's Services. A strong research design creates the wherewithal to carrying out the methodological plan, but by understanding the likelihood of uncertainty of direction in this complex field, remains flexible to travel where necessary to research the construction of the 'child with additional needs'.

Section II: Describing the child through different lenses: presenting and representing children with 'additional needs'

Introduction

This section starts the findings and analysis with two chapters in which the children, parents and carers, and practitioners present the children through their own views. Later, in Section III, more in-depth cases are discussed, which put the interactional and relational workings between these three groups into a different perspective. In doing this, it will become clear that there are many implicit as well as explicit ways that a child becomes constructed as having 'additional needs', and that it may not be the child's need for support that is fundamentally addressed. In this sectional interlude, two initial frames are identified which require consideration prior to the next two chapters: placing the child with additional needs in a context of 'childhood', and considering 'voice' in the research process.

Placing the child in their social world

The position of adults is powerful and important in constructing particular types of meaning around the child (Galloway *et al.*, 1994). These may be formally noted in a medical diagnosis, an educational label, or a social care or criminal justice category, or they may be informally held as images in people's minds – the badly behaved child, the evil child, the child who works hard or the vulnerable child, for instance. However, the part that the child plays in this meaning-making is less often seen in terms of power or action. Just as the adult works from a position of anticipation of events, with a corresponding emotional reaction which influences the ways that situations and people are understood (Blumer, 1969), so does the child. And if power is approached from a Foucauldian perspective of 'relationships of power', then the child can seen to be acting within a realm of power as well: 'in human relations. . . power is always present: I mean the relationships in which one wishes to direct the behavior of another'(Foucault, 1984 in fornet-betancourt *et al.*, 1987: 122). Acknowledging that the child is not powerless, although their use of power may appear less than helpful to the professionals or parents around them, is an important step in unpicking the strands that make up the ways that a child becomes known, what I come to call the *meaning-labels* about the child.

Earlier in this thesis I discussed the different paradigms which shape the way that practitioners and parents view children. Children are seen as developing, on their way to *becoming* adults or citizens, and education strives to prepare them for this. Within this

view, competency and agency is gained with age. A different approach views them as *being,* that is, as a child in the moment, an active person who has a range of capabilities and competencies within their worlds (James and James, 2004; Williams, 2004; Uprichard, 2008). However, viewing the child as both being *and* becoming, as Uprichard (2008) suggests, opens up a prospect of perceiving the child as active and competent within their own temporal space, while still acknowledging the developmental aspects that mean that this is a very changing, as well as often challenging time.

Within this space, like adults, children are affected by what goes on around them, and their perceptions of situations may alter according to their past experiences. These may then influence their own actions, and communications, in this space. Their becoming, or striving for adulthood, may influence the ways that they present themselves to others – including myself as the researcher.

Different voices, different 'needs'

There are moral and ethical dilemmas built into hearing and reporting what is said by research respondents. Tom Hall writes, referring to ethnographic research in social services, that practitioner-participants are often keen and ready to talk about those who use their services as it is in some ways built into the job, but that 'one should not confuse this kind of 'openness' with transparency' (Hall, 2001: 52) as, for example, there may be political expediency in presenting clients in certain ways. Different professions have different types of accounts to give as part of their work, for instance social workers need to 'justify their decisions' (White, 2001: 100) to clients, to the courts, and to other professionals. Parents may also be used to speaking about their child in different ways, sometimes personal, sometimes political, depending on their audience. But within these discourses, while people represent others they also present information about their own selves, either directly or indirectly, for instance, the father of one girl in the study was speaking about home/school communications about her, and how the constant calls about her misbehaviour made him uncomfortable enough to stop answering the phone. "It has got more or less now to the point when they phone up now, she done this, she done that, you just don't want to hear it or pick the phone up." *(Dawn's father).* In fact, he told me that he had bought several phones so that he could screen and avoid calls from the school, as two other parents revealed as well, a form of what Reder, Duncan and Gray call 'intermittent closure', avoiding contact with professionals, 'each reoccurrence coinciding with periods of increased stress' (Reder *et al.,* 1993). When interviews are viewed as interactions, then the layered qualities of communication, the different voices and intent, can be explored:

> It requires a peculiarly simplistic model of the individual to suppose that people necessarily speak with a single voice, or are able to give a coherent account of their lives and conditions, or have an unshakeable grasp on what lies in their best interests. (Dyson, 1998: 9)

With this multiplicity of meanings in mind, 'listening' to children may not be the same as hearing what they mean to tell you, and writing about what they say may present them, but not represent them. Providing 'voice' and 'vision' is often seen as a legitimate aim of ethnographic research with vulnerable children, but results may be mixed: 'the interviewer acts as a tool through which 'voice' can variously be released, distorted or inhibited' (Corbett, 1998: 59). Nonetheless, within a perspective which thinks of children as active in the creation of their worlds, the best way to find out about them is to ask them, and then to be careful to try and re-present them in the research in a way that demonstrates their knowledge of their worlds. Mayall emphasises that this is 'knowledge', as opposed to a view or opinion which she sees as more fleeting:

'I use the word 'knowledge' rather than 'perspective' or 'opinion' because in this chapter I want to draw attention to the temporal features of understanding. The word 'knowledge' implies something derived from experiences in the past; people reflect on these, build on them and arrive at a body of understanding, commonly in process of revision' (Mayall, 2008: 109). Although the children who took part in the study were 11 and 12, there were clear demonstrations of this knowledge and its temporal and social nature, for instance in the reflective way that Martin was able to describe how he was learning to cope at school:

> Tish: It sounds to me as though you almost think well, school is school and, you know…
> Martin: I do now, but I used to just hate it, I used to think it was horrible!
> Tish: but you're feeling a bit easier about it now?
> Martin: Yeah, cause I'm doing stuff outside, mum's doing the [parenting] course – which has just finished – that helps me (wryly), and you (to his mum) um, and then I've been helped at school.

From children and young people's perspectives, 'being heard' can be important to a sense of self-worth. For children with disabilities, this can be far from the case, and is sometimes the result of adults making assumptions about them in advance, as a young man in Jenny Morris's *Accessing Human Rights* describes below:

> When you are a disabled child, assumptions are made that your life is lacking in quality. These assumptions are made as soon as you are born and are used to justify discrimination. The kind of discrimination you experience as a disabled child - the lack of being heard - carries on into adulthood. It is a reflection of how we treat disabled people in general, within our society. (Telesford in Morris, 1998: 3)

This low sense of self-worth can impact on the ability of vulnerable children to communicate what they really feel, if they are not used to being listened to or believed (Corbett, 1998: 61). Telesford goes on to say that what disabled children need are people who have a 'willingness and desire' to hear their voices; to find out what it is they have to say about their lives and needs (in Morris, 1998: 3). The children in the project went a step further and explained how being listened to and heard made them want to work better and to open up, gave them a feeling of being respected and valued. Jimmy described his relationship with one of the school's behaviour assistants:

> he's really fair. he listens to what you are saying. If you do something wrong instead of shouting at you, he gives you a warning. He says right you can walk around with me for the rest of the day or you can have a choice. You can ring your mum tell her what has happened and you go home. I say I will walk round with you first. He asks you, if someone won't give you their name he will go Jimmy, do you know their name? (*Jimmy*)

Within my work then with all the voices, child and adult, in the research I have tried to be the respectful listener, but within this, in the analysis, to understand the layers of voice that each person, including myself, presents.

Chapter 4 Defining your selves: young people and their families

Introduction

This chapter will begin to explore the ways that the participants within the families in the research described the children. It will look first at how the children spoke about themselves, and follow with the ways that family members spoke, or in some cases wrote, about the child. Description in this case is a way of defining how the child is seen, thought, or felt about, and is fundamental to the process of identification, assessment, or diagnosis of 'needs'. It can be seen as a form of story-telling, a performance of the speaker's own internal narratives that shape their perception of the child, or themselves: 'Implicit in every narrative performative is the double contract, '*Listen*, and I will tell you *a* story'' (Maclean 1988 cited in Langellier and Peterson, 1993:61).

Narrative description can be condensed by respondents to become the more specific labels which are used for each child. These labels are used in different ways. They may be thought of as clinical definitions of behaviour or health problems (ADHD or diabetic, for instance), they may have administrative purposes in allocating resources within a service (e.g. in education, 'action plus' or 'statemented'), or be a form of shorthand to remind adults about a child (vulnerable, or BESD). For the self, they may be ways to define goals, for instance, 'I want to be *the best* at football', 'I want to be *in control*', and as part of this, defining what you currently are not. They start to describe the ways that people choose to see themselves and others.

However these choices may not always be conscious, reasoned, or objective. The educational psychologist Tom Billington refers to this sort of descriptive talk about the child as a 'representation' (Billington, 2006b), a term which might be understood as implying some sense of speaking *for* the child. Instead many labels describe the ways that people feel *about* the labelled and the situation that surrounds them, and with this twist on 'choice', they may become matters of 'subjective judgements, based on the beliefs, interests and needs of those who do the labelling' (Galloway *et al.*, 1994: 106). They become about how one group chooses to define another, objectifying rather than objective, and become significant in starting to display the complexity of needs amongst adult and institution as much as for the child.

Children speak about themselves and their lives

The ways that people describe themselves to another can be a reflection of what they want the other to see, what they think the other wants to hear, a reflection of how they see

themselves, or a combination of these things . Goffman stressed the moral component of this presentation, stating that it 'automatically exerts a moral demand upon the others, obliging them to value and treat him in the manner that persons of his kind have a right to expect….The others find, then, that the individual has informed them as to what is and as to what they ought to see as the 'is'.' (Goffman, 1959: 24). For the children in this study, self-description can be seen from an interactionist perspective as an externalisation of the internal interactions which help to actively form their identity. Blumer wrote how Mead stated that the self is an ongoing and active project, 'it would have to act upon and respond to itself – otherwise, it is merely an organization awaiting activation and release without exercising any effect on itself or on its operation' (Blumer, 1969: 63). Self description also reveals the ways that they feel others see them, and it is important here to reconsider the research relationship between an adult researcher and child or young person participant, described in more detail previously. There is inevitably a power dynamic involved, and a concern that the young person may feel it wisest to present one type of self to you, or that it is easiest to tell you what they think you want to hear. But just as in a counselling relationship, asking a question that tries to confirm if your understanding of meaning is correct can give the person being interviewed the opportunity to refute that meaning, a check for their own interpretation of a situation. This was often the case with the young people in the study, who were quick to correct me if they thought I had misunderstood them, that I had their view of themselves or their situation out of kilter.

While adults often used specific labels to describe the ways that they perceived particular children, as I will discuss later, the young people who were interviewed were more likely to describe themselves in relationship to other people or events. Firstly, they described themselves in relationship to the ways that they feel others see them, for instance, Jimmy's assertion that he didn't get along with some teachers 'because they don't like me', quoted below. A second form of description was around the ways others behave towards them. An example here is the way that Leanne said some behaviour by other children in her class – fighting and pushing a teacher – made her feel:

> Nervous.
> *[Tish: nervous, yeah.]*
> Made me want to cry really. (*Leanne)*

The final form was around the ways that they saw themselves. Jordan described himself as having "turned around" this year, "I was very bad at the beginning of the year, I was quite bad in most of my lessons and I turned round, and now I've become really really good". Jordan chose to show me this empowered, moral view of himself as having been someone

who had taken control of his behaviour. The children's view of their own self was often, again, connected to peers, family, community or events, and sometimes was in connection to a perceived condition or problem.

Reputation and reasoning

The three forms described above were often combined within statements. An example of the ways these combined was given by Jimmy, a boy who spent much of his year 7 out of school on official or unofficial exclusions. When asked what he didn't like about school, he thought briefly before replying:

> Umm…Teachers. [*Tish: teachers?*].. I don't get along with most of them.
> [*Tish – Why?]….* Because <u>they</u> don't like <u>me</u> – I don't like people telling me what I can and what I can't do. Most teachers, because they know about me, they know I am going to react to what they say so they say something, I react to it, then they get me excluded. Same as my last school, I was always reacting to everything and then I got expelled, I got kicked out of the whole school *(Jimmy)*

He felt that he was disliked by teachers, and that he didn't want to do what was asked of him by them. He understood the ways that his reactions were used by them to get him removed from their classes, or kicked out of the school. He defined himself here as not liking to be told what to do, but in other circumstances also described his willingness to cooperate where he felt people did like and respect him: in the pupil referral unit, with his girlfriend who would not put up with violence from him, with his mother who did listen to his side of the story, or playing football, "Never lashed out on the pitch, football" *(Jimmy)*. Jimmy spoke about how he felt that his reputation meant that he was picked out by teachers and the police as 'a bad kid'. It was about being known, and the decisions that were then made about you:

> I just think they pick me out once they know he is a bad kid, he must have done it. The same with the police, once they know you they don't give a shit. *(Jimmy)*

Stacey also felt that teachers based their view of her on her 'bad' reputation, rather than giving her a chance to show that she can manage her friendships in a way they feel is suitable for school:

> Because, like they, my reputation's really bad, they don't like really trust us anymore, and also like even when I come in good they have to split me up straight away and it gets really annoying *(Stacey)*

Dawn was good friends with Stacey. She too carried a reputation, and explained that in her view it was because she spoke out to teachers when she thought they were being unfair to her friends, who she calls her 'children'. She knew that this wasn't acceptable behaviour to teachers:

I get regarded, it's because I stick up for my children? it is because I say 'that is well out of order!' but you can't! [laughs a little nervously] that's the problem… but I've stopped it now. *(Dawn)*

Dawn's assertion that she had 'stopped it now' may have been meant as reassurance for me, but also may have been a way of reassuring herself that she was able to change. Dawn was clear that, although her own behaviour might not always be 'good', adults were also culpable in the classroom; their attitudes 'mirrored' her own:

Well. The teachers drive me crazy
[Tish – Yeah? Why?]
Because they have an attitude - they think we have an attitude but you just got to look in the mirror at them. *(Dawn)*

Dawn's perceptions of the teachers as acting hypocritically reflected her view that at times they were unfair and unreasonable in their views of her. Martin felt that some teachers wouldn't admit to being wrong, and that as a young person he was powerless, only an object to them, 'like a car', without a voice that would be heard:

Yes, 'cause like when you say something, they think oh no, that's wrong, that's wrong, and I go, no it's right, and they go, no it's wrong, and the teachers still saying no it's wrong, wrong, wrong, you shouldn't do this, you don't have the right, and they think they like own us or something… Like a car, they own it, it's just like, they boss us all around all the time *(Martin)*

Jimmy felt that the social context of his life was important to how he acted, and described how he saw the need to be tough as part of the process of gaining respect in his community:

The way it is around here is about who the top dog is, well, not quite who the top dog is, no one knows who the top dog is, like, whereas if you shake their hand it looks like you are scared of each other, if you have a punch up the other person knows not to annoy you again and not to say things. Then you shake hands after. *(Jimmy)*

Jimmy explained emphatically that although violence was part of his perceived world, he did not see it as random acts, that there was 'a reason' behind it, something to prove:

It's just something that kids do, if they, like they want to prove, like, that they can do some damage to people – but, they only do it for a reason. *(Jimmy)*

Dawn described how she'd rather not be at school, but she could see that there was a point to being there, a reason to be 'good':

The reason I have been good is because like, I want to be a hairdresser when I am older and I want to get the grades to be a hairdresser… so that's why I started being good *(Dawn)*

She wasn't keen on reading and excused this by telling me how busy she was: "Well, I used to read but then, I got better things to be doing than reading … you know how it is [smiles]". She did like making things at school, and told me excitedly – "yep yep yep yep yep!" – of a long list of things that she had created and brought home from technology.

She saw herself as having a lot of friends – "I could be here all day if I go through all my friends!" – and they were important enough to her that she would go against what she thought was right to please them, even though she knew it would get her into trouble.

> I am not saying that …it's … right, because if there is five on one alright I am sorry, I am not, and then they all say yeah right, it's out of order? They all go, right, slap her slap her, it's so awkward! You know you are going to get in trouble the next day but sometimes I don't think, so I have to say I'm not an angel? *(Dawn)*

Difference and diagnosis

Jimmy, Dawn, and Stacy didn't see themselves in terms of a condition or being 'different', but some of the young people did. Martin had a diagnosis of ADHD and felt that it made him "out of control". He spoke frequently about control as an issue, mentioning it eight times in his interview, four of these referring specifically to 'controlling it' – his condition – and medication as a way to do this. He felt that his reactions were subdued because of the medication, but was angry because 'everyone, even the girls' would use this to put the blame on him for their own wrongdoings:

> and then, umm, when, umm, they do something and it hits the teacher or does something, and the teacher gets angry and ends up that him or her goes 'who was it', and they go, and everyone in the class points at me, everyone, even the girls, yeah. *(Martin)*

Martin had more problems with losing his temper at home then he did at school, but his medication seemed to be, in his mind, about school, and the need to control 'it', (rather than his 'real' self), while he was there. After describing some of the side effects of taking them, he went on to say that despite that, "the good thing is it helps me control it….It helps me to <u>sort of</u> be good at school, at the same time". Martin didn't quite see himself as good, only 'sort of'. While telling me that it has helped to have teaching assistants with him, he stated that part of the helpfulness is to stop him from irritating teachers.

> She's just like given me people in the classroom, like, um, helping assistants, just to sit next to me and help with the things I don't understand
> *[Tish: Right, ok. Yeah]*
> And *[smiling]* don't annoy the teacher so much! *[both laugh].(Martin)*

While Martin was unhappy about being 'out of control' as he saw it, Danny, another boy with a diagnosis of ADHD, was keen for me to know about aspects of his behaviour that

could be seen as his stories of himself, and that others might call 'out of control'. In this case Danny was interviewed with his mother, whose idea of what I might need to know was not always the same as Danny's:

> Danny: do you remember what I done to the dog, and the cat and the fish…
> Mum: oh, when you were little. But I don't think …
> Danny: tell her
> Mum: What, that you painted? Yes well he painted the dog..and
> Danny: both of them!

Danny wanted me to know about the things he had done when he was younger, such as "I set fire to underneath my bed", but he then seemed to become concerned that this was too 'out of control' a picture, and brought in another child as a comparison: "I bet <u>he</u> has done more things than I have". Comparison was a way for the child to both differentiate themselves from others but also to call in a common ground of difference, as Leanne demonstrated when she spoke about a friend she made once she had transferred to a special school:

> Umm, my friend Jenny, she um, like, she's.. sometimes… she's on special needs, like me, but she's got different ones and … I like it because everyone, cause they got the same as me. *(Leanne)*

So the ways in which the children spoke about themselves described aspects of their lives and relationships, and used some of the labels that it is likely that they had picked up from the adults around them – moral labels such as 'bad' 'good' or 'annoying', condition based labels such as 'ADHD' and 'special needs', storytelling phrases such as 'I've turned it around' or 'I'm out of control'. They described the ways that others reacted towards them, blaming them, picking them out for their reputation, and some of the ways that others behaviour and feelings towards them affected them, either in helping them or in making things worse. Although an interview can be seen as a specific performance for a specific audience, it can be seen from the ways that the children depict themselves here that these things are important to them: 'in ways large and small they matter' to them (Stone 1988 cited in Langellier and Peterson, 1993:50). Jimmy's picture of himself – as someone who was known as a bad kid, blamed for things, picked out and kicked out by the police and education, as someone who didn't like to be told what to do and reacted quickly, who wanted to earn respect in his community the way he knew how, by being tough, a 'top dog' – seemed difficult to escape from and was re-enforced frequently in his daily encounters with others. The ways that those adult 'others' described the child affected the decisions made about which paths of care and/or control the children would be offered – or required to follow.

Those who 'care': parents and others present their child

'Care' is a word with more than one meaning. It can be about worry and concern, about looking after something or someone, or about taking something seriously. What all of these have in common is their link to what is expected of adults in families; they care for, and about, the children who depend on them for this. From this position of care, parents and other carers are expected to best be able to 'know' their child, and to be able to explain to their needs to others. The relationship between parents or other carers and professionals in knowing the child 'best' can be an ambiguous and sensitive area. Much government discourse in recent years has been around the parent as the primary 'knower' of the child, reflecting the relationship of belonging and intimacy expected in families. For instance, the guidance for parents of children in need of help in school, *Special Educational Needs (SEN): a guide for parents and carers* (DfES, 2001, 2009)[30] states in bold headlines: 'Remember – you know your child better than anyone.' (2001: 7) and 'You have an essential part to play because you know your child better than anyone else.' (2001: 17). However this knowing is unofficial, personal knowledge, it only holds weight to a certain point before the authoritative view agrees, or supercedes it: 'Once *it has been decided* that your child has SEN'; 'an assessment of a child's educational needs, *based on specialist advice*'; 'You may feel disappointed by the *LEA's decision*, but *continuing to disagree is not always in your child's best interests*' (2001: 8, 12, 35, italics added). This places the parent in a position of powerlessness, of inaction, where their knowledge has been discounted and where resistance is (nearly) futile. Galloway et al refer to the unequal balance within the 'partnership' between parents and professionals in this 'assessment culture'. Parents, holding knowledge only about their own families, are the weaker partner compared to those whose professional role is to deal with many children or families.[31] The act of becoming a professional involves an interweaving of expert knowledge into professional actions in a way that the professionals themselves can become unaware of – an assumption of power which is difficult for parents to counter (Galloway *et al.*, 1994: 76). Martin's mother expresses this in describing what happened when Martin started at Southaven:

> And in secondary school, when he got there, they said that he was ok for three
> weeks and I'm thinking, yeah, I'll just wait, just wait, because I know my son, and

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[30] The 2001 version was in use when the fieldwork for this study took place in 2007. The 2009 version is almost identical but has some government terminological changes, ie LEA instead of LA, DCFS instead of DfES.
[31] There will be a further discussion of the relationship between the parent, the professional, and perceptions of the child in Chapter 7.

> then after a month of being there, the teacher actually wrote down on a note that it just seemed like he just exploded, and I'm like yeah? and he looked at me as if to say, you know, well she's not surprised, she's not saying anything, what's the problem with this mother, and I'm like, yeah, I know. And it was like, yeah, I've heard all this before, I've done all this before, I know all this, but no one would listen to me *(Martin's mum)*

Her feelings that the teacher thought 'what's the problem with this mother', although she had been proved right 'but no one would listen to me', starts to uncover the difficult relationship between being the carer, dealing with professionals, and describing the child who may need extra help. From this starting place, then, what knowledge do parents and other carers present to the authoritative table, and in what ways did they present their children in the listening space of a research interview?

The ways that the parents (and in Leanne's case, grandmother too) spoke about the children can be seen on three different levels. Firstly, they spoke about the conditions, behaviours, and feelings of the children – a focus on the individual. An example of this was from Jordan's mum: "He is quite an aggressive child in nature, quite an angry boy and he went to CAMHS probably when he was about three years old which was quite a young age". Secondly, they described the child in relation to the family, their closest social context. This was at times about how they had affected the family or individual parents, for example where Danny's mum described his erratic sleeping patterns: "it's only now and again it gets that bad where he sleeps until quarter to three. Then he is all back up to normal again and I think 'oh my god what's this! here we go'". Often it was to compare them to their brothers or sisters. Finally, the children were described in relation to the wider social: in school, out of school, within their relationships to other services meant to support or control them. Descriptions at all three of these levels were often *defensive* – either defending the child from their world-at-large, or defensive of themselves as parent figure, by placing the blame for problems within others, including the child themselves.

Individualising the child

It has often been suggested (e.g. Timimi, 2005b; Conrad, 2006) that one of the benefits of medical labelling of problems is this potential for shifting the onus from a moral basis (this person is bad) to a fault driven, victim-of-the-body basis (this person is ill). For parents with children with a medically identified condition, this was clearly the case. Three of the boys in the study (Danny, Martin, and Gary) had been diagnosed as having ADHD (Attention Deficit Hyperactivity Disorder) and were under the care of CAMHS (Child and Adolescent Mental Health Services) because of this. Two of the children (Alex and Leanne) had a label of Autism. In these cases, some of the defining of the child was concerned with

the label itself. For Leanne's mother and grandmother, and for Danny's mum, the children's diagnosis was perceived as linked to 'lying' although they showed this differently for the two children. Leanne's issue was that her perception of things was unusual, and therefore she would 'make up' things. In response to a comment about Leanne having a good imagination, her mum replied, "Yeah, lots of lies! [all laugh]". Her grandmother then explained this somewhat bleak statement, "Well, it's probably not lies in her sense, what she believes and what she makes up, whereas J[32], J's different, and like Leanne . . .if they listen to something on the television, she thinks that's going to happen to her, or it really did, it really is going to happen", a 'difference' based answer inferring that Leanne thought differently to her sister J because of her Autism. Danny's mother, in contrast, didn't see it as an alternative view, but simply that he was lying because he had ADHD, and children with ADHD lie: "he said that a teacher had grabbed him and everyone in the class said no they didn't. I don't... know if that is the attention deficit disorder as they do lie more often than not". Danny, who was there when this was said, was still firm about what had happened.

Not all description that focused on the child as an individual was about being less able. Danny's mum was able to see that, despite professional suggestions about how to get him to stop setting things on fire, he had instead stopped through his own motivation, "but he has sort of changed himself". Natalie's mother spoke with pride about her daughter's artistic ability:

> It's like with Natalie, she loves to draw, you can look at the books and sort of draw from just looking at it, she loves that, she's very creative, she'll sit there and do it for two or three hours. She draws such pretty things and she's just getting better and better and better, you know, and I say when you leave school you really got to go do art and design technology. I think she'd do well in that. *(Natalie's mum)*

Just as the children's own description were often over-layered with connotation, here Natalie's mum was reflecting not just on her daughter, but on her own ability to provide books and art materials, having described how she herself had grown up in a difficult household with very little, her own mother had been ill, and she had left home as soon as she could at 16.

Natalie was given a statement of special needs for SLCN (Speech, Language, and Communication Needs) in her reception year, and Danny was in a long, school based

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[32] 'J' was Leanne's younger sister. Where other siblings, children, or adults are mentioned, I have used an anonymised initial in place of a name.

attempt to get him a statement, but where parents were trying to get a statement for their child without a single medical, behavioural or learning label to hang it on, they often used language of these areas in the description of their children. For example, attempts to receive a statement of special needs for George had been refused and were being appealed. His parents spoke about him in terms of learning difficulties and conditions, speaking about the genetic testing that had shown a family based difference, occupational therapists reports of dyspraxia that they felt were ignored by the school, and the panic attacks and anxieties that often made school difficult for George. Dawn's father had moved back to the family home after mum had left the four children and was now the sole carer. He described her in terms of behaviour and mental health, for instance: "I always think she has got mental health issues as well, I mean no one sits up in their bedroom and talks to themselves and answers themselves back and that tells me", and "I think she has got a lot of attachment problems, I think she has got a lot of anxieties, and I think she has got a lot of anger inside of her, a lot of it, I am afraid to say I don't think we have seen the worst of it yet, the worst is yet to come." He painted a very negative picture of Dawn, she "just destroys everything", "She won't learn she can't", "She should have been statemented a long time ago really but you know."

Some parents used a condition to defend their children, to redefine them. Jimmy had gone through puberty at 8 and had a more adult appearance than most of his contemporaries. Jimmy's mother and father emphasized that really he was still a young boy, with very immature thinking processes:

> Mum: So this is the problem. Cos at one point they said that, umm, his learning ability was, was it that of 9, and he's 12, and his body is that of a 15/16, so his bodies that of 15/16 but his mind's still 9… So every so often, Jimmy has moments where he's upstairs and he plays with his cars. He does do it, doesn't he?
> Dad: He's still got the child side, the age what he should be.
> Mum: But obviously he's not been able to deal with… *(Jimmy's mum and dad)*

Painting a picture of a child in terms of their behaviour or emotions wasn't just about acting out, there were also the quiet children who didn't cause disruption at school. Leanne's grandmother and mother described what happened when Leanne moved from primary to secondary school, having failed to get appropriate help during her primary years:

> Grandmum: And then that was somebody else's problem, because she wasn't disruptive and if you ask her she will just lie and say 'yes, I'm fine, I'm fine', and then come home and break down and 'oh my god, it was awful, I'm never going back again'

Mum: And hurt herself.
Grandmum: But they [the school] never saw any of that. *(Leanne's mum and grandmum)*

Locating the child in the family

Within the family, a different child *can* be seen than the one who is at school. However, this shift of vision worked in several different ways. Sometimes a child who was perceived as 'quiet' or 'manageable' at school showed a much more troubled face at home, as described by their parents. Leanne, Martin and Gary were three such children. Others were described by parents as showing the same sorts of behaviour at home and at school. Alex, Natalie, Danny, Dawn and Jordan fitted into this group. Lastly, some children were described in a much more sympathetic way from the perspective of their home lives. Jimmy's parents described him as little and confused about his age, as well as helpful around the house, as a boy who was 'naughty' for reasons, rather than 'bad'. George's parents saw him as a child with disabilities, compared to the school's view of him as a manipulative troublemaker. Jake and Stacey also fell into this group.

It was surprising to me that home and the family situations that had been particularly difficult were not used more often to describe a child, their emotions or their behaviours. Jordan's mum and Stacey's mum were the only two who did so. Stacey's mother, who was not a native English speaker, had spent nine months in a Women's Refuge with Stacey and her sisters, just previous to Stacey's late start at Southaven. She was able to reflect on the way domestic violence – including her fleeing at one point, leaving Stacey behind – might have affected how Stacey was behaving at school:

Mum: I think it's because she got a very, very, very, very bad start, you might say. She's grown up in a very bad situation, you know? [*Tish: Yeah*] I think she – I had one time, I think two years ago, when I left my husband, so it's not that... it's not just because of that, she thought I had gone, and then….
Tish: Was he Stacey's dad, your husband?
Mum: Yeah, yeah, yeah. Yes, he is, so before, because she was younger…. You know, sometimes you think they won't know because she was so much younger, so now I know, she remembers <u>all</u> things ... *(Stacey's mum)*

Stacey's family was not the only one in the study with known or presumed violence, or parents who had abandoned their children. In over half the cases, professionals hinted at this or parents made a remark in the interview that suggested it. However, only Stacey's mother made a direct connection by describing her daughter in relationship to this difficult time, and how, even though she was young, 'she remembers <u>all</u> things'. Jordan was portrayed as defending his mother when others had called her names, a situation which

combined elements of the family within the social as well as showing how emotions shape the view of the child. He was upset, both angry and sad, a little boy trying to care for his mum:

> He has had to stand there and have children call me names and stuff like that, really nasty names, and he will explode basically and end up fighting and come home very angry, which means he won't speak. He is too angry to speak at the time, he will just sit down and I have learnt now that he needs 10 minutes to sort his feelings out and calm down and then you can go and speak to him. Once the anger has subsided, the crying, the tears, the sobbing and whatever else comes with it - the adrenalin goes and the upset comes up, he gets quite angry and then he gets very sad. *(Jordan's mum)*

Within the parents' descriptions of the child, the family was more likely to serve as a source of comparison. Other children, or even aunts, uncles and cousins, or the parents themselves provided this comparison, a normative positioning for the child which related both to one child being considered 'normal' while the other was therefore 'abnormal', or to conditions or behaviour running through families, making it normal for the family against a larger picture of the social world. In the cases where more than one child in the family had been cause of concern, some parents compared their treatment at school or in health or social care. This latter case of comparison applied to Dawn. Her father spoke about how one of her brothers, who had received a higher level of support, had been in less trouble at school than Dawn:

> ... I think it was near on 20, plus all the seclusions [Dawn's exclusions]. B never had no seclusions. He had a few detentions. That was it. Her problems at school are more severe than B's and he was statemented you know, so where is the justice. *(Dawn's dad)*

Danny's mum used the comparison to Danny's brother to show how hard Danny's 'abnormality' had been for her, Danny was "just not nice! not normal. My oldest is such a complete different child compared to Danny, I don't know what hit me actually! It was a 'oh my god'!". Jordan's mum compared him to his brother in terms of similarity rather than difference: "He is also quite negative. He is very much like his older brother in that because he can't do anything he won't even try rather than try at all and do something". Her feelings that her sons 'won't even try' contrast to Jordan's own assertion that he had turned things around at school in this year, very much a case of having tried, and in his own terms, succeeded.

Representing the child in the social world

The ways that the social world of the child and parents figured in descriptions of the children could be seen as a case of 'us' versus 'them', often an emotional defense of the

child or their own parenting. For most of the families, the school was foremost in their minds when they discussed the children, though this may also have been related to their perceptions of the research being linked to the school. The one exception to this was Jimmy's parents, who also spoke about Jimmy positioned within the YOT (Youth Offending Team) and the police. They used humour to deflect from the seriousness of Jim's perceived criminality:

> Mum: It's like with everything though isn't it, because it's like, we've been to the police station once or twice
> Dad: A week!
> Mum: We've actually got Christmas tickets there!
> Dad: Yeah
> Mum: Jimmy's got his own room. *(Jimmy's mum and dad)*

This jokey tone covered up their concerns that the young boy they often saw was not being treated appropriately for his age. They described how he had started mixing with a crowd of older children at the end of the previous summer, and had gotten involved with burglary:

> Mum: But when, Jimmy, he was with a crowd of kids that had these burglaries, there was mobile phones, computers, camcorders, there was all these things stolen. Jimmy took a Tamogotchi.
> Dad: A toy
> Mum: This is where obviously, and there was money taken as well, but Jimmy had taken a Tamogotchi and he'd hid it under his bed and they'd found it. But that's the sort of thing, that's where the child bit of Jimmy comes in. *(Jimmy's mum and dad)*

 This labelling of the child as 'young', and by connotation more un-knowing or innocent, helps to both defend him and create a different picture of him within the social. Jimmy's parents wanted to portray him as "naughty", a normal way for children to be, and they did so 19 times in the course of their interview. Many of the parents used the term 'naughty' to describe their child, or to describe other children who had problems following school rules. Martin's mother also used this term as a contrast to Martin's 'medicalised' behaviour, that it wasn't just normal, naughty behaviour. This way of showing, a transmission of their feelings about their child through the ways that they represent them to others, creates an alternative way to see them: 'discourses do not simply describe the social world, but categorise it, they bring phenomena into view' (Parker, 1992: 4).

Many of the parents spoke about how they felt schools had failed to address their children's *real* problems. For them, unaddressed learning difficulties, when the children were younger or currently, underlay their child's poor behaviour now, a shift of

perception of blame from the child to the professionals. For instance, Jimmy's father had mentioned how when Jim was younger he had begun by joking around in the classroom to cover up his difficulties with reading and writing. As he became older, and more frustrated, this behaviour became less of a joke. But still:

> It didn't seem to me like they linked his learning difficulties to behaviour, that's what I think, and it was obvious it was, you didn't have to be Brain of Britain to see what the problem was, but I don't think in schools, they didn't seem to see it. *(Jimmy's dad)*

Danny's mother also linked his escalation in difficult-to-deal-with behaviour with his problems with learning, describing the behaviour as 'coming out' because he was lost in the classroom: "this very bad behaviour that is coming out of him, it's because of his learning difficulties which was the main problem in the beginning and because they are not being dealt with the behaviour is coming out" (Danny's mum).

While some of the children were coping with school and life in general, this did not mean that their parents were happy with the way that not only schools, but other Children's Services areas, were managing the well-being of the child. Alex's parents were both teachers themselves. She spoke of the importance of using a child-centred approach, and how not having a label had meant that 'quiet' Alex's needs were often overlooked:

> We're not necessarily asking for labels, so much as we're asking for things to be identified so their needs can be put into place and people can cope a lot better as well as the child, that's all you're asking…..and yet the institutions generally don't want to even…. 'oh no, he's alright, he'll be ok'. No, that's not fair, you don't look at a child like that. *(Alex's mum)*

This defence of Alex's rights to support, in the face of attitudes that they had found neglectful was not the only one amongst the parents. Leanne's mother and grandmother both felt that in year 6, her teacher failed to acknowledge Leanne's problems because she had too many other things to deal with in the classroom. Their quiet Leanne, 'my little girl', missed out:

> Yeah, but it's not our fault Mum, the whole of [the local housing estate] go there, which was sort of the impression you were given, that all the naughty kids from [the estate] were there so my little girl couldn't get the help she needed because she wasn't naughty and throwing chairs. Leanne sits and be quiet. *(Leanne's mum)*

Parents expressed their anger with some professionals, not just with school but with multi-agency working. After a meeting at the school, Danny's mother defended her son against 'knowing' that was 'not-knowing':

> how can they talk about a child that they don't really know - apart from the bad behaviour, that is all they know. I don't know how they can sit down and talk about something that they don't know about. None of them have tried to get to know him, as such, all they know is Danny has got bad behaviour and that is what they focus on. They are not bringing out the good parts in him and you know, they can't just sit there and talk about him to any extent because they just don't know! *(Danny's mum)*

In her eyes, Danny had 'good parts' which were generally ignored and certainly not encouraged at school.

But describing the child through the ways that professionals did *not* know them was also a defensive positioning, a way to save face. This emotional defense was demonstrated by Martin's mother. She described how she felt before Martin had a diagnosis, that, as a parent of a child without a medically labeled condition, CAMHS was putting the onus on her, 'here we go'. They would see the truth of 'what he's like' if they took the time to investigate further:

> I, they didn't say, but I had the feeling by just the way people looked at me and their manner and the whole, here we go, that here's an overprotective mother or umm, she's just a neurotic mother who's…um….*[Tish: Yeah]* And it used to frustrate me, the fact that …um, I said well come to my house then and my friends even said, well we'll come with you and we'll tell them what he's like. *(Martin's mum)*

The pictures, then, that parents used to describe their children varied from the loving to the pained, from blaming medical conditions to blaming professionals for the things that had gone wrong with their child. Only Stacey's mum expressed her concerns that the troubled home life that the family had endured had had a direct effect on the way her daughter was. Dawn's equally disturbed home life, in contrast, had made life difficult for her father, and at times he spoke about Dawn as a burden: "it is Dawn that is holding me back". Jimmy's parents never mentioned the domestic violence in their home during the interview, and dad's own experience of jail when he was younger, although spoken about in the interview was not used by them to construct Jimmy's own 'tough guy' behaviour. What was evident was that all the parents here felt that they knew their child best, although this did not always mean that they knew what to do with their child to make life better for them. Parents still have to depend on the practitioners of Children's Services - education, health, and social care - to fulfil their professional roles in helping the child.

Concluding remarks

A 'family' is a single entity, however families are (generally) made up of children and parents, or other adult carers. These two components create the dynamics within a family

through an interactive process, both affecting the other in ways both favourable and stressful.

> The child and parent will elicit feelings in each other and both will attribute meaning to their experiences within the relationship. Thus, each evokes responses from the other in a reciprocal manner, through interactions that are influenced by personal qualities of each individual and by other relationships and events. (Reder *et al.*, 2003:5)

Reder et al speak about the *meaning* elicited within families, and this meaning generates the stories that are told to others, and told internally to the self, stories that shape the perception of the self. When Martin spoke of himself as 'out of control' he was telling a family story, a story which also included his father dealing badly with the professionals who were trying to assist the family, and his mother 'losing it' at times:

> And I'm trying desperately, and I'll lose it, and that makes me feel bad, because I've lost it…. It's not physical, it's never… I don't throw things… It's just, I shout, and it's like, I did warn you to leave me. *(Martin's mum)*

Although the entire family may have been prone to temper outbursts, it was Martin who was given, and had taken on, the *identity* of ADHD, with its associated regime of medication and medicalisation, its reputation for troublemaking and abnormal behaviour. While 'the family' is an imprecise concept (Fox Harding, 1996) it is not only a site for social control to be exercised by society's institutions (for instance, the police, schools, or social workers) (Rodger, 1996) but has also been co-opted by these same institutions as an instrument of social control itself (Smith, 2008:30 citing Donzelot 1979). Parents are expected to police and discipline their children, turning them into competent, well educated and responsible economic units, a form of what Foucault termed 'governmentality' (Foucault, 1979). If parents fail to do this, blame may be alleviated by shifting it to the child instead, often in the form of a mental health issue.

The children's stories showed their active role in constructing their lives, as 'competent, contributing social actors' rather than just 'objects of adult work' (Mayall, 2000: 248). Although the violence he was using to achieve it was counterproductive in its outcome, Jimmy's construction of himself as a hard man in order to gain respect was understandable given his family, his physiology, and his social circle. Danny's insistence that his mother tell me the things that *he* wanted me to know showed his involvement in the systems that thought he was completely out of control. However, to say that they are social actors in their own right does not mean that they are not bound into the systems and the structures in which they live. As Mayall puts it, 'children emerge both as competent actors and as heavily controlled and subordinated' (Mayall, 2002: 248).

Parents' stories were also shaped by these systems, and often controlled by them as much as the children were. Attempts to gain some sense of power in their lives affected both children and adults. The institutions in which children are meant to, or forced to, take part – schools mainly, but also CAMHS, social work, and the YOT for instance – have different ways of wielding their control over these families. In this next chapter, Children's Service practitioners tell their stories of the children and of the families in which they are situated, since, although the child may be their expected focus, the ways in which parents are seen by these services can have a major impact on how the child is perceived.

Chapter 5: Taking a professional view

Introduction

In this chapter, the ways in which the practitioners and professionals in education, health, and social care described the children from the study is explored. The 'professional view' of the title may be the views of an individual who works as a professional; equally it could be understood to mean the view <u>from</u> a profession, such as social work, teaching, or psychiatry. In these senses, this chapter starts to examine the ways in which professionals and practitioners expressed what they felt they knew of the child, through their actions, their understandings, and their emotions around them. Blumer (1969) suggests that interaction takes place through a veil of individual interpretation, and through this, definition:

> The peculiarity consists in the fact that human beings interpret or 'define' each other's actions instead of merely reacting to each other's actions. Their 'response' is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. (Blumer, 1969: 79)

This interpretation based in personal meaning shapes how their pictures of the children are formed, and then transformed, as new information, layers of meaning and emotion join existing impressions.

At secondary school age, most practitioners who work with children only get a snapshot view of the child, seeing them for an hour here and there. For teachers this might be daily or weekly, for health or social care workers these meetings might be much further between. As a short period of interaction, the snapshot of the child can provide a partial, biased, or fractured image of them – although every picture tells a story, a limited picture requires an imagination to fill the story out. The sociologist Diana Gittins points out that family photographs set out to portray a chosen description of an event: the holiday without the rainy bits, the smiling and happy children. On the other hand, they are used by the police as evidence, or as a mug shot for the criminal (Gittins, 1998:131). They can also disguise, and she writes of how her father made her smile as he took pornographic pictures of her as a child (Gittins, 1998: 7). The older a child becomes, the more this partial picture becomes the case for parents too; Martin's mother said of the suggestion by teachers that Martin used his ADHD as an excuse not to do work: "he may do it more at school, I don't know because obviously I'm not there" (Martin's mum). Parents will have their memories of child-past to colour their current visions, but for most of the practitioners beyond primary school, this long term relationship will not be in place. Professionals for the older child instead use a compilation of these snapshot experiences

and those of others, told to them through formal sources such as meetings, case files, letter and reports, through parents' stories of the child, or through others people's more informal stories which are related in places such as the staffroom and the pub. For example, one form tutor described the way that he had found out about Jimmy's potential placement at the pupil referral unit, saying that this was the 'obvious' place to have heard it:

> Yes I have heard about that, but obviously it was round my mate's house. It's like my mate over the road, he is one of the TA's, I went round for a beer and he was telling me about that. I actually met [the Head of Year 7's] husband, he told me, he was round [the TA's] house. Yeah, that's how it works. *(FT2[33])*

 They also use their own experience, or their ideas of what the child is like. When asked to describe Leanne, her new form tutor at the special school commented "As I say, I can't do a lot, because as I say, I haven't spent many hours with her, I've just met her and spoken, you know, that sort of thing", and then proceeded to describe her behaviour and the intentions of her behaviour:

> But she, the crying, she came in, she cried, she made a scene, when mother went the tears stopped. [Tish: Right, ok] She wasn't particularly anxious…mm, but I think if she doesn't get her way… It's one of her strategies that she's learnt, and also she's a self harmer, which we haven't seen in school, but we've seen from other pupils, it is, a common, a fairly common thing, but the majority of self harmers are therefore, it's to make a statement, and usually have their injuries on show. It's the ones that don't that are the ones that we worry about. *(Special School FT)*

 According to an interactionist psychological approach such as personal-construct psychology, people's opinions of each other are shaped by their own past history, such as their schooling and training, and the emotional journeys of their life (Kelly, 1963). In this way, professionals' constructions of both the child and the problem can be seen as based on the partial, snapshot pictures that they receive, and create. Decisions about the child, both in the immediate and in the long term, may be based on these representations.

In this chapter I set out some of the themes which emerged from the ways that professionals spoke about the children. Although it would be tidy to divide these *professionally* into education, health, and social care, the reality is more complicated than this for two reasons. Firstly, professional categories overlap – for instance, the family support workers, school nurses, and educational psychologists in this study worked directly with the school, often from the premises, but also could be considered as having social care and health based roles. Secondly, ways of talking about children overlapped

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[33] In quotes I abbreviate Form Tutor to FT.

professional categories, so that teachers and his YOT probation officer both spoke of Jimmy in terms of a 'lost cause': "I'd be very surprised if he sees his 16th birthday at home" (Assistant Head, Behaviour), "a sad sense of inevitability" (YOT probation officer). Instead, the ways children were described can be seen as different areas of focus: on education, on the moral and social world, and on the embodied, emotional self.

Educative portraits – the child as a learning project

The right to an education is enshrined in the Human Rights Act (Ministry of Justice, 2006: 46) and 'the important relationship between educational achievement and well-being' (ECM, 2004: 8) has been a theme which has run throughout New Labour's period in government. Schools are the primary site for this sort of education for the young, and the location of much of children's time. Many professionals experience, or think about the child, in relationship to the community of the school. Form Tutor 3 was a music teacher whose form, at the start of the year, had included Jimmy, Dawn, and Stacey. She spoke about George's 'low ability' and compared it to Dawn's behaviour, relating it also to the affect it has on the class in general:

> FT3: Umm, George is another one who… he's very low ability…and consequently he can be Dawn-like actually, stubborn and refuse to do things, very disruptive, likes to disrupt the others, but I think again, that's just drawing attention away from his inability to keep up with the others….He hasn't been in a lot of music lessons lately, umm, because he's been on a reduced timetable, and … umm, I've been quite pleased about that because the class has done so much better without him in there
> Tish: Really, it's made that much difference?
> FT3: Really huge difference, because he normally disrupts B, and B is very loud, and then they all start going loud.

This way of viewing the child, as a disruption to the other children and thus the community of the school, was a common view for many school staff of George, Dawn, Jimmy, Stacey, Martin, Gary and Danny.

The school figured in other ways in thinking about the children. The family support worker who was working with Dawn expressed the view that school was an important place for her, and a way to talk about her friends:

> But she's very, very often, even if I've given her space to talk about lots of different things, you know, for it to be quite open, she'll very, very often go back to talking about school and what she does at school. And what's going on with the other girls particularly at school. *[Tish: yeah]* So she'll often choose to talk to me about that *(Family Support Worker 1)*

Dawn 'choice' to speak about school, and her friends who she saw there, could have been a deflection from the difficulty of her home life. The family support worker commented that her aims for Dawn were to give her some space to talk about her life, "and you know to stop for a moment and be a bit reflective, and to give her a chance to think about it and...And to think about the things that are good about her too, because I don't know that she has very much of that, I'm not sure that she does" (Family Support Worker 1).

Academic ability was used frequently to describe the children, particularly in relationship to difficulties with learning. Natalie, who had a long term statement for speech, language and communication difficulties, was defined by her form tutor as knowing about her problems, but because of this, being able to rise above them: "So she's very well motivated in the fact that she knows she has poor literacy levels" (FT6). This form tutor spoke again about her as "very well motivated", as "trying to push herself", but also discussed how she had been taught to be so, repeating five times in the discussion how Natalie had been taught to be these things because of her statement. She implied that as a result of this good teaching, Natalie was doing well enough in literacy at least to only be considered 'poor ability' rather than 'statementable':

> From a literacy point of view I'd say that umm, if I didn't know she was statemented, I wouldn't believe she had to be, because, maybe from a maths point of view, absolutely, but from a language point of view, when she does language with me, umm, she's quite confident, and she has really, she's obviously been taught lots of strategies on how to deal with her low literacy, ummm she always copies things down from the board, when I don't ask her to, she'll just do it of her own accord, so she's always got the vocabulary she needs. *(FT6, modern language teacher)*

This 'preferred story' (Billington, 2002:6) about Natalie, one which chooses explanations for the child which fit with the teller's own perspective, begins to clarify some of the reasons behind some children missing out on receiving the help that they needed. Billington discusses how particular powerful voices are able to dominate the narrative of a child's need, and that the school has a strong hold on this narrative. The community paediatrician who had seen four of the twelve children in the study expressed the view that this was often the case, although it wasn't learning problems but children's behaviour that dominated their narratives. She felt learning needs were often missed. Jimmy was brought to her attention towards the end of year 7 as part of her statutory duty when a statement had been applied for:

> I met mother, and again it was a very long story about how he hadn't been recognised, and I, I couldn't understand, again, how we hadn't been involved when a kid gets to this extreme – I think we thought he had specific learning

> difficulties – and we were just shocked, that the...we do feel that specific learning difficulties is an area of weakness within education. I don't understand how it's diagnosed, I don't understand when it's diagnosed. SENCOs tell me they do a screening test from 6 years onwards, but, um, I'm at a loss. It was very clear, talking to him, that..his..education hadn't made any sense to him at all, and that he started acting up around the classroom, and then it got to something more serious altogether, like, um, substances, and um... *(Community Paediatrician)*

She spoke about him in terms of her 'shock', and that of her team, at not having been involved earlier, as well as at her puzzlement that, although it was clear to her that 'his education hadn't made any sense to him at all', this was not the story being told in the statement application. George was also identified by her as a child who had struggled because his educational needs had been discounted in favour of other stories: "I suppose, with George what we're trying to say to the LEA is, we're not sure that you've fully identified his special educational needs…. I'm just sorry that George went through the whole of his primary school struggling" (Community Paediatrician).

The terminology of 'weakness' was one that was used often by teachers to describe children (or whole classes of children), and several times was used by other professionals to describe gaps in educational processes, as in the quote from the paediatrician above. Half of the children who participated were spoken of directly as being 'weak'. In most cases, this was to do with learning ability. Dawn was one child who was described in this way by three separate teachers. Her mathematics teacher saw this as a reason for some of her behavioural issues:

> And there's plenty of, some social skills going on sometimes, she can be quite charming when she chooses to be, but she's got a real problem with access to the work and getting started and she's weak, and she must know she's weak….And therefore she doesn't really want to get started and demonstrate to everybody that she's this weak at her work. And we've got all sorts of issues with that. *(Maths teacher)*

Dawn's mathematics teacher opening contention here could be seen as talking about her strengths, although he downgraded her social skills from 'plenty' to 'some', using 'sometimes' and 'quite' to make them less central to her picture. Her real problem, as he saw it, was to do with accessing the level of work that was expected of her. As with Jimmy, her inability to carry out the expected work was seen by this teacher as the cause of her challenging behaviour. This view of Dawn, as misbehaving because she couldn't do the work presented to her, was held by others too: "We felt that Dawn really struggles at school academically and, and I think a lot of Dawn's problems, it's because she can't do the work, she doesn't want to look stupid, so she acts out" (Social Worker, referring to a meeting with a community mental health nurse).

Another of the teaching staff, the behaviour lead professional in the school, thought her
weakness was more pervasive – academically, emotionally, and dispositionally:

> She's weak, unfortunately. Again, know the home, for an older brother, brothers.
> One older brother, great, absolutely superb, and all credit to him because,
> because it's not easy at home. Another one, oh dear, all sorts of problems. Dawn
> is more like the one that's got all sorts of problems. She's, she's weak
> academically, she's weak emotionally, she's weak in character and so she, yeah,
> just, will be dragged along umm and I say, she's in a, she got in that group of five
> and I just think to her that will probably be her main achievement this year,
> which is so sad. *(Behaviour Lead)*

He spoke of her weakness in relationship to her 'known' home and family, where one
brother had risen above the problems to be 'great, superb' while Dawn and her other
brother have got 'all sorts of problems'. This particular professional felt that Dawn's moral
weakness had led her into getting into trouble, 'dragged along', and that Stacey was the
strong ringleader here: "Dawn is really weak, and so is… to be in Stacey's gang gave, has
given Dawn amazing – kudos is the wrong word, I was thinking, kudos for herself… yeah,
well, it feels like she's done something because she knows she's weak…She's so weak."
(Behaviour Lead). This belief that Dawn was weak, while Stacey was strong, was contrary
to Dawn's social worker's view, that Dawn was the strong one here, leading the others:
"Yeah, and she's the leader of it from what I can make out" (Social Worker). This split
opinion, between Dawn or Stacey as the strong or weak child, was reported by three other
practitioners.

Dawn, Stacey, Jake and Jimmy had all had to move forms after Christmas. Stacey's new
form tutor had met her before and felt he knew her and thus how to deal with her:

> Now, fortunately I teach Stacey science anyway, so I know Stacey's very…Stacey
> very well. Now if she had come into my tutor group and I didn't know her, there
> would have been immediate confrontation – [emphasizes] and she <u>came in</u>
> confrontationally. But of course as soon as she arrived and realised this was my
> tutor group she was coming in and she already knew me, I was already her
> science teacher, it made it harder for her to be confrontational, because over the
> time I've been here I've learned her weaknesses, her strengths, her pitfalls and
> the ways I can twist her round my little finger *(FT1)*

His story of Stacey is also a story of himself and how he saw (or portrayed) his strengths in
the classroom. His emphasis of how there could have been a confrontation, and then
indeed, he said 'she came in confrontationally', allowed him to show himself as in charge –
'this was *my* tutor group'. In the end, his superior knowledge of her 'weaknesses, strengths
and pitfalls' allowed him to 'twist her round my little finger', to manipulate her, although
he added that:

> She didn't want to, but she knows I'm her form tutor and she responded today
> when I <u>told</u> her, and - I hope I wasn't shouting, putting on my steely voice - that
> <u>she was going to do as she was told</u>, and she did - she has to. Because she knows
> I am her form tutor, which is good for her. You know? *(FT1)*

At most schools, part of the ethos is that children will do as they are told. Obeying the
teacher and following rules is part of what makes a 'good' student. His actions, his 'steely
voice' and manipulation of her weaknesses, was, he felt, for her own good, rather than his.

Weakness was also seen in some cases as a point to move on from, an area that could be
strengthened. Gary was seen as emotionally weak, lacking in self-esteem. This was an area
where the school had tried to put some help in place in the form of two inclusion mentors
whose roles were to try and keep children in school who might otherwise be excluded.
Late in year 7 Gary was due to see them, although the details were not clear to the head of
year: "He is also going to be doing one hour a week I think it is with [M] or [S] I am not
sure which one. Self esteem building because we noticed that was a real weakness for
him." (HoY7a).

So weakness was a way to define the child's academic ability, but also a way to describe
their personality and their vulnerabilities. This next section will look further at the way
these were described, in relationship to their parents or families, and the moral and social
worlds that they occupied.

Envisioning the social child

The strong division in professional views around Dawn and Stacey, and which one lead the
other, is a starting place for understanding the ways in which individual snapshot stories
and experiences of professionals shape these views. Another source of stories for the
professional was the family, experienced directly through parental involvement, and
indirectly through 'knowing' a family by reputation. For professionals who had worked
with a community for a long time, other members of family came to mind when they
thought about the child. This sometimes brought pleasant images to mind, such as the
assistant head's picture of the 'rough diamond' who may have been related to Leanne:

> Leanne W - the W family we have dealt with before … who am I thinking of, she
> was delightful… [*Tish: What, Leanne's mum?*]
> I can't remember, let's face it I have been here for 16 …. One of the previous Ws,
> she was a rough diamond, absolutely delightful, got into trouble now and again,
> turned out fine in the end. (*Assistant Head*)

Other families that he had known for many years were spun out into generations, like
George's family: "George M, on the other hand, the M family have been coming to this

school for many years and we have dealt with generations of Ms and the spin-off of the M family". In other cases the child was pictured in relationship to 'common' problems or behaviour within a family, as when his probation officer discussed Jimmy's early puberty:

> obviously Jim has got this…unfortunate …physical development thing that he had puberty much earlier than his peers would have, and that is common to his older sister who - ironically I also supervised, and I supervised her on her referral order *(YOT Probation officer)*

Although the Assistant Head knew who Jordan was, he chose to use a description of his family, and more specifically, his father, to present him:

> He seems to be, you know to begin with he was a… the J family were, are odd. Umm, we've had the girl and also the boy. Ummm, Dad's a little, he's a little bulldog, have you met Dad? *[Tish: No, I haven't, only Mum]*
> Oh right, he's, he's got huge forearms full of tats, but he's only about 4 foot nothing and, euuh, a right bruiser, umm, and of course they've had aggravation when their house was set fire to, do you remember? *(Assistant Head)*

The social setting and the implication that Jordan's family background was full of 'aggravation' sets the scene for describing him.

For many professionals, family portraits were painted by parents themselves in relationship to the child. The head of year 7 with responsibility for Gary's form felt that his mother not only compared him to his brother, but encouraged him to behave in the same way:

> I don't know , I think she was a lot like go in and look like your brother. I know his brother did come here but I don't know his brother which I just… you know, I don't know if his brother had a reputation. I assume he did the way she was talking about him but, you know. *(HoY7a)*

This shift of blame for the child's behaviour to the parent was also directed at George's mother. She was seen as not only orchestrating her son's behaviour, but also blamed for creating it, 'putting it onto him' as the HoY stresses: "I am wondering how much of it is her with the anxiety and putting it onto him. I am wondering if there is nothing wrong with him, I am wondering if it is her anxiety being put onto him and he has learnt the anxiety rather than it being from inside." (HoY7a) Her assertion that there may be 'nothing wrong with him', repeating the phrase that she was 'wondering', could be seen as an openness to the child in the present moment – the child as a 'being' – but also leaves out of the picture a long history of problems with schoolwork (which Mum felt had led to her anxiety) and reports from other professionals concerning a diagnosis of dyspraxia and other learning difficulties. Within their own domain, the professional sometimes made their own decisions about the aetiology and prognosis of a child's needs.

Gary's mother had compared him to his brothers on other occasions, within the school and without – the CAMHS psychiatrist noted that "there's a bit of a family script as well, with [brother L] having difficulties and [brother M] having difficulties" (CAMHS Psychiatrist 2). This seemed to become part of the picture that professionals had of him, despite their assertion that this wasn't something that they would do: "And she talked about the older sibling who I don't know, said she could see Gary going that way, but I tend to not get involved in those conversations about older siblings..." (Assistant Head, Inclusion).

For some practitioners, the parents' views of the child and the family was necessary for their work. This was especially the case with medical practitioners who often had very little time with the child or family, and saw only abbreviated pictures of the child. They were then more reliant on the stories brought to them from home and school which could fill out the portrait. Their own descriptions of the child arose from these family pictures:

> and George's mum was concerned about him since his reception year at school, okay...and she reports that he's always been much slower at writing and reading than all the other children in his class. She reports he took ages to do his homework, specifically because his writing was so slow (*Community Paediatrician)*

Where a child in the study had been sent to a psychiatrist in CAMHS around perceived behavioural issues, parent's stories were sometimes dominant because the child was not always seen at every appointment, and their parent represented them: "She presented Gary I think about a year and a half ago as having some major difficulties" (CAMHS Psychiatrist 2). This was not seen as problematic, at least with certain *kinds* of children, 'boys like Danny' for instance: "certainly my sense is, certainly with boys like Danny, one would think, does he need to be involved or not" (CAMHS Psychiatrist 2). Medication was allocated on the basis of the parent's relaying of current behaviour, and the school nurses were expected to do the medical checks in these circumstances: "very often the psychiatrist sees the parents so in fact they don't see the child to do the height and weight" (School Nurse).

When medical practitioners had spent time talking with a child, these views were also used to describe the child, both for diagnosis and within the interview. As an example, a report of a conversation between a colleague and George was in the paediatrician's notes: "George reports that he gets into trouble a lot, and he's the class clown. He states, he messes around in class because he can't keep up with the rest, this is a way of distracting attention away from himself (laughs)" (Community Paediatrician). Her laugh here was at his idea that messing around would distract attention from him, when instead it brings a different sort of attention with it than learning problems would. Although in this instance,

George's view of himself was accepted, other children's views were treated with more suspicion, particularly where a practitioner had other ideas about the child that superseded it:

> Jim has said on more than one occasion that he offends to get at his dad. I don't think it's that simple. I think there is an element of Jim that actually quite enjoys hurting people and being a hard man and that for me is quite worrying. *(YOT probation officer)*

This interpretation discounted Jim's own view and amalgamated the enjoyment in being seen as 'a hard man' to enjoying hurting people. Although it might be that case that in order to gain the respect for being a hard man, you have to hurt people, the element of 'enjoyment' isn't a foregone conclusion. What isn't questioned is why Jim might want to be a hard man, and what it is that he is getting out of hurting people. Furthermore, Jimmy was presented to me by his probation officer as being part of an 'interesting' family dynamic of domestic violence:

> So…Jim is challenging, the family dynamic is interesting. I mean, Mum is a domestic violence victim and the perpetrator, obviously [indicates the dad]… they present it inconsistently. *[Tish: As parents they are inconsistent with each other?]*
> Oh, they present inconsistently to professionals *(YOT Probation Officer)*

Professional's own opinions of the child superseded not only the child's view of themselves, but also that of their parents and those other professionals who had diagnosed them as having particular conditions. Alex's form tutor preferred story of him was as 'fine':

> He's, I think, in my personal opinion, for what it's worth, I think he's a little bit shy, I wouldn't, because whenever I've spoken to him or whenever I've spoken to his other teachers, he's fine in his friendship group, he works fine in a group, he may not be the most chatty in a group that he doesn't know, but then you know, who is? Umm, but he's absolutely fine, works well, is intelligent and you know, he's fine really. So I think a little bit of an over protective mum there….umm, oh, oh, hang on, and I mean he's been observed and stuff, by other people .(looking through papers) ….where has it gone …. I think I've probably given it to [HoY 7a]. But I think at some point she was making noises about him being autistic *(FT7)*

She described mum as 'making noises' and 'overprotective', although Alex did in fact have a diagnosis of Autistic Spectrum Condition, and had been given 'social skills' training both by the local ASC unit and his parents. Her own opinion has been softened with a 'for what it's worth', but as his form tutor her opinion was important as it helped to shape the pictures that other practitioners received of children in her form.

This view that parents' opinions needed to be treated cautiously sometimes meant that professionals felt they were contradicting themselves. Gary's mother told the school that they needed to take a strong line with Gary so that he would comply, since he was inclined to refuse to obey orders at times. His psychiatrist gave the same advice. The assistant head felt that this was not in line with another story his mother told of Gary, which was of a very anxious and scared child:

> You know, Mum was saying we just need to be very firm with him, but then it came out at home that he was very anxious and was sort of not, um..going to another room on his own and not going upstairs. Mum was saying can you go and put your plate away in the kitchen or mum was saying can you put your shoes in your bedroom, he would drag his sister along, he wouldn't even go to the loo on his own, he was asking mum to stand at the bottom of the stairs while he went to the loo, so there was a lot of anxiety. *(Assistant Head, inclusion)*

Given a variety of pictures by Gary's mum, the assistant head chose to think of Gary as anxious rather than obstinate, and with a view of the home, rather than school, as a source of fear and worry. Reder, Duncan and Lucy (2003) state that they feel that the whole point of parenthood is about safety for the child, in order to promote 'the child's optimal development within a safe environment' (Reder *et al.*, 2003:5), but in many professional readings of the social situations of Gary, Jimmy, Dawn, Jordan and Danny, this was far from the case. Dawn's social worker described how this fuller picture of Dawn's precarious life, full of 'huge stuff', started to explain her current behaviour 'kicking off a bit more', both in school, and out of it:

> But looking.. so then, looking at being with the family and looking more, I kind of thought well actually if you look at the history there is huge attachment problems here, yeah…
> With people being in and out of her life, and so, that huge thing… and there's been, you know, domestic violence, and then the brother with drugs. And mum with the drinking problem, so, I guess as Dawn has become settled with just Dad, when things are a bit safer they start kicking off a bit more. So kind of like for me there was huge stuff that had gone on in the past that really perhaps hadn't been looked at or dealt with, yeah. *(Social Worker)*

Although it was clear from talking to parents that Stacey and Natalie had also been brought up in what had been 'unsafe' environments at times, these children were not described in relationship to these circumstances by the practitioners who had been involved with them recently, all school based. Martin was perceived by school professionals as living in a safe, stable, and religious family, yet his psychiatrist saw him as growing up in a tense and risky household: "Mum had to be dragged away from Martin by her husband as she was going to harm him and she was terrified… she made clear she's

terrified by her behaviour, she said she'd been capable of harming him and lost all control" (CAMHS Psychiatrist 1). This issue of the ways that the child is known in their social world by the different adults who work with or care for them arises in ways that conceptualise the problems in the home, or within the child themselves.

Taking part in the social world led to the children being described by many of the practitioners in ways that focussed on their moral selves, signifying their position as 'good' or 'bad' individuals in these professional's minds. Estimations of goodness were more likely within the school when a child behaved well and tried hard: "I am sure she has frustrations, but any that she has certainly don't result in a show stopping performance from Natalie. Or sort of refusal to engage, she will give it a shot, she is a good girl Natalie." (HoY7b) Natalie was good because she didn't allow her frustrations to lead her into bad behaviour. She was pictured as being in control of herself. This same head of year spoke about Jake for different reasons, he was a 'likable' boy for teachers, despite having been involved in a stream of violent incidents from the start of the school year: "Jake has become very aggressive of late, very confrontational. Not with staff, on a one to one basis Jake is a lovely boy, Most staff who have anything to do with Jake really like him" (HoY7b).

Where a child was known to a practitioner for other reasons than their behaviour at school or home, they seemed to be able to describe them in a rosier light. The school nurses had met Dawn at a multi-agency meeting: "She was lovely and brilliant with her little brother. We talked to dad – a little group of us – it was all quite friendly and she was a really good girl, she looked after that baby brother with absolute, utmost patience. He was a handful; I really took my hat off to her with that." The lovely, good girl with 'absolute, utmost patience' is a very different sort of Dawn than most practitioners describe.

The nurses also knew Gary, a boy who was considered by his psychiatrist and mother to have ODD (Oppositional Defiance Disorder), as well as ADHD. He assisted one of them with their study project by taking part in an interview, and they told a tale of him as 'very worthwhile' and 'so good', a co-operative boy who was willing and certainly not 'a waste of time'.

> School Nurse 1: Some of them it is not fair to drag them out of class, they don't want to be here and we don't want them and it is all a waste of time. Not Gary, he was a very worthwhile one.
> School Nurse 2: He certainly was, and I interviewed him for my assessment
> Tish: How did that go, interviewing him?
> School Nurse 2: It was fantastic, he was so good, he loved it. He was quite quiet - there was a lot of body language until we put the tape on, but oh no, he was really great, he really perked up at the end and related really well *(School Nurses)*

The same child could be described in conflicting moral pictures, depending on the perspective of the practioners. Jimmy was more likely to be described in ways that showed him as an intrinsically 'bad' child – "He is horrible" (HoY7a), "a scary character… a very bad influence" (FT 3), "enjoys hurting people" (YOT Probation Officer). He was identified as both someone whose 'scary character' was affecting his peers, "a danger to other kids because of the way he is" (Head Teacher), and also members of staff: "I know he's had a very profound impact on some members of staff, and causing deep unhappiness, even depression" (FT 3).

The Assistant Head with responsibility for behaviour seemed to be convinced that Jimmy and Danny, two boys that the school were finding impossible to control, were a danger to others. Jimmy was "out of control…totally disobedient…". When he thought of them together, his description of the possible outcome of their disobedience escalated:

> But with Danny and Jimmy, I think, I think they could come in knifed up, [Tish: Yeah?] God forbid carrying a gun, Jesus, and I think they'd use it, I think Jimmy would have no second thoughts, he's got those sort of eyes where . . *(Assistant Head)*

Although he let it trail off at this point, the focus on physical features as a way to define *kinds* of moral characters harks back to Cesar Lombroso's 19th century work on the 'anatomy of deviance' (Horn, 2003), and to phrenological readings of morality through facial characteristics.

However not all professionals felt this way about Jimmy. Others were prepared to see him in a different way. For instance, one of the inclusion mentors had met with Jimmy on several different sorts of occasions, but especially when he was on an internal exclusion. Although these hadn't always been easy, she had held her opinion of him as having 'a lot of good in him': "I really like Jimmy, I think he has got a lot of good in him. I think he is lost, I feel that he does not know where he is, or who he is, or how old he is, or… you know." (Inclusion Mentor) She was prepared to give explanations for his unacceptable behaviour based around an idea that he was a 'lost' boy, lost in his crisis of identity while dealing with the dichotomy between an older physiology and a younger mind.

The 'lost child' could be seen, as here, as a cause for sorrow and concern by professionals. The educational psychologist declared "Oh tragedy of tragedies!" when we began discussing Jimmy. However, 'lost' was more likely to imply that the child was a lost cause, beyond redemption, beyond hope. Although this way of speaking was most applied to Jimmy within this group of children, other children also were spoken of, in the probation officer's words, as though there was "a sad sense of inevitability" about their projected

futures. Goffman wrote about people's 'moral careers' as two-sided; not only the internal sense of destination, of self and identity, but also that of 'official position, jural relations, and style of life, and is part of a publicly accessible institutional complex' (Goffman, 1961a:119). The 'official position' as described by professionals often seemed to have ascribed a particular career to a child. For instance, the head teacher described how, because of "their appalling behaviour as a group", Stacey, Dawn, and their other friends were being split into different forms. Stacey's 'needs' were described through her background, as understood by the head:

> but Stacey, her needs are becoming clearer in as much she has an older sister who is in prison, there does not seem to be a father figure around, she is, I think reacting to that, and you can see her behaviour and if we don't arrest this behaviour now she is going to be a big problem later on. *(Head Teacher)*

While there is fact in the statement, indeed her sister was in prison, and her father was not around, there is an implication that a lack of a strong father figure was what was permitting Stacey to run out of control, without a realization that Stacey's father was violent, and they were in hiding from him. Her sister's prison sentence was another strike against her, and she describes Stacey's behaviour as needing 'arresting'. Stacey's moral career, and her needs, were mapped out without a full knowledge of Stacey's story.

Other children's moral careers were also mapped with chosen details, not always to show a picture of the child as a lost cause. Jordan was seen as a boy who had improved throughout the year by many of the teachers at school. Like Jordan himself, they spoke of him having 'turned it around': "Jordan. He has turned it around loads. I really like Jordan although I had to tell him off this morning. He had made a, he just does silly things, it is the first silly thing he has done in ages." (HoY7a). This teacher then told a story about Jordan which could be construed in quite different ways, as a troublesome boy with racist tendencies, throwing stones at Gypsies, and taunting a girl about her dead father:

> He is not in any way near as much trouble, his time outs have gone down, I don't think I have seen him in the Head of Year detention for a number of weeks. He did something silly when we were out on the walk on the downs… *[Tish: What sort of silly?]*
> Just throwing stones at gypsy caravan park because somebody dared him to, and then yesterday he picked on another girl in the tutor group about her dad, saying her dad was like Michael Jackson, but her dad has died and he knows that. So she was distraught so I have had her in my room in the last hour in tears about it. Told Jordan off, Jordan just denied it all. He denied it, but R and the other girl both said he was doing it. It was a disappointment he did not admit to it. But generally he is doing really well and I am really pleased with the way he has

> turned it around. His tutor is and all of his teachers seem quite positive about him as well *(HoY7a)*

The picture of Jordan as having 'turned it around' appeared dominant in the Head of Year's mind, though not necessarily in what she said of him. She chose to describe his behaviour as 'silly', a term implying childishness as much as foolishness – something that can be passed off – in order to retain this picture of him as a morally upstanding, improving boy: a success story.

Some of the children were described as manipulative, as knowingly using 'tools' to create the situation that they wanted. This was sometimes tied to a description of the adults' own manipulation of them, and might be seen as a projection of their own behaviour. For example, his head of year had spent time with Jimmy, and was one of the people that he liked to speak to. She used the term 'slippery' to describe him, ending by naming him as someone with 'serious psychological problems' perhaps because of his ability to explain his behaviour within his own bounded world, to 'justify it all', and to be 'sweetness and light' with her while others judged him as beyond help:

> He is a very slippery character. All sweetness and light, sit in my room and have a lovely conversation and tell me about how …he is not going to change his behaviour, he can certainly justify it all and he has got it all planned out and what he is going to do. He is a very personable young man, he doesn't come across as unpleasant in any way. I think there are serious psychological problems with him. *(HoY7b)*

She then went on to explain how she manipulated him in what could be seen as a similar fashion, feigning upset, and using his warm feelings towards her to get him to behave:

> He is quite astute, he knows how to read people. He knows I am quite a laid back person, I am not going to give him a hard time. But he also knows I would get quite upset and I am very good at 'that really upset me, I am taking it very personally', I am very good at that sort of a front and I don't think Jimmy wants you to take it personally. So if I say come on Jimmy, you know you are going to make me look stupid, you get – oh – because he thinks he is doing you a bit of a favour. *(HoY7b)*

Although it could be said that this sort of manipulation is commonplace between people, where one knows which buttons to press or strings to pull in order to obtain the desired effect, it is curious that it appears to be acceptable for the adults working with the child to behave in this manner – as Stacey's form tutor said earlier, he could twist her round his little finger – but in the child it can be perceived as pathological.

A child's strategies could also be seen as a way to gain some control of their situation. While talking about Leanne, her new form tutor at the special school called some of

Leanne's actions 'tools' that she used to get her own way. She used this expression several times, and implied that it was a way to work people, a knowing act in her view, rather than the result of 'genuine upset': "she cries very readily… And she doesn't appear to be genuinely upset, I think, she appears to use that as a tool"…"Yes, you know I think using her tears and using her sexuality, you know, is a very powerful tool … And using her, you know, whatever, it is, 'I will self harm if I don't', they're very powerful tools and she's used to having, having that." (Special School Form Tutor, re Leanne). The emotions stirred through trying to take an agentic role in a disturbing situation were often uncomfortable for the children and the adults, and the actions damaging. But even where, as in Jimmy's case, the child was seen to be behaving well so as not to upset another, the portrayal of the child in the light of an adult's decision that they were disturbed or deliberately manipulative created a different sort of portrait to work with.

Embodied children: presenting the emotional and physical self

In the above discussion of the perceptions of the children's moral behaviour, it can be seen that the categories of description were again not clean cut. So while her new form teacher spoke of Leanne as manipulative, a morally dubious state, she also was describing her emotionally (as crying, usually a sign of upset or anxiety) and physically (as a girl using her sexuality to get her way). Many would argue that the two are, in any case, intrinsically linked (see, for example, Denzin, 1984; Williams, 1998; Bendelow, 2009). Emotions are signified through our bodies, expressing themselves through the clenched fist of anger, the tremor in the voice or tears in eyes, the relaxed smile and open body language of love.

> Emotionality radiates through the lived body of the person. The study of emotionality requires a conception of the human body as a structure of ongoing lived experience (see Merleau-Ponty, 1963; Plessner, 1970). The self of the person stands in the center of the emotions that are experienced. Self-feelings constitute the inner essence, or core, of emotionality. (Denzin, 1984:3)

John Dewey argued that although emotion is embodied, there is a difference between the *experience* of emotion and the *expression* of it. The ways in which communicative expression of emotion takes place differs according to the urgency of the situation: 'the difference between a mute, uncontrolled "seizure" and the fully controlled and funded expressive gesture which realizes the aesthetic' (Alexander, 1987:138).

Emotions were often used to describe the way the professional saw the child, but the emotions spoken about were mostly negative ones: anger and hatred, anxiety and misery. This was sometimes related to the child's circumstances, so that, in Dawn's case, the

hatred and anger she was envisaged displaying was connected to the 'damage' that she might not survive:

> But Dawn, how can a child survive that damage?
> Two of our highest tariff girls have had exactly the same thing happen to them, and they are just out there, constantly wanting attention. It is very different, the ways they go about getting that attention. But Dawn is just ..like… a ball of hatred. There is so much anger there, and she takes it out on absolutely anyone she can – staff, kids, members of the public, bus drivers, anyone. She is a very messed up hurt little girl who – needs more than I can give her! *(HoY7b)*

Dawn was seen here as something other than the two 'highest tariff' girls, going beyond mere attention seeking. The emotional description both places her as an active 'ball of hatred', and juxtaposes it with a vulnerable, passive image of Dawn as a 'hurt little girl', someone who was drawing from the Head of Year's own resources and needed more than was available. This relating of the child's emotional state to something that the professional was giving them, or at least felt that they were trying to give, also expressed a sense of hopelessness from the adult too, again, this 'sad sense of inevitability' mentioned earlier. Danny's form tutor too felt that she was doing her part, but he was beyond help. The combination of, as she saw it, his anger and his lack of taking part in classes had left him in danger of spoiling, beyond hope, in her eyes: "And I can try and help him but I can't, for him to have to cope with that, to have to cope with being as kind of angry as he is, and be so behind academically now, I just can't see how he'll ever catch up" (FT4).

A few of the professionals described a child through the good effect their presence as an adult had on the child's emotions. For example, the Behaviour Lead for the school suggested that Gary, a boy he describes as 'just emotionally young', was cheered by having an adult acknowledge him in a friendly way, it 'lifts him a bit', 'it raises his spirits':

> So I, yes I haven't done any group work with him, but he's a person that I see around the place and I, I think he likes to know that someone you know will know him and it just sort of lifts him a bit."…"Uhh… and, uhh… I think he's quite, yeah – he's just emotionally young and doesn't see school as a place where he's had a lot of success. So to have grown-ups' saying 'Hi Gary, how you doing?' it's, it raises his spirits. And that's been my role with him *(Lead on Behaviour)*

This vision of the child being lifted or raised up by the adult's attention could be seen as a reflection of the parent picking up the upset child to comfort them, echoed in his description of Gary as emotionally immature.

The image of the small child lost in emotions was also used to describe misery in the child. The community paediatrician spoke about Jimmy in this way, "but this little guy was

unhappy and not coping from way back". Her comment that his problems were nothing new, that he was unhappy, and unable to cope with what was going on, was a view of him never discussed by teaching staff at the school.

Moving up to secondary school was seen as a difficult time for the majority of the children; only Natalie, well supported as a child with a long term statement, was not spoken about in this way. Dawn's social worker saw this as a matter of a lack of safety at the bigger school, and used this to compare Dawn with other children who don't feel safe anyway, and secondary school exacerbates that feeling: "I think it's too big for her, and that's what happens with a lot of kids, once they leave that little primary school, go into that big one, and if they're not safe anyway, they're so unsafe in a big school" (Social Worker). Leanne's psychiatrist spoke of how her parents had applied for a statement at an earlier stage with his help, but it had been turned down. This left Leanne, in his view, 'really unhappy':

> She was certainly struggling with that the first half term of secondary school big time, so she needed that from that point of view. And we just persisted until people took it on. She was turned down for a statement first time ... And she was really struggling, really unhappy, so we had to go back and revamp it all again. And that's…not helpful. *(CAMHS Psychiatrist 2)*

The view of the child struggling miserably without proper support, so that concerned parents and professionals have to 'revamp' applications for help in order to fit the eligibility criteria of these processes, starts to demonstrate some of the other sets of emotion and unhappiness around the child: worried and frustrated parents and professionals.

The emotions of others were also seen as a cause of worry and anxiety for the child. For instance, George's panic attacks were seen as a reaction to the increased pressure of secondary school, where, according to his mother, he felt that teachers were reacting angrily to him:

> And it was at that point that he started to have panic attacks, with tingling in his fingers, and very short of breath and sick, you know, hyperventilating...He was worried about maths, and mum felt that the move to secondary school had precipitated it all, and the teachers had become angry when he couldn't keep up in class. *(Community Paediatrician)*

The inability to keep up – not coping academically – cropped up again in his social worker's discussion of Jake's behaviour since he had begun secondary school, his fighting and ability to disappear from class without the teacher noticing:

> So whatever it takes, they're going to do it, if they've got to be a bad boy, a clown, disappear, they're going to do it, because they don't want people to think they

can't manage the work. Because it's so umm, it feels humiliating for them doesn't it? *(YOT Social Worker)*

She saw him as a boy who was acting in this way to try and avoid the bad feelings of humiliation. This sort of behaviour can be seen as agentic, controlling the situation you find yourself in so as to evade pain, in the short term at least.

Where a child at school behaved in a way that was seen as inappropriate, it sometimes resulted in a very mixed emotional picture being presented. The inclusion mentor described an occasion when she felt that Danny's feelings and intentions were misread by others, resulting in an 'over-exaggeration' of the events by the adults:

> He had this metal thing and was quite high, but not angry high, he was hyper, he wasn't in a rage or something. There was a couple of teachers about and I was just watching, I was just down there, I was looking to see how it was dealt with. A couple of people tried to calm him down and speak to him and tried to get this metal thing off him. He was just twiddling it round you know and was not listening to any adults at all, just blocking everybody out, just 'leave me alone' kind of thing. You could see it on his face, he would not make eye contact with any adults, he just wanted to be left. They were getting closer and closer to him and he was getting more and more agitated. I think somebody got the metal pin off him eventually. After that incident, about three or four days after, I overheard a conversation between one adult that was there at the time and telling another teacher about Danny, and what had happened. They totally over-exaggerated what he had done, like he was waving this metal stick around at people and it really was not how it was at all – 'he is a danger we need him out of this school'. I remember coming back and having a conversation about it, and saying that it is ridiculous, and it wasn't like that at all, and it was just not what happened. It's this culture of living up to your reputation - you know. It's quite frightening in a way that adults can do that, and heighten these students up a level. *(Inclusion mentor)*

Her perception was that Danny had an undeserved reputation, an exaggeration of his sometimes disturbing behaviour by adults, and it was this creation of a picture of Danny that was far more serious than was called for – heightened up a level – that she found far more disturbing.

Danny was a very tall boy for his age, and in some people's opinion this meant that adults responded to him as though he was older, when in reality he was better seen as young for his age. The behaviour lead professional at Southaven seemed hesitant as he tried to describe him:

> Danny, dear Danny, and again, know mother, know older brother, umm, euuh, Danny is... euhh, Danny's very challenged, again very emotionally young, but in a large body, he's, he has - an emotionally young child that if they're small people do sort of respond to them more age appropriate and they get...*[Tish: yeah?]* And

> they are not dragged into things that are beyond their years so readily, whereas the larger kid, who is also emotionally young, because they're larger they get assumed that they're older, more able to cope. *(Behaviour Lead)*

The assumption he describes, that size equalled maturity, or that, in Jimmy's case, physical maturity equalled cognitive maturity – a developmental misjudgement – created a situation for many of the education practitioners where children were treated differently according to their physical mass. Size was seen to equal threat, as when the SENCO discussed how Danny was having a bad affect on other children at the school: "Mmm, because he's so aggressive – big." (SENCO). Larger or more physically developed children were perceived as threatening in a way that an older teenager or adult might be:

> I think that is part of the problem with Danny. I think in a way he is quite intimidating, he can be, so some people think back off it's not worth it. Don't want to, it is silly because he is a 12 year old boy, but he can be quite threatening. He is very tall, a big boy and he gets very angry. I felt slightly threatened by him before and then thought hang on a minute, this is a 12 year old boy *(FT4)*

Smaller children however were seen as 'little'. This was about being young, but also was a term which was used ambiguously, implying a lack of credibility or esteem, in the same way that 'silly' was. Gary was a smaller boy, and despite his resistant behaviour at times, was not viewed as a threat by the school staff: "I think Gary doesn't command the same sort of respect, may be because of his build, he is a lot less an impact" (FT2) . The smaller child was seen as 'less an impact' on the school routine and on teaching staff: seen as more controllable, if not more biddable.

Gary's littleness was also the source of talk led by a professional view of the child. The school nurses felt that his size was of medical concern, enough to make him 'appropriate' for them to keep an eye on:

> Gary is a very good example because when we first saw him he weighed 25 kilogram's which isn't very much for a year 7 boy. He is not terribly tall, but 25, you get that in reception sometimes, but anyway that is the reason he came our way and he would have been an appropriate one for us. *(School Nurse)*

Jimmy's physical development was a common topic of discussion in the multi-agency meetings at the school, where it was raised in connection to his relationships with older girls, perceived as sexual. Sometimes the tone seemed to verge on the admiring. One of the heads of year 7 commented that Jim's early puberty was a source of bafflement and dislocation about his age: "yeah, I think they think apparently he has got the hormones of a 16 year old in an 11 year old's body. If it was a 16 year old it probably wouldn't raise quite as many eyebrows." (HoY7a). Her phrasing, 'I think they think apparently', seems to

express a disarticulation about Jimmy, an inability to communicate clearly about him as well as a confusion about his position in terms of development.

When Children's Service professionals other than education spoke about the children as young, this seemed to be more about their age, as in 'only 11 or 12' rather than about how they should be acting more maturely: "obviously a lot of the kids that come here are quite, might be a bit anxious, resistant, worried, scared, you know some of them – Jake's really young, isn't he, and they don't really know what we are, who we are" (YOT social worker). In fact, in several of the children's cases, it was the ways that they were trying to be more mature, although in ways that were disapproved of, that were getting them into trouble: Jimmy and Jake's criminal behaviour, Stacey and Dawn's lewd comments to members of staff. They were seen as very young to have had to deal with the very difficult situations that they had lived through or were in (the two social workers, the probations officer, one of the CAMHS psychiatrists, the community paediatrician) or were described as young in terms which seemed sympathetic to them, for example, Jimmy as the 'poor little boy'.

The mismatch between the children's ages, development, and the expectations that teachers in particular had for them to behave in what they felt was appropriate ways for a secondary school child led to many of them being described as 'young' or, again, 'little'. The behaviour lead at Southaven used this kind of description for several of the children. For Danny, "Umm, Danny is a young boy who's frustrated, a little kid that's throwing his teddies out of his pram quite frankly", and for Dawn, in conjunction with four of the other children: "She's young, she's emotionally young, you know, she would, you know, like Gary, like George, like Leanne, like Danny, euuh, she could be in a little group". The 'little group' was a reference to a proposed group for children whose behaviour (as indicated by their primary school) looked problematic, and where they were expected not to cope with the secondary school surroundings. A single group where these 'young' children could be in a more primary-style class – essentially a partial segregation from the rest of their peers – was hoped to provide a more contained environment to both help the children to catch up academically, and to enculture them into the permitted ways of being at secondary school.

Other children were discussed in terms of their development being other than 'normal', as being abnormally young. The behaviour lead said of Leanne, "Leanne's tiny. Tiny." – a stress which didn't relate to her physical size, but to her perceived developmental stage. For one form tutor who taught music, some of Dawn's difficult behaviour became more understandable once she saw that her co-ordination was 'like a baby'. Dawn's anxiety about her social standing outweighed any need to ask for help:

> You know, when I had a chance to work with her on music, I noticed that her
> motor co-ordination is just, you know, not twelve year old, it's more like a baby,
> and she can't do it, and if you can't do something you'll practice every avoidance
> technique under the sun, you know, because I think that her standing amongst
> her friends is really important to her. And she doesn't want to lose face in front of
> them and she… she'd rather actually behave the way she does than lose face in
> front of her friends, and admit that she can't do something. *(FT3)*

The teacher here implied that avoidance techniques were inevitable if you could not
succeed at something, rather than there being an expectation that Dawn might want to
learn, and get help to do so. This may have been because of her baby-like status, unable to
ask for help as a 'normal' secondary school child should.

Leanne, whose position on the Autistic spectrum made some forms of communication and
understanding difficult for her, was often described as being merely 'young' for her age.
Leanne's form tutor at Southaven described her as 'very childlike, very immature' as
though she were a grown woman misbehaving, rather than an 11 year old girl.

> Yeah, and her behaviour got worse. To start with she was always very well
> behaved, but because she is very childlike, very immature, could not really cope
> with being in this big school, did not really know where she was supposed to be,
> and she got more and more anxious all the time. *(FT4)*

The behaviour lead spoke about her as though her problems were only to do with her
immaturity, an inability to cope with the other children being 'horrid' because she was 'a
wee little thing' and 'emotionally very young':

> Leanne, well, Leanne is, again I know the parents, umm, very apprehensive,
> Leanne hasn't been in school for a while, you know. And she is emotionally very
> young, and euuh reacts – well, people upset her very easily, you can say
> something, and children can be horrid to each other… They can say the most
> terrible things and bless her she's a wee little thing and she gets upset.
> *(Behaviour Lead)*

His mention of her parents at the start, as 'very apprehensive' implied that they were
making something of nothing, keeping her from school because of their worries, rather
than because her 'upset' needs to be taken seriously. His protective interjection of 'bless
her', the small sensitive child amongst horrid others saying terrible things, emphasised his
view of her as small and defenceless.

Concluding remarks: Professional voices, professional stories

The philosopher Ian Hacking describes a 'five part framework' (Hacking, 2006: 305) of
elements necessary to categorize people into 'kinds', classifications that he discusses in
more clinical, diagnostic terms such as autistic, obese, or mentally ill, but which can be

applied also to the stories told of the children in this study. It takes certain *classes* of people, *individuals* to fit into those classes, however loosely, and *institutions* to hold the classifications into place. It takes *knowledge* about those kinds of people, and *professionals* to be the arbitrator of that knowledge (Hacking, 2006: 288-9). This chapter has begun to show how Children's Services professionals use 'kinds' of children to help create shortcuts to what becomes a broader picture of the child – the weak child, the young child, the silly child, the hardworking child, the evil child, the 'poor little' child. These are not formal classifications in the way of a medical or learning label, but work within a space of meaning-making and are better called *meaning-labels* as they portray the child's meaning to the labeler. Through this a judgment is placed on the child's ability, on their social or moral character, and on their embodied selves. It has shown some of the competing views about the children, demonstrating the looseness of fit into these different formal classifications and meaning-labels, and the difficulties that professionals can have with the competing discourses about a child:

> But again, the speech and language therapist put me in a difficulty, you know, she read it through and she said are you sure it's not just mental health issues, or learning difficulties, has she really got social communication difficulties, could you account for this in another way...[hmmm] um, do you really think this, and I said, well all I can do is tell you what my history shows, please will you see her.
> *(Community Paediatrician, with reference to Leanne)*

Tom Billington notes that 'discourse' can be a way to understand and resist classification: 'reductionist accounts that, through a crude division of labour, seek to isolate individual aspects of human activity and experience (for example, individualized psychopathologies) from other aspects of human performance – our language, society and culture' (Billington, 2002:32), but a strong, prevailing discourse, the story told about a child, can have a constraining effect as well. The adage 'every picture tells a story' is here reversed to say instead that 'every story paints a picture', but if the stories and pictures are not three-dimensional, they only give a partial, 'snapshot' view. Some practitioners were clear about this, and clear that they tried not to think of the child, or anything else, through these snapshots: "As I say, you can sometimes get half a story and umm you can't judge a kid or circumstances or head of year from that. I try not to, nobody's ever a hundred per cent clear about that" (Maths teacher). Others, such as Jimmy's YOT worker, saw it as a personal perspective: "– well it's just my take on things, I'm sure, if someone else had supervised Jim you might get a different perspective" (YOT Probation officer). Although he reflected that a different story of Jim might be told by another supervisor, in the here and now it was his stories, his meaning-labels, that would be communicated to places and people such as the courts, the police, and to Jim himself.

The child's awareness of the ways that others felt about them, spoke about them, or thought about them seemed to be forgotten sometimes in discussions about them. During a school based meeting with Jake, his mother, his YOT social worker and the school's SENCO at the end of the school year, the social worker asked how the school structured learning groups for year 8. The SENCO replied "They are set, and he will be in a lower set". Jake looked up at her with a quizzical expression, he appeared to know that this signified that he was considered a poor learner, of lower ability, despite a previous admittance by the school that his learning needs had not yet been assessed. To expect this knowledge about the ways that others feel about them to not affect what they do, or their picture of themselves, is consistent with a view of the child which looks at them as a passive recipient of adult intervention, rather than the active agent in their own lives that these children showed within the research. Instead, we might understand events like this as miniature 'mortification processes' (Goffman, 1961a), a process which strips the person of an existing identity through humiliation, to endeavour to replace it with a more compliant, institutionalized self. The meaning implied within the SENCO's statement made it clear to Jake that he was labelled as academically unable.

In this instance, the SENCO, social worker, and mother were conducting adult-to-adult conversations within Jake's hearing. I noted in my observation of the meeting that Jake's social worker spoke directly with Jake, asking him his opinion, trying, it seemed to me, to include him in the discussion. Jake looked bemused as the adults considered his stress levels, and finally commented that he felt that he had become bored during lessons "because at the beginning of the year you put me into a group that was too easy for me", a direct and pointed contradiction of the SENCO's opinions of him.

In Section III, these themes of adult dialogue about the child will be explored further. The ways in which adults related to each other and to the child, the ways in which meaning-labels about the child are developed, not only in the actions of the child but in the emotional reactions of the adults, show the child in wider context of need than just that of the individual.

Section III: Needing Pictures, Telling Stories, Making Meaning.

Introduction to the section

The last section demonstrated how the children were described: by themselves, by their parents and carers, and by the practitioners who work with them. It was suggested that the partial pictures – the snapshots – that are used to create stories about the child can lead people to hold a certain image in mind when they think of them. These become a symbol for the child, a meaning-label that can be used as a shortcut for thinking, and passed through stories from one adult to the next. While the children were often pictured through their personal attributes (relating for instance to perceptions of morality, physicality, or ability) they were also described through their actions or through their friends, parents or families. Within this next section I will explore a different level of definition, placing the child within a psychosocial context, linking the psychological to the social world (Howe *et al.*, 1999): the child's own feelings towards others, the relationships between their parents and professionals, the personal concerns and histories of the adults around them, and the rule-bound realm of schools, authority, and policy. This more systemic approach, which looks at the interactions between people as a circular, mutually causational process (Reder *et al.*, 1993) allows a fuller picture to be seen of the development of meaning-labels which become associated with each child.

The section will do so in three chapters, each of which explores the cases of two of the children together while drawing, where appropriate, on data from other cases, to compare the ways that the children become constructed. In chapter 6, the cases of Martin and George, two boys with medical diagnoses, will be explored. This will begin a broader discussion of labelling and diagnosis in an emotional field. Chapter 7 uses the cases of Dawn and Stacey, girls whose personal histories have been full of difficulty. Their stories demonstrate how stories and knowledge about the child which might change the way that they are presented and represented can become lost in the complexity of emotional needs and everyday communication. Finally, the case of Jimmy will be compared with that of Jake: two boys behaving violently in their social worlds. This will explore how expectations can preclude a deeper knowing of the child's case, and questions the ways in which needs other than that of the child can lead to a particular picture of the child dominating.

There is no intention to balance all the cases within the chapters, since they are intended to illustrate the themes which arose through the data. For instance, Jimmy was the most discussed child within professional discourse, spoken about by twenty-one practitioner

respondents, and named by some as the 'highest tariff' boy in the area. As a focus then his case shows a vivid portrayal of the construction of meaning-labels around the child, and receives a heavier weighting of consideration than his contrasting counterpart, Jake.

The motive for the comparison is to explore the similarities, contradictions and rationalisations in the way children are perceived – how they are constructed as subjects in Foucauldian terms – and in this, how their needs are constructed and provided for. This can be seen, from an interactionist perspective, as an analysis of the 'joint action' of the complex social systems that gravitate around the child: 'the fitting together of the lines of behavior of the separate participants' (Blumer, 1969: 79). Through this process it starts to look at why one child gets a different sort of 'professional attention' than another.

Looking beyond 'face'

So as to understand this fuller picture of the child and need, one needs to start to explore the places that actions, roles and emotion have in constructing the child. If action is described as a product of the actor, then the fractioned and messy nature of social interaction dictates the process:

> Human action acquires a radically different character as a result of being formed through a process of self-interaction. Action is built up in coping with the world instead of merely being released from a pre-existing psychological structure by factors playing on that structure…The fact that the human act is self-directed or built up means in no sense that the actor necessarily exercises excellence in its construction. Indeed, he may do a very poor job in constructing his act. He may fail to note things of which he should be aware, he may misinterpret things that he notes, he may exercise poor judgment, he may be half-hearted in contending with recalcitrant dispositions. (Blumer, 1969: 64)

Through 'coping with the world', the actor creates actions in relationship to others. These may be based on misinterpretations, missing knowledge, and poor judgement. They may also be based on more, on the need to protect one's self in the process– to cope. Kelly stated that the 'fundamental postulate' of his personal construct theory was that people's actions are born out of an anticipation of what will happen (Kelly, 1963), and that the emotions of threat, fear, anxiety and guilt have a role in what is construed of the world, and the actions that follow that construction (Lester, 2009). Protection of the self is integral to these actions. This performed act, based in coping and self-protection, can be related to Erving Goffman's theory of the presentation of the self (1959). Goffman wrote about *dramaturgical performance* as the ways that we show ourselves to other people, producing and reinforcing an idea of our selves (Goffman, 1959). Performances have a face, or 'front' as Goffman terms it. This is the persona shown to others, and takes place in

'front region' locations. Since front regions usually occupy a public space, the performance is seen as calculated to achieve a certain end, 'an effort to give the appearance that his activity in the region maintains and embodies certain standards' (Goffman, 1959: 110). However, the performances are sketched out behind the scenes, in the private regions. Goffman describes these 'backstage' regions 'as a place, relative to a given performance, where the impression fostered by the performance is knowingly contradicted as a matter of course' (Goffman, 1959: 114). While Goffman defines both these areas as places of *knowing*, so that performances are a matter of calculation and game playing, by taking the psychological processes of *internal* interaction into account, as described by Blumer, these can be seen as not always so knowing. Goffman rightly sees that in ordinary interaction people present themselves in ways that they think will be acceptable, that fits within their role: 'A certain bureaucratization of the spirit is expected so that we can be relied upon to give a perfectly homogeneous performance at every appointed time' (Goffman, 1959: 64). However this disallows for the strength of the emotions on performance in stressful and overloaded situations, overcoming the preferred or expected show and instead exhibiting a reaction, which can be beyond the knowing control of the person. The underlying regions push through into the front, involuntarily altering the performance. Constructivist psychologists might describe this as *anticipation through affect* – working beneath the cognitive processes of anticipation (Miall, 1989: 189 citing Spiro, Crismore, & Turner 1982). Cooper and Lousada argue, from their psychoanalytic perspective, that these 'depth phenomena' must be considered alongside the face presented to us if we are to start to understand the complex, 'multi-layered' nature of human presentation and interaction:

> We do not think that the "depth phenomena" are more real than their "surface" counterparts, but we do hold that surfaces can obscure, and may be intentionally, as well as consciously and unconsciously designed to do so. A view of personal and social phenomena as multi-layered and thus susceptible to more than one account of their nature raises very contemporary questions about where, if anywhere, reality is to be found. (Cooper and Lousada, 2005: 19)

What will be seen in these cases is the ways that these depth phenomena interact with the processes of trying to make decisions about children, both in terms of how they are thought about or seen, and in terms of how they are treated or dealt with – the adult actions that shape their futures. Although these latter are full of bureaucratic rules and regulations, those of the institutions, of government or professional bodies, decisions for action are often born out of helplessness and frustration in the face of situations that may seem irreparable, the 'sad sense of inevitability' that the youth offending team worker spoke about. Stressful scenarios such as this seem to create a dislocation between what is *intended* by a professional's aims, and what is *possible* given the cognitive context that the

child inhabits for them. This dislocation may alter not only the view of the child (for instance, categorically as one diagnosis or condition or another, or morally as salvageable or beyond redemption) but also the route selected for the child. There are elements of what can be described as defensive practice here (Harris, 1987), whereby perceived risk of failure to act appropriately, given the circumstances, is heightened by a fear of not knowing how to act, since the 'problem' of the child is not clear cut, or too complex. Kelly's 'anticipation' is thrown by the anxiety of the unknown.

Looking behind 'need'

As I have shown, a child's needs for support can be a source of anxiety and uncertainty for practitioners whose role is to provide for those needs. Just as we must look beyond the face of a situation to understand the turmoil beneath, the 'need' that is ascribed to a child may have a different set of needs behind it. An example of this was given by one of the psychiatrists in the study. While describing Leanne and Danny, both children whose behaviours and ways of thinking had perplexed the professionals who had worked with them at school and within CAMHS, he discussed the issue of diagnosis:

> Well I think in the present context we are in for kids, children who are very needy and high dependency, there probably are certain consensuses amongst our profession - it is better to diagnose than not to diagnose. Better not to be too cautious. I think people are cautious still, I have probably got bolder about it. Because - I mean autistic spectrum disorder is a big controversial area, I keep reading about it all the time, but whether you give children a diagnosis or not, there is a number of factors. You could spend all your time not doing something, and sometimes doing something is better, even if you're wrong or right, it puts you into a better place, where you can take it away, take it away, no harm's done – benefits and harms...(CAMHS Psychiatrist 2)

His language expresses the uncertainty underlying the matter. At first he says that there *probably* was a consensus towards diagnosing something rather than not, 'better not to be too cautious'. He then says that people are too cautious still, which undermines the idea of a consensus amongst psychiatrists to diagnose wherever possible, but underlines his own view. Finally he explains that he has become bolder so that some form of support becomes available, 'it puts you in a better place', but repeats 'take it away, take it away – no harm's done' emphasizing the doctor's creed to 'do no harm' and expressing hope then that any misdiagnosis will be corrected at a later time. While the reasons behind classifying need are complex (Weddell, 2008) the attribution of need depends at least in part on the function of a profession (for a discussion of some of the differences in the professional ethos of teachers and social workers, and teachers and health workers, see Gilligan, 1998; Pettit, 2003). In this statement, the psychiatrist's decision was borne partly out of a need

for a label in order for support, medication or other forms of help such as finance to kick in: his *intention* is to allow the child eligibility to the sorts of resources that he has available. However, while in Leanne's case this did seem to result in a place in a special school[34], for Danny, whose diagnosis and resulting medication was for ADHD, what was *possible* is much less clear. The psychiatrist's assertion that in the balance 'even if you're wrong or right, it puts you into a better place' and that you can always take it away, 'no harm's done', contradicts those who oppose the pathologisation of children's behaviour (for example, Billington, 2000; Thomas and Loxley, 2001; Timimi, 2005b). The result of this classification can be life changing, in terms of education and life course (Galloway *et al.*, 1994; Riddell, 2008), in terms of stigma (Link *et al.*, 1997) and in terms of health and identity where a child is given psychiatric medication (Timimi, 2006). White and Featherstone (2005) note that social workers in multi-disciplinary teams create the strongest alliances with those that they feel will be able to support them in presenting cases at court. There was a moral element involved, with those who take a stand being cast as the brave and wise, while those who hesitate were denigrated: 'uncertainty and fence-sitting were often constructed as evidence of naivety or even cowardice' (White and Featherstone, 2005: 211). The psychiatrist's decision making contains similar elements of 'bravery' in the face of decision making, although he calls it a consensus decision, the statement 'it is better to diagnose than not to diagnose' is clearly his own. Need here is layered and ambiguous, taking in for instance the well meaning and often political intentions to get a child support where available, pressures from political agendas such as ECM to deliver the 'new citizens' of New Labour (Lister, 2003), a professionally trained ethos of medicalised diagnosis to be maintained, a personal element of protection of the self in uncertainty, and a professional issue of career building through strong decision making.

The action of making decisions about the child, deciding upon a diagnosis or course of action, or about what 'kind' of child is being dealt with, is one that most adults treat as though it is a rational and logically thought out process. This is embedded in guides such as the psychiatric *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), which aim to regulate the ways that problems are appraised. However, the early work of psychologist and economist Herbert Simon helped to distinguish the ways in which rationality is only partially utilised within many

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[34] It was difficult to ascertain whether Leanne got the place in the special school because of the medical label of Pervasive Developmental Disorder No Other Symptoms (PDDNOS – considered part of the Autistic Spectrum) or because of her self-harming behaviour.

decisions. 'Bounded rationality', as Simon called it, describes the 'limits upon the ability of human beings to adapt optimally, or even satisfactorily, to complex environments' (Simon, 1991: 132). Decision making becomes a matter of 'satisficing', using just enough information to feel personally satisfied that your decision is good enough, although not all possible options are weighed up to look for an optimised or maximised solution (Simon, 1956). Satisficing can be a way of coping within stressful and complicated situations, a way to suppress the unease and feel that at least you are 'doing something', in the psychiatrist's words. Of course, to expect human beings to have an 'unbounded rationality' which could consider and weigh up every possible option is unreasonable, since this would assume that people carry in their everyday minds 'the knowledge and computational ability of sophisticated econometricians equipped with statistical software packages' (Gigerenzer, 2001: 38). Even here, the presumption that a software package would be able to factor in every possibility fails to take into account the complexity and irregularity of the social world, and within individuals, the influences on actions that rise from beneath the surface of the presented self (Damasio, 2006).

This short interlude before the three 'case' chapters sets out a core element of the project, a theme of emotional building of pictures or expectations of the child, the stories used to do so, and the meaning that arose out of it. The 'needs' outside of the child affected the decisions that were being made about them, particularly the emotional content which contextualized the snapshots of the child and the decision-making processes around them, and with it, the child's own interactional affective positioning within the process of construction.

Chapter 6: Martin and George – labelling (in) uncertainty

Introduction

Examining the cases of Martin and George provides a space to explore the nature of diagnosis and the ways that it effects meaning-labels about the child. Tangled up in this is the role of the family in the ascription of these labels – both the formal, diagnostic label, and the informal but powerful meaning-label. Formal and informal labels provide another snapshot view of the child to add to the layers of meaning around them, and some of the ways that these formal labels affect the fuller picture of the child will be demonstrated. The affect of these on the child and their family, painting the child as outside an anticipated norm of development, behaviour, or achievement (Armstrong, 1999; Rose, 1999), can begin to be seen.

The chapter title has been left purposefully ambiguous to allow for the terrain of discussion within. It is intended to imply, in the cases of both these boys, that labelling takes place within an uncertain arena, either because of the nature of diagnosis or the haziness of signs and symptoms. But it also implies that labels can create an uncertainty in the practitioners that consequently work with the child. It may be a symbol for them of an expectation of the child which, even if they can't see themselves, must be there since the label exists. This is most voiced with reference to the formal labels that go with diagnosis, particularly, in Martin's case, ADHD, but also must be considered with the formal labels that schools apply, such as BESD. Billington argues that these 'scientific discourses' are intended to regulate the child by individualising their difficulties, creating them as 'abnormal' rather than the system as flawed (Billington, 2000). What will be demonstrated here is how this psychopathologising of the child is created from snapshots reflected from a multifaceted mirror, with parents, stories heard through colleagues or told through files, and perhaps most importantly, the professionals own emotional reaction having as much bearing on the definition of the child as a formal process of assessment.

The chapter will begin by providing a bare-bones sketch of each boy, before looking at the ways that they have been diagnosed, the role of their parents in their pictures, and the ways that the formal, and informal labels that have been applied to them shape the attention that they then receive within professional systems. Within these sections, the boys' own views will be considered: their views of others, their views of themselves.

MARTIN

Martin was an only child who lived with his mother and father. His mother worked part-time in an office, and his father was in the building trade. The family had strong religious beliefs and belonged to a community church group. Many of Martin's friends also belonged to this group so his friends were not all in the same school year as he was. Martin said that the things he liked about his friends were about communication and trust:

Just, like, they talk - I can talk to them and they can talk to me, we trust each other

He went on to describe their shared interests:

Yeah, like, we all like pizza, pizza, yeah! [both laugh] and they all like football, Megan likes animals, well everyone else likes animals…

When he spoke about the things he found annoying about his friends, he talked about not being stuck up for, and about feeling that some friends used him as a scapegoat for their own behaviour:

… and then umm when umm, they do something and it hits the teacher or does something, and the teacher gets angry and ends up that him or her goes 'who was it', and they go, and everyone in the class points at me, everyone, even the girls, yeah.

At school he enjoyed maths and art, ICT and PE, and for most of these it was because of both the subject and the teacher who taught the class.

Martin felt that he had problems with controlling his temper, and that he has a problem with "*lashing out*", though he did say that things had improved as he got older:

Because I used to, in primary school I used to retaliate a lot and then in Year 5 onwards I didn't retaliate much, and I just used to tell myself, so what, and I don't care and stuff like that

He had a diagnosis from CAMHS of ADHD, which was listed in his school Individual Education Plan (IEP), although it was noted there that he was taking Ritalin, when in fact he was taking a different regime of drugs to try and help control his tendency to "lash out". His listing on the SEN register was for BESD, and he was on the Vulnerable register of the school.

GEORGE

George lived with his mother, father, and a younger sibling on one of the local estates with a tough reputation that Southaven had an intake from. His father was in the building trade, and his mother told me that she had worked as a book-keeper for a large supermarket chain until the difficulties with George's education had become too time-consuming for her and she left.

George liked sports, playing and watching.

G - Football, golf, motorcross…

T - Motorcross, do you ever do that or do you go and watch it?

G - I watch it sometimes.

He liked to hang out with his mates, and had an array of bicycle bits outside his home

where he had been taking things apart and putting them back together again. His family had a parakeet and a cockatiel whom he cared for, and who flew round the room while our interview went on.

George saw himself as getting in trouble often, at home and at school. He described the things he liked least: *"Sitting indoors, being grounded"* . He felt he was frequently grounded, when asked for reasons he said *"Everything"* and more specifically *"fighting"*, although when asked for an example he pointed out that the other person had started it.

He was not keen on school. Although he named his least favourite class as maths, both for the subject and the teacher, his reaction to asking for his favourite subject or teacher was unenthusiastic:

G - Don't really have a favourite teacher.

T - Are there some better than others?

G – No.

George did know what he felt bothered him about teachers, and described how not being listened to was annoying. When asked if this was when things have gone wrong in class or just generally, he replied that this was *"Just generally"*, and that the consequence of his feeling *"annoyed"* was major: *"They throw me out of class"*.

George was on the SEN register as Action Plus and had a school label of BESD. He was also on the Vulnerable Register. He had panic attacks and found it difficult to take the bus to school on his own. He was being seen in CAMHS about his anxiety, and they had recommended that he attend school only until lunch. He also had a diagnosis of dyspraxia from an NHS occupational therapist, and he had some genetic issues that had been identified in the family during year 7 as possibly affecting his learning.

The stories of Martin and George had similarities that grouped them together, and yet in terms of the paths which support took, and the meaning attached to them as individuals and as members of families, their stories diverged. Both were boys from two parent families where their mother was determined that they would get the help she felt was needed, and took an active role in seeking this help. Their fathers took a more backseat role when approaching or dealing with professionals, and this was reflected in the ways that professionals spoke about them. Both were seen at CAMHS, although for different reasons, and had 'uncertain' diagnoses, that is diagnostic labels that were queried by practitioners or held little power in getting help. They both experienced angry outbursts, at school and at home. Martin described his feelings when it happened: "it's just like really angry and I can't calm down, I can't control it – I just lose control and then it just happens... and I know it's happened but I just can't stop it". One of the joint heads of year 7 described an occasion when George behaved like this too:

> I can't even remember what it was over, he came storming through my room into room [X] because there is a cut through bit. He grabbed one of my chairs and

> said 'I am going to throw it at her'. I was like 'what is going on here?'. I ended up chasing him into room [X], grabbing this chair off of him *(HoY7a)*

George was anxious, and endured panic attacks which caused him to feel sick and become faint.

At school they were in the same form, and both were listed on the SEN register as 'Action Plus', with a categorical label of BESD (Behavioural, Emotional and Social Difficulties, more recently also known also as Behavioural, Emotional and Social Development Needs (DfE, 2010a)). Martin had an additional listing within the notes of ADHD. BESD is a category which grew from the old SEN category of 'maladjusted'. This shifted to 'EBD' – which stands, variously, for Emotional and Behavioural Difficulties, or Disorder, or Emotionally and Behaviourally Disturbed – post-1981 after the Warnock report (Galloway *et al.*, 1994:110) before expanding its range in 2004 'in order to cover the whole spectrum of issues' (Engage in Their Future, 2010). A government advice document gives a definition of the breadth of BESD as a category:

> The SEN Code of Practice, at paragraph 7:60 describes BESD as a learning difficulty where children and young people demonstrate features of emotional and behavioural difficulties such as: being withdrawn or isolated, disruptive and disturbing; being hyperactive and lacking concentration; having immature social skills; or presenting challenging behaviours arising from other complex special needs. (Teachernet, 2008 paragraph 49)

In fact, the SEN Code of Practice description given here is for EBD rather than BESD, indicating that the newer name has some other purpose than clarifying a current condition or category providing a template for provision. As the BESD education website Engage in Their Future suggests, adding the 'social' into the category allows it to expand its boundaries exponentially to 'the whole spectrum' of children's challenging behaviours. This is interesting since of the twelve cases from Southaven, seven had been given this label. In some literature, the emphasis is shifted. For example, Macnab, Visser and Daniels (2007), in a paper describing their attempts to research 'hard to find' young people, refer to it as 'SEBD', so that the emphasis is on the social element rather than behaviour. In terms of behaviour the children from Southaven were widely different, from Leanne, who was not disruptive but found herself in situations where her social communication difficulties caused misunderstandings between herself and other children, to Danny, who was on a reduced timetable of two hours a day and even then rarely stayed in a classroom for an entire lesson. Thomas and Loxley noted in 2001 that EBD had no official status and that their attempts to find evidence for it found 'not a single paper which discusses in any detail the provenance, status, robustness, legitimacy or meaning of the term 'emotional and behavioural difficulties''. Despite this, they continue, it is used as if it were, and

> it would be clear to a Martian after five minutes' study of the British education
> system that for all practical purposes EBD is indeed a category and that it forms
> in the minds of practitioners, professionals and administrators one of the
> principal groups of special needs (Thomas and Loxley, 2001: 47)

This uncertain label then, which in many schools forms the main category which flags up for teachers a need for support, sets a tone for the ways that a child is perceived. It can be seen as a symbol of the 'kind' of child to be expected, a formal meaning-label which is in fact vague and tenuous in its ability to describe the individual child, but may initiate a reaction on an emotional level.

BESD is primarily an education based label, applied within the school, and as such creates one layer of labelling to indicate that a child has 'additional needs'. Other labels for the children at this layer were more educationally focused, for instance Jake and Dawn were categorised as having MLD, moderate learning difficulties, while Natalie had a statement for speech, language and communication needs, SLCN. Neither of these have the same suggestion of behavioural issues that BESD does, nor the same moral implication that within the child, something is amiss (Billington, 2000). BESD as a label provides the means for children and young people acquiring what Goffman calls a 'spoiled identity'(Goffman, 1963), one in which their own view of their selves, as well as the views of others, becomes polluted by the symbolic meaning of the label, just as 'maladjusted' did before it (Galloway *et al.*, 1994; Wearmouth, 1999).

Assigning formal labels: Diagnosis as ambiguous, diagnosis as defining

The spoiled identity is a concept that functions on an interactional level. Goffman described how what he called 'looping' works on the same level, creating a reaction between a person, often with a 'spoiled' meaning-label already attached[35], and an authoritative body whereby 'a defensive response on the part of the inmate takes this very response as the target of its next attack' (Goffman, 1961a). Within these cases, this will be seen as the child's reaction to their perceived position (or meaning-label) – an agentic reaction – and the way that this is used to reinforce that position. An example of this comes from Martin, whose relationship with his language teacher was sometimes fraught. The teacher explained it as Martin's own behaviour, beyond his comprehension:

> I mean, I've got that boy Martin, now, he's ADHD and his parents think he's
> autistic, he's a [Christian group], all I know is he's just miserable and puts his
> head on the table....I just don't get it. I mean, I think there's a lot of influences

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[35] Goffman was writing at the time about mental asylums.

going on in his life. *[Tish: yeah?]* I don't know what the problem is. *(Modern language teacher)*

Martin's mother explains it in another way, "he does find M very frustrating apparently, because he's not a very patient man." A discussion with the SENCO had led her to this conclusion,

> Martin finds him very, very difficult because he seems to be quite an impulsive man, and she said.. she said, he's a great teacher and he has a passion for [language], absolutely, and if you don't share that, he finds that difficult to understand, because he wants all his students to have the same passion… But he goes from nought to ten of… he's calm and he's volatile, and I asked what she means volatile, and she said he'll start calm and suddenly he'll blow up, and then he's back down again, and it's these little outbursts that Martin cannot understand, because he thinks it's a personal affront against him. *(Martin's mum)*

Martin's own descriptions of teachers he likes, however, shows that 'volatile' and 'outbursts' in general were not an issue for him:

> Martin: Mr X is all right, but when he's on the bad side watch out, cause he's ex-army… and he hurts!
> Tish: He hurts! what, his shouting hurts
> Martin: My ears are still ringing, I can hear him from the art department and that's straight up, through the ceiling! through the plasterboard!
> Tish: [laughs] So he really knows how to throw his voice around!
> Martin: Yeah. And… but, but I like *him*… And then Miss Y is all right, when she gets angry we like, go against the wall because she gets like really agitated, like 'AH!', like that!

In fact, he makes a point of stepping back from his next description of Miss Y to emphasise that he likes Mr X. The interactions that he has with his language teacher are more personal, a case of action, reaction, and reaction again – the looping that Goffman describes.

The language teacher names Martin as 'ADHD', as a boy labelled autistic by his parents, as a Christian from a particular group, and as 'miserable'. There is also the implication that he had a meaning label in this teacher's head as disobedient, putting his head on the table when he should be paying attention. Labelling is not singular, it exists in multiple forms and layers: interpersonal, moral, and informal, or categorical, diagnostic, and formal. Although Ian Hacking engages with Goffman's ideas about looping, he also postulates a different level to it. While Goffman works at the level of interaction, Hacking's looping affects the person from a position of what he calls 'dynamic nominalism' (Hacking, 2002: 106), which suggests that the knowledge claims made about diagnostic categories or 'classes' of people work upon those people themselves, changing them from the expected:

> We think of these kinds of people as given, as definite classes defined by definite properties. As we get to know more about these properties, we will be able to control, to help, to change, or to emulate them better. But it is not quite like that. They are moving targets, because our investigations interact with the targets themselves, and change them. And since they are changed, they are not quite the same kinds of people as before. The target has moved. That is the looping effect. (Hacking, 2006:293)

This 'moving target' picture of the interaction between person and category pushes the diagnostic category from an intended scientific clarity to a position of uncertainty. If a category remains fixed, with the process of diagnosis reliant on a list of symptoms to be ticked, and additional judgement from the professionals involved, then people with specific illnesses or troubles can be slotted into a category. If 'categorised' people are continuously changing, and in doing so, changing what it means to be categorised, then things become less definite.

In addition, more than clear-cut objective evidence affects the choice of diagnosis. Other needs also colour the picture. The subjective and emotional self always plays a part. The sociologist Arlie Russell Hochschild described how in face-to-face encounters in the commercial world, the service provider must practice 'emotional labour' in order to smooth relationships and facilitate experience. The airline hostess must smile; the nurse must appear cheerful and caring (Hochschild, 1983). This type of managed emotion is similar to what Goffman describes as front area performances (Goffman, 1959), a specific display for a particular, often public, purpose. However, there are emotions underlying this display, and while the surface can be masked, what lies beneath still feels, and affects what happens next. When describing why she was seeing Martin, his CAMHS psychiatrist said that although she usually worked with children with severe mental illness, she "sometimes become involved with children where there is a very complex presentation for one reason or another". In the following extract, she began to pinpoint why Martin came to be one of her 'complex' clients and received his diagnosis of ADHD, reading from old case file notes as we spoke:

> He was three when he! three and a half, no so he was three and a half , no so he's..he's been with us forever, bless him. And the family had reached a crisis point, Mum had to be dragged away from Martin by her husband as she was going to harm him and she was terrified… she made clear she's terrified by her behaviour, she said she'd been capable of harming him and lost all control, she was horrified that she could have got to such a pitch and was asking for help. (*CAMHS psychiatrist 1*)

She seemed surprised that he had been with CAMHS that long, and seemed to be expressing her sympathy for him (bless him). But this was also indicative of the

helplessness she felt in the face of his mum's own 'terrified' emotion. Denzin (1984:4) points out that in studies of emotion emphasis is more often placed on 'negative' emotion such as anger, anxiety, or fear, rather than 'positive' emotions such as love, joy, or trust. This can be seen within more than one psychological theory, for instance from a psychoanalytic viewpoint, Duncan and Baker talk about anxiety, guilt, anger and grief as 'the four main internal emotional drives' (2003: 92) that children defend against, while in Kelly's theory of personal constructs he spoke only of threat, fear, anxiety, aggression and guilt in relationship to the effect of emotion (Miall, 1989). Kelly wrote particularly about how it is these hard emotions which shape how we construct our world (Kelly, 1963), in this case, how the psychiatrist constructs the notion of the child who needs support. Within the grounds of diagnosis and definition that may often be the case, being overwhelmed due to the often stressful circumstances in which children come to the attention of adults. This can be combined however with empathy, both for the individual and the situation, but even then the combination of, for instance, anxiety and empathy can produce a feeling of helplessness. Martin's mother's issue of losing control – becoming lost in the uncomfortable moment of what the pragmatist William James termed a 'coarser' emotion (1890 cited in Denzin, 1984) – was one that also came up repeatedly in Martin's own talk about his experience of 'ADHD', for instance: "I've got to take tablets to make me feel better, otherwise I just lose control".

Although Martin had been defined for most of his life as 'having ADHD', the psychiatrist was highly ambivalent about whether this was even the correct diagnosis for him. She felt that perhaps the problems with his behaviour clustered around a loose combination of some developmental problems, difficulties with 'attachment' in the family, and mum's own depression.

> I think I'd always said to her that his ADHD was quite borderline because I'd always felt there were some issues around their relationship and the attachment, originally and then his own issues, and depression perhaps had impacted on her …bonding and relationship with Martin. *(CAMHS psychiatrist 1)*

However, the need for a diagnosis which was linked to a medicalised solution arose out what seemed to be a sense of helplessness – as the other CAMHS psychiatrist said in the study, 'better to be doing something' – in the face of Martin's mother's own 'desperate need'. Martin doesn't fit tidily into a categorical box, but professional judgement has to fit him somewhere in order to try and access a bearable outcome for him:

> But I have to say, I'm going to be honest about Martin, he's one of these kids who, and so many of them I see are like this, who doesn't neatly fit into any one box either, so he is Martin, he's himself, he's an individual, and if you go and fit him

into a box - when he was younger certainly the ADHD one. And I think this is a case where… her desperate need for some medication for Martin has swayed what I… in another family Martin's behaviour might have been managed differently and he might not have needed medication. Umm, but I think you have to be quite responsive to the needs of the family as a whole, because without giving him the medication she probably would have murdered him! [both laugh]. It did seem to help and ummm, I think it's you know my impression is that..as a person he's …doing quite well, I know he hates school but I think he's one of these vulnerable… children that ummm big secondary schools don't…aren't always suited to. *(CAMHS psychiatrist 1)*

Although she acknowledged that her diagnosis for Martin was more to do with his mother than him, an expression of expediency based in her helplessness with the situation, she diffused the mood of the first part of her statement with her comment that at least medicating Martin has stopped mum murdering him, intended humorously as we laughed, but evoking her anxiety that this might be true. In the end, 'doing quite well' was seen as good enough for Martin. Hating school, not functioning well in the large school system, is par for the course for 'vulnerable children that big secondary schools don't…aren't always suited to', and not something that she can do anything about in her professional role.

Having a diagnosis of ADHD was not a neutral or powerless label for Martin. The power of diagnosis is part of what Foucault termed 'dividing practices'(Foucault, 1994), which can be seen as the technologies of creating difference, objectifying and placing them at a remove from a signified norm: *othering* people. The DSM and ISD[36], which critically in every new version catalogue a wider range of behaviours or states of mind considered abnormal, are the tools of a specific range of professionals, mostly psychiatrists, and are used as a mode of authority for defining the child in specific ways. This does not mean that they are accurate tools (Rose, 2007), only ones that carries the weight of control. The definition of the child, examined against an assumption of a 'normalised' person which is aimed at producing a static picture for professionals to measure against (Chambon, 1999:66) may not provide anything useful for a different sort of practitioner to work with, instead creating a sense of unease and disjuncture between the label and personal opinion. The head of year 7 had taught Martin and also spoken with his mum. She described Martin as "not a huge behavioural problem" although she wavered between suggesting that he "kicks off" and, a different sort of description, "he acts very much like a very silly little boy". Although she described herself twice as "not an expert" she felt confident enough to question what she seemed to feel was his mother's excuse for any undesirable behaviour,

[36] DSM – Diagnostic Statistical Manual. This is a 'tool' created by the American Psychiatric Society, currently in version IV-TR. ICD – International Statistical Classification of Diseases and Related Health Problems This is the World Health Organisation's diagnostic tool, currently version 10.

that "it's all because of his ADHD". She commented: "myself and his tutor are not too sure how much the ADHD is responsible for… I then find it really tricky to say, hang on, no it's not, because I am not an expert." She repeated this a moment later:

> because I am not an expert at all these things, and I cannot always see that it's because of his condition or that it's because he is an 11 year old boy. Some of it is an 11 year old boy thinking what I can get away with. It is sometimes hard for me to say to mum, I cannot categorically say it is not his ADHD it is him being silly, because I am not in that position. *(HoY7a)*

She has positioned herself here both as 'not an expert' but also as more authoritative than mum. She still found it 'tricky' and 'hard' to countermand mum's view that it is the 'condition' causing the problem, not Martin himself. However what she can do is create her own labels to make Martin small through discourse, repeatedly describing him as silly, or silly *and* little.

Martin's clinical diagnosis from a psychiatrist held some power with the school, although as was demonstrated there was an ambivalence to it as well. George's diagnosis and needs were addressed in a very different way. Although George too saw a psychiatrist at CAMHS for his problems with anxiety, this diagnosis created a different sort of picture for the practitioners working with him. ADHD is seen by many as a chemical, in-born problem, which removes some of the onus for the child's behaviour from those around them (Singh, 2004). George's anxiety and other problems were not viewed in this way, despite his mother's efforts to persuade the school otherwise. His mother felt that labels were important to the school, because if a formal label to explain behaviour was not in place, informal labels would take over:

> He just thinks he's really thick, stupid, because he's been told there's nothing wrong with you, you're just lazy, umm that's all he's sort of got, and I don't know, we had such a fight because the occupational therapist was like, we don't diagnose, we're not going to tell you what's wrong with your child, we're just going to give you symptoms, do you know what I mean? And then I suppose it was down to like the paediatrician or whoever, that's what he told me anyway. And then umm everybody, well, nobody, we saw a GP and he told me, we don't like to label children and that, it was just making me so cross because George had already been labelled as naughty and stupid, do you know what I mean? *(George's mum)*

Her frustration and anger at the professionals who could see that George had 'symptoms' but wouldn't set out what those symptoms might be in a formal fashion because of a policy within their particular area of 'we don't diagnose' left the family in a position of fighting for help.

Those who are 'entitled' to formally diagnose seem to be from the specialist areas of health – CAMHS psychiatrists, senior paediatricians, the genetic specialists – but even here, a diagnosis does not guarantee either help or a change to the meaning-labels attached to the child. The community paediatrician had seen George and sent him for genetic testing, which showed that some genetic anomalies ran through his father's side of the family which seemed to have affected difficulties with learning and fine motor skills such as writing:

> I think the genetics is under control, I think it was....it...Mother initially wanted...she was hoping that the genetics would be the gateway to getting the statement, because it sounded like very important news.… But [X] hospital are the ones that give the genetic advice, not us. But, it turned out here that we feel...that..it might be significant because dad has also..got problems...learning difficulties and writing difficulties. *(Community Paediatrician)*

However as the year progressed it seemed as though these stories of genetic difficulty, of the dyspraxia whose symptoms the occupational therapist had highlighted, were not the ones to be at the forefront of school practitioners' minds. George's informal labels dominated people's pictures of him, and these labels had been built up partly through decisions about his social situation. He was described by practitioners at the school as attention seeking, as "so disruptive. So disrespectful", as resenting his mother, as hating women, as collaborating with his mother to fool the education system into giving him a statement of special needs, as low ability, by one teacher as having "a four year-old's mind in terms of processing information"[37], and as being a faker, crying "crocodile tears" to get out of trouble. The decisions made about how he was as a person were made on the basis of 'George' as a topic of school conversation, a passing of snapshots and opinions from one person to the next. In the following excerpt one of the inclusion mentors said that he was 'the most talked about student' around the school, not because he had been seen by her for exclusions, but because he was notorious – 'all the teachers and the TA's and students assume' that he is known to her. She notes that George's picture might not be as bad as some paint it, he 'may show a bit of self control' and thus has not been seen in her realm, although there was 'obviously something going on there':

> George must be the most talked about student that I have yet to come across.
> [Tish - So he has not been secluded or excluded?]
> No I have not met him yet, I have heard so much about him and all the teachers and the TA's and students assume that I know him which is really strange

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[37] There was no indication in the research as to where this ascription had come from. None of the other adults had spoken about George in this way. However this teacher did seem sure that it was George he was talking about.

> because I don't. There is obviously something going on there he is obviously a high tariff student but without actually ever reaching the final stage which is interesting. Because to my mind that sort of may show a bit of self control and actually he does back out right at the last minute. Doesn't take it quite far enough to be excluded. *(Inclusion Mentor)*

George's more formal labels – anxiety, panic attacks, dyspraxia – were pushed to the background of his picture, as adults' own anxieties about him came to the front. The members of the senior SEN team though had added an 'informal-formal' diagnosis to their departmental picture of him. For George, it was a matter of his relationship with his mother:

> there is some attachment disorder there... Um, and, you can see it very clearly, mum is more anxious than George, um, and the phone messages, the letters, the meetings I have with mum, she is in real need of support from us as well. And she...it's interesting because she acts like a student at times. *(Assistant Head, inclusion)*

By deciding that George had an 'attachment disorder', blame shifted from the professional environment to the family: 'assessing attachment has wider relevance to an assessment of parenting, on the basis that the child's attachments to their parents are a direct consequence of the care that they have provided during infancy and afterwards' (Baker, 2003: 75). This introduction of a parentally-induced psychological element to George's behaviour, with no indication that this was the case from either CAMHS or the paediatric services whose expertise would be needed to make this a truly 'formal' label, can be seen as the imposition of what Thomas and Loxley (2001) would call a 'psycho-babble' discourse. While in their dissection of the EBD, they refer to this as a way to impose therapeutic regimes on the child for behaviour which is the product of the system, here the 'attachment disorder' label had no affect on what happened to George himself at school, and did not lead to either further diagnosis or a different sort of help. Instead, it allowed the school to focus their attention on his difficult mother. Blaming it on his mother, envisioning her as 'a student' who needed to be disciplined herself in order to comply with the school rules about parental behaviour, was a way to reassert professional authority in what was a very fraught situation. Although there was talk of 'support' for her, what was intended instead was rules and boundaries to contain her behaviour, "So I set up earlier in the year for mum to only communicate with me, if she has an issue with the SENCO come and see me and I will make sure the right thing is being done" (Assistant Head, Inclusion). This also imposed 'rules' on the assistant head, a promise that he would 'make sure the right thing is being done', although *whose* 'right thing' was not clear.

A parental part

The relationships between child, parent, and professional are inevitably a setting for shifting emotion. What can be seen as the power struggles between, for instance, Martin's mother, from her authoritative position as parent, and the psychiatrist, from her authoritative position as professional, were highly charged at times. Foucault describes power as set in the micro-capillaries of the social body, which suggest that the level of interaction is very important for power relations (Atkinson and Housley, 2003). However this is not to suggest that all power relationships are equal. Foucault suggests that they 'are rooted deep in the social nexus, not a supplementary structure over and above 'society' whose radical effacement one could perhaps dream of. To live in society is, in any event, to live in such a way that some can act on the actions of others.' (Foucault, 1994:343).

Both George and Martin had been partly positioned at school and outside of it by the interactions and struggles between their mothers and professionals, despite the women having very different approaches to these interactions. In both their cases, their fathers were seen as having taken a more backseat role and their influence, on the boys and on the professional systems dealing with them, was mentioned rarely in comparison to the mothers. In child welfare practice, this weight of emphasis on the mother and her role is often described in terms of 'mother-blame', in that 'the care of children is delegated almost exclusively to women in the private sphere of home and family, and that women are held accountable for the welfare of their children' (Davies and Krane, 1997). Both mothers present competing stories to those of the professionals.

Drowning, not waving: George's mother.

George's mother felt that she had been fighting a long time to get support for her son, and that it was harder because he had been 'really missed out...wasn't sort of noticed' when younger: "I mean, it's not George's fault that he's sort of got really missed out, do you know what I mean? He wasn't sort of noticed and now he's just got to . . I don't know, it's just mad. But yes, I find that quite frustrating". She said that his difficulties when smaller were referred to as 'just being a boy' until he started having panic attacks in year 5, and even here she was told that he would 'grow out of it'. The community paediatrician was of the opinion that it was this being ignored over the years – the 'madness' of it, and frustration – that informed her anxiety and approach to professional services:

> um...mother had several, kind of... temper outbursts, over the telephone, to [the receptionist], but when I actually met her it was very clear that she was just distressed, that she wasn't making complaints, that she was like... um... really

fighting for her kid, and it was nothing more than that. And wanting advice about how to do it *(Community paediatrician)*

However she was viewed by the school with great trepidation because of these 'temper outbursts'. Many of the staff refused to take her calls, and she had been appointed a single point of contact[38] after staff felt that she had been abusive to them. An example of this came from the head of year 7, expressing her own anxious emotions about these calls:

George is a classic case of me getting scared and mum starts reading off the disability act to me on the phone and she wants me to quote things and take to solicitors …The messages she used to leave on the voicemail! I hardly spoke to her because I wasn't often here so I would be replying to her messages, they were shouting down the phone. Me and [the SENCO], we would get these verbal, horrible… [the SENCO] said sometimes she rang back and apologised. Not a way to speak. I think she thought we were against her son, not trying and make things better. *(HoY7a)*

While on the one hand she was within her rights to not be spoken to abusively, she also stated that because of school systems she 'hardly spoke to her', and George's mum was left to repeatedly speak with her voicemail. Mum's reaction, thinking that they 'were against her son' may have been the end result of a series of events that left mum feeling ignored, and that the school was indeed 'not trying and make things better'. There had been poor communications and disruption at the school from the start of the year. The initial head of year 7 who left in December had forgotten who George was half way through a conversation. It was difficult to reach staff, including the SENCO who was ill for a period, putting parents and others in a position of only being able to leave voicemail messages which might not be answered. When they were returned or the school phoned her about George, the calls were, she felt, both inappropriate and blaming, without any knowledge about George and his problems. She had been left frustrated and angry:

it's nice of them to let you know though, isn't it? Do you know what I mean? Anyway, and so I've had dealings with [HoY7a] I think about three times I think, but the first time was I had a really, 'George's been really naughty in science, ra rar, I'm not tolerating this behaviour', like she was telling me off, do you know what I mean. I was just like . . and then I started talking to her and she did not know George had any issues whatsoever, and I'm like oh my god, do you know what I mean? *(George's mum)*

The school gave the impression through their actions that George's problems were not taken seriously. For instance, an initial meeting with the school's Educational Psychologist had been chaired by a teaching assistant when no other staff could attend. No feedback

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[38] The Assistant head for inclusion, who line-managed the SENCO.

from staff had been sent before the meeting so she had little to work on, and she expressed the view that the TA was "the most inappropriate" person to chair the session, both through her lack of seniority and because of her attitude to George:

> … I had tried several, several times to make contact and find out … who I am meeting with, and I had stressed it needed to be someone from senior management or in a management position who's able to take on what comes out of that meeting, what the issues are… So the meeting took place, I have to say George was a complete star at the meeting, he was polite, he waited his turn, he responded to questions from me, until the point, and it was a difficult meeting because the teaching assistant was quite negative, well the teaching assistant was pretty negative, there was some really negative interaction that went on between George and her, and I know he can wind people up, I'm not saying, and I'm not completely naive and I know he can be quite – and I saw that – quite inflammatory …anyway, something happened, there was an argument that started that kind of made me feel I am in a room with two young teenagers here and I thought well hang on a minute… *(Educational Psychologist)*

Despite the Educational Psychologist's view that the TA was also behaving like a 'young teenager' in her reaction to George, and that George had been 'a complete star…until the point' where the TA had done exactly what he was accused of, and wound him up like a teenager, in the end the power for the overwhelming view of George and his mother was in the hand of the school professionals.

The power to ascribe labels, and in doing so to discipline the labelled, can be spoken about both in Foucauldian terms and interactional – both suggest that what Thomas and Loxley term 'sticky labels' are a form of power relations which impose control on the labelled (Thomas and Loxley, 2001). This need not of course be an undesirable label; to be told that you are very bright, for instance, also sets a tone for the interactions that then take place between yourself and authority. However, the decisions made about George based on interactions with his mum did reflect a raised anxiety about him, just as they felt her anxiety in meetings:

> He is out of my hands now… we had meetings with mum, mum just cries in the meetings and blames everything on his anxiety, blames everything on his disability, that he should be statemented, which I probably agree, yes he should be. But he is not, he has been rejected. We should just move on is my feeling. Yes it should be appealed but we need to… mum is very anxious. In the meetings it is mum in tears, mum hyperventilating, mum screwing up tissues, defending him completely, saying it is all because of his anxiety. I am wondering how much of it is her with the anxiety and putting it onto him. I am wondering if there is nothing wrong with him, I am wondering if it is her anxiety being put onto him and he has learnt the anxiety rather than it being from inside. *(HoY7a)*

Her repeated 'I am wondering', that there is nothing 'wrong' with George, except that which we should blame the mother for, was reflected in other views of George and his mother which painted them as liars and fraudsters, conspiring together to somehow defraud the state of a statement of special needs, although as a product this might not have any additional funding attached, just a legal responsibility of care for the school and other professionals. The difficulty which the school had in dealing with George's mother, and hence, in their view, George himself, influenced the ways that they were spoken about, their 'discourse': 'descriptions and accounts construct the world or at least versions of the world, . . . [and] these descriptions or accounts are themselves constructed' (Potter, 1996 cited in Taylor and White, 2001: 44).

The picture of George that arose for the school staff who came into contact with George, and his mother, on a daily basis was constructed by these stories about them. George's identity had been spoiled; he was seen as corrupted. An example was given by his mother, of the lack of reason, disconnection and poor communication at the school. Having surrendered a non-uniform 'hoody' to his teacher, he found himself in trouble trying to retrieve it at the end of a lesson: accused of stealing it after she spotted a price tag still attached. His mother became angry as she recalled the incident, and the misrepresentation of the whole family – the need to see a receipt as proof that they were not lying for George – that had gone with it:

> ...and when he went to collect it, to pick it back up, she refused to give it to him, because it still had the price tag inside of it. <u>Apparently</u> George had said, because she was questioning him, George had been to the town, before he come to school, shoplifted it, and then, and then he was not getting it back until she had spoke to a family member and seen the receipt. I didn't... apparently she phoned here and I hadn't been in that day, and then she phoned up his nan, to say there's a bit of an incident, George's got this jacket blah de blah de blah and it happened – because if she'd have spoken to me I'd have been none the wiser, but I'd have been, 'there's no way he's been to the town, if he can't get on a bus to come to school, how's he going to get on a bus to town to go and shoplift?' do you know what I mean? And then umm, it wasn't me that bought it, it was actually his nan that had bought it, but because his nan took him to school in the morning, she'd given it to him in the morning, and that's George all over, he'd just put it on
> *(George's mum)*

George's mum was convinced that social class, and particularly the area in which they lived, an housing estate with a negative labels of its own, had coloured the interactions between the family and the school and caused this sort of disciplinary approach to be in place:

And then I think it's because of the area as well, they just think oh, you're probably illiterate, sell drugs, you know what I mean, don't work, been to prison and whatever else, they just really sort of do look down their sort of noses at you and it's the way they talk to you as well, do you know what I mean, like you're stupid and whatever. *(George's mum)*

George's mother felt that through her transactions with the school she was 'looked down' on, spoken to as if she was stupid, essentially treated as a delinquent child. She too carried a 'spoiled identity' with the school, although not with other professionals, and because of the almost daily nature of education she found this very hard to escape from.

Waving, not drowning? Martin's mother.

Martin's mother had managed to create a different sort of relationship with the school and particularly with the SENCO who saw her as "pro-active", a term weighted with upbeat signs, polite – 'she says thank you' – and appreciative of what the SENCO had done.

with Martin is his mum's been very vocal, not aggressive at all, but she's asked, she's raised him with me from the start … umm, I could then talk to her about what I knew at that time I could offer him, put some things in place which I did…Umm, and any time of the year that she's felt that he's needed something different she's emailed me, or spoken to me on the phone and I've been able to change things for him. Martin's mother has come and asked, and kept contact, but in a very positive way, and you know, she's really easy to work with, she says thank you, she appreciates what you do, and umm, she's been, made it very easy to work with her… it makes it easier for me *(SENCO)*

Her own period of being so distraught that she had reported that she felt she might kill Martin had been when he was much younger, and since that time she felt she had learned how to ask for, and obtain, the help she felt they were entitled to. She described how she had learned to put on a 'front' of authority, had found her voice and learned to be pushy, to stop Martin from 'falling through the net', an expression she used several times in her interview. Her opinions of professionals had moved from expectations that they would give help, because 'that's their job', to having to become 'aggressive' in order to do what she felt was advocating for her son, rather than for herself, although she speaks of both of them getting help, of herself as falling through the net too:

But I've found that I've become like this… because no one at first helped ..the only help I got was when I ..spoke up, and when I found my voice, and sometimes I had to be a bit pushy.
I wasn't like that by nature… but I found that thinking that professionals… well that's their job, <u>they</u> should do this, and finding that every time we seemed to fall through the net, an awful lot. And I'm thinking maybe it's just me, maybe it's just me who's falling through the net, and I wondered whether it was just us. And I found that the only way I got help was when I hollered, and so it's made me …<u>determined</u> that the only way my child would get help was if I'm his advocate

> because no one else is going to help. It's made me aggressive in a way that I wouldn't..don't… want to be. *(Martin's mum)*

This contrasts with the SENCO's view, that she was 'not aggressive' but was assertive and insistent, and may express the way she feels about her change of self. The SENCO admitted that given the number of children with additional needs in the current year 7, Martin probably wouldn't have received additional help if his mother hadn't contacted them to tell them how unhappy he was, he was just not problematic enough to have drawn their attention: "If she hadn't done that I don't think anything would have happened for him, if I'm honest, I'm not happy about that, but that's the reality" (SENCO). This was a dilemma for services, where expectations, from both parents and government, were that they would provide for children's needs, educationally and in terms of 'well-being'. *Every Child Matters: Changes for Children* set out in 2004, two years before the fieldwork took place, that schools were doing this:

> Schools already support children's wider well-being. They increasingly take a personalised approach to pupils' learning to help them reach the highest possible standards. They ensure that pupils attend school and behave responsibly and thoughtfully. They engage parents and carers as partners in children's learning. (ECM, 2004)

'Reality' for many services was that 'need' greatly outstripped available resources, not just at schools but in many other branches of Children's Services, particularly for older children. For instance, the Bercow Report on Speech, Language and Communication services for children and young people, which was commissioned in 2007, highlighted the weighting of availability of services for early years, with only a small amount of resources available for older children and a general frustration amongst professionals about resources overall (Bercow, 2008).

At the school Martin's mum was viewed as an ideal 'assertive' parent, in that although she may have been demanding, she was also polite and expressed her gratitude for help. She did not cause professionals anxiety or make them angry, she made their jobs easier for them and helped them to feel that they were doing something well. She was seen as working with the school, rather than against them as they felt of George's mother. Martin responded to meetings between parents and teachers, becoming 'shamefaced', another snapshot of the child which expresses an apology, signalling a 'good' child:

> He was quite rude and back chatty and so on, and umm…So I told his mum and dad how he was behaving and he was so shamefaced, his mum and dad turned around and said what do you think you're doing, and all it's taken is a few reminders about 'perhaps Mum and Dad would like to hear that in a phone call' and he's stopped completely. He's like a different child. So no, I don't have any

problems with him anymore. But I really, really had serious trouble with him to begin with*…..(FT3)*

Martin's cooperation under threat of parental contact made a clear difference to the way this teacher viewed him. He was no longer a problem to her. A different sort of parent meant that Martin was perceived as having the potential to succeed at school, while she felt that the three other children in the study that she knew were likely to fail, they did not 'belong' at the school, they should not be in mainstream school at all:

> I think Dawn will try but she won't be able to do it, neither will George, neither will Jimmy, but Martin will. You know, and that's the difference, and you see this is why these kids belong here if you like and these, George and Dawn you know need to go somewhere where they can be educated properly.

Outside of the school environment, Martin and his mother had been seeing professionals within CAMHS for nine years, and although here his mother had learned to be assertive too, a different sort of dynamic was in place. Just as George's mother was being 'managed' by the school because of their perception that attachment disorders, hers and George's, were the cause of her sometimes distressed relationship with the school, Martin's mother was a focus for the psychiatrist at CAMHS.

> sometimes it's the longer term relationship with some families- particularly if there are attachment issues - about kind of containing and holding them over a longer space can allow her to contain and hold… Martin over a longer… time *(CAMHS psychiatrist 1)*

By appearing to address Martin's needs with a diagnosis of 'ADHD', her motive was to 'hold' the anxiety of his mother. Although this may well have been part of what helped the relationship between mother and son[39], it did also create a different sort of dynamic between the professional and parent. The psychiatrist's unwillingness to speak directly with Martin's mum about her 'real' diagnosis of attachment disorder might have been what she described earlier as being sensitive to parent's needs, but may also have arisen from fear and anxiety in the face of a well-spoken, well-informed, determined and distressed parent. However this rebounded in mum's own interpretation of their meetings. As the psychiatrist danced around the issue of diagnosis, mum interpreted this as a form of professional control – "that's what their role is and that's what they'll do" – and a way of pushing her 'lay' concerns aside:

> And I used to say to her – she used to say to me there wasn't much of a problem and I actually said to her one day, if there isn't much of a problem, because he's

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[39] Martin and his mother both mentioned a recent parenting program that she had attended as being most influential in helping their relationship.

> doing so well at school now, why is he on medication? And she didn't answer me, she squirmed in her seat and she said, well we know that there is a little bit of a problem, but . .   And I'm like, but where was my answer? And then she went off at some tangent and I'm thinking hang on a minute, she hasn't answered my question! And out he goes to be weighed, to have his blood pressure taken and just basically see how things are, and I've resigned myself to that's what their role is and that's what they'll do. *(Martin's mum)*

Mum's angry description of the psychiatrist 'squirming', and then belittling her own concerns as 'a little bit of a problem' are born up by her assumption that if Martin is on medication, prescribed by this doctor, there must be a real, medical problem with Martin. In practice, the psychiatrist might have been 'squirming' because she was unhappy with her diagnosis but seemed unable, in her anxiety, to assert her professional authority so that Martin's help might be properly directed.

Less obvious in any of the talk about Martin and his diagnosis was how his father shaped the picture. Although he was spoken of briefly by the psychiatrist, it was with hesitance, and only in terms of his relationship with mum and the 'out of control' emotions that he exhibited when early on he attended some sessions at CAMHS:

> I think he supports Mum a bit more than he used to, but certainly there was a long place when he would just...he would come in and get very...angry... I think she sort of ...almost wanted him to back off because he got too angry too quickly, but then she was quite exhausted dealing with Martin

Since dad didn't take part in the study I didn't hear his own story about Martin's 'need'. Mum spoke of him as finding it difficult to cope with Martin, and finding that the route through CAMHS, which began with a family therapist, was 'so frustrating...a waste of time':

> in the end I had to ask to see somebody else, because it just didn't go anywhere, and [Dad] refused to come with me, so now [Dad] won't come with me, even to see [the current psychiatrist], because he found the whole experience so frustrating. Totally unhelpful and in his words a waste of time...He's found everything difficult to cope with. (Martin's mum)

His anger and frustration at the services provided by CAMHS was explained in terms of a disagreement with the family therapy they had been assigned, but may also have been because of his own helplessness in the face of a home situation which he found very difficult.

The theme of 'coping', and the difficulties of coping, became very strong in Martin's mother's discussion of the family dynamics. This could be seen in her assertion that the reason that they had only the one child was because Dad found Martin too much to cope with: "I would have liked more children, umm, but my husband feels that he can't cope

with just the one, let alone any more…We will never have any more, and… that's a bit hard to cope with". This in turn had an emotional impact on Mum herself, so that she too found it hard to cope.

She was open about her own outbursts at home, about how sometimes she didn't cope and then "things fall to bits", which she knew affected Martin. However dad's temper, his own lack of coping or loss of control, was never mentioned in relationship to Martin's own temper, by mum or by professionals. This focus on the mother in both Martin and George's cases, although based partly, in some families, on 'choice' – the psychiatrist said with a degree of uncertainty it was "their… his choice, or their choice as a family" for dad not to come – means that a full picture of the child is not used in assigning support routes. Perceptions of the child are based in either an individualistic child-focused view or focused on the mother-child dyad. This is in line with what Singh found in both studies and literature about ADHD:

> In the past three decades, parent–child interaction studies to investigate the significance of parenting behaviors in children's symptomatic behaviors have systematically excluded fathers and girls and have focused on the potential toxicity of mothering behaviors in relation to sons. While mothers and sons have been carefully researched in the ADHD literature, parents and children have not. (Singh, 2004: 1194)

She continues that the focus on mothering and not fathering or parenting as the cause of boys bad behaviour makes it more likely that mothers will seek medicalised solutions, whether that is through pharmaceutical interventions, as in Martin's case, or through a focus on physical 'disability' – genetic differences, dyspraxia, anxiety – as George's mother sought to do. In the meantime, the dominance of these mothers in the discourse about Martin and George meant that they were pictured in their mothers' images, with their fathers playing only a minor, subsidiary role in practitioners minds.

Belonging and excluding practices – the child who doesn't fit in

The formal and informal labels that were attached to Martin and George were multiple and related to more than professional diagnosis or one-to-one interactions with the child. For instance, as has been demonstrated, labels could be applied through feelings about other family members, or because of pressure from family. Non-diagnostic labels such as 'difficult' or 'challenging' also define the child in similar ways to clinical labels, and both forms can spark off a reaction about the appropriate care and treatment required, for professionals as well as for parents and the child themselves, as Miller and Todd discuss from the viewpoint of educational psychologists (Miller and Todd, 2002: 82).

Labels additionally could be seen to have had more than one purpose, addressing more than one need. As well as placing the child so that support might become available, labels positioned the child in ways that fulfilled the needs of adults such as parents and professional. They provided adults with the means to symbolically (and sometimes literally) move the child away from the mainstream group into a subcategory of those 'with additional needs' – the needy 'others'. This positioning of the child, and as we have seen, their family as well, and the actions that go along with it, can be a place of discomfort for the child. Labels can be misleading, so that all action becomes subsumed underneath the symbol the label is known by, all behaviour read through its interpretation. They can be stigmatising, creating a sense of low worth for the person carrying the label. And they can be a way to *other* a person, to name, and position them, as 'the alien' and in doing so protect your own sense of self and belonging.

The ambiguous nature of labelling, both as proving necessary in order to activate formal forms of support, and as achieving unintended and often less supportive affects, can be seen in Martin's case. Martin's own relationship with his label of ADHD, and the medication he received for it, was divided. He spoke about himself repeatedly in terms of 'losing control', a term that his mother used as well in connection with both of their behaviour. The perception of his loss of control was that it was more of a problem at home. Although his form tutor and other teachers spent some time describing how he behaved in 'silly' ways or wouldn't do what was expected of him, and Martin and his mother described more than one incident where he 'lashed out' or threw a chair at school, when asked to sum up how he was, it was a controllable child that was presented by his form tutor: "with Martin, it's his home life is where he misbehaves... here he will do as he is told. And then he'll go home and he will complain that he was hard done by" (Form Tutor 1). Martin felt that this containment which he tried to hold on to at school pushed him into releasing his frustration on his parents instead, "yeah, and then I don't do anything at school and then I come home and I just let it all out on mum and dad. It's just... I don't like it." But while not liking this loss of control when it affected his home life, he felt that his outbursts at school could serve a beneficial purpose. They were sometimes a way to gain space when he was feeling pressured:

> Martin: No, I don't want it to happen (sounds really small and miserable). Sometimes is just happens... and it's like... at school, it's like a good thing because then they go away from me...
> Tish: What , the teachers go away from you?
> Martin: Yeah, the teachers and, um, students they all go away from me.

My observation (above) that Martin sounded 'small and miserable' was indicative of his confusion with regards to his situation. He told me that he felt that he had to take the medication so that his behaviour would be acceptable, 'a day without and I just went ballistic', but on the other hand he didn't like being medicated, because it made him feel different, as though he is faking normality, when instead he just wants to <u>be</u> normal:

> Martin: I hate taking them, I don't like taking the medicines…
> Tish: Why's that?
> Martin: I just <u>don't</u> <u>like</u> <u>taking</u> them, I just wanna be normal (sounding very disgruntled) I just…
> Tish: Oh, ok, yeah
> Martin: But I've got to take tablets to make me feel better, otherwise I just lose control, because we tried it in primary school with the same thing, and at secondary school like, a day without and I just went ballistic. And that's in a day.

A few minutes later we talked again about 'being normal'. This time Martin was able to show a bit more why he hated being 'medicalised' into normality, he really wanted to stay as 'him' while being permitted to 'do usual stuff', to function as others do, and to 'be liked' for himself – 'without changing stuff' - an emotional plea for acceptance:

> Tish: Normal's a weird thing anyway, no one's really normal
> Martin: No, but I just want to, like, be…and like do usual stuff that other people do and be liked, and stuff… without… changing stuff

This can be seen as a plea for inclusion on his own terms. Rather than ignoring his issues with controlling his anger, Martin accepted medical solutions to it despite his objections, in order to have a better chance of being perceived as 'normal'. In a paper on identity and ADHD, the sociologist Geraldine Brady discusses how, despite legitimising behaviour by providing a medical explanation for it, the label can lead children to believe that there was something wrong with them as people: 'Believing that they 'had' ADHD they internalised the notion that they were somehow damaged and that only medication could fix them' (Brady, 2004: 43) It seemed that for some practitioners, labels such as ADHD led to feelings which could be described as exclusionary, removing the child from their unlabelled peers and placing them into a category of 'other'.

An example of this can be seen in returning to the relationship between Martin and his modern language teacher. In terms of the classroom, the teacher described him by his behaviour: "all I know is he's just miserable and puts his head on the table". When asked if it would be helpful to know more about Martin and what was going on for him, this teacher's reply expressed an unwillingness to engage with the idea of difference, while at the same time not being able to teach him 'as is' either:

> Well, I could know the facts about him, but how would it affect me and how would it, how would it inform my practice? You know, if he's ADHD, whatever that means, what's that going to do for me? I've got some targets on an IEP [individual education plan] that are pretty derisory to be honest with you. I mean they're pretty, pretty derisory, pretty simplistic. How am I going to cope with an ADHD child, you know. He's going to need special attention isn't he, from someone, an ADHD worker with him, not me, who doesn't know anything about ADHD. I've just got some guidelines in an IEP.

Martin *became* ADHD in the teacher's talk, rather than a child to be taught like all the other children: "he's ADHD". This *othering* of the child, using their label to objectify and alienate them and moving them into what Hacking calls 'species mode', makes them in to something besides an 'ordinary' child and removes the need for conventional concern or attention: 'to speak in species mode about people is to depersonalise them, to turn them into objects for scientific inquiry' (Hacking, 2006: 313) The teacher appears angry, partly at the school system which has given him 'pretty derisory' help in the form of some guidelines on Martin's IEP, but partly at the child himself, who refused to comply with his normal teaching methods. His use of 'if' to prefix his statement, 'if he's ADHD, whatever that means' showed a degree of scepticism, both of the label, and of Martin himself, just as was seen in the talk of the head of year 7 about George. His own anxiety and sense of helplessness in the face of all these new categories of need, 'how am I going to cope with an ADHD child', was accentuated by his refusal to find out any more about either individual children and what would help them, or the categories themselves. While teachers and other Children's Service professionals are overburdened with work, for some the time needed to go beyond a 'derisory' IEP may be a step too far. The child may receive the blame for the perceived extra work that they create.

Martin, in his turn, might have been using his misery, laying his head on the table and refusing to work, as a sign, a form of resistance to the teacher's approach on his part (Wang, 1999:192), just as he used his out of control behaviour to remove himself from situations he found uncomfortable. In this it was a way for Martin to have some control where he felt out of control, to regain a sense of personal power. Foucault said that 'Power relations are exercised, to an exceedingly important extent, through the production and exchange of signs; and they are scarcely separable from goal-directed activities that permit the exercise of a power (such as training techniques, processes of domination, the means by which obedience is obtained), or that, to enable them to operate, call on relations of power' (Foucault 1994: 338). Where a teacher's professional performance needs to have the gravitas of authority to support this 'exercise of power', children who do not submit to this authority can be a source of stress as this power judders uncomfortably

(Travers and Cooper, 1996). In some of the incidents that will be described in these three chapters, this challenge is direct, but an indirect threat to power and authority such as Martin's behaviour in this class may trigger the same sort of internal emotional response. The reaction of the teacher to Martin, and Martin to his teacher, based in his label of ADHD, created an emotion laden situation where the child, as the least powerful of the pair, found himself pushed outside of the main group: both symbolically and emotionally excluded.

The teachers that Martin liked best were those he felt accepted him for who he was: "They're just, like, nice, and they know how I am and they just like, I don't know, they just like me and things". As was shown earlier, these teachers also shouted, but their emotional tone was still inclusive of children like Martin. In this more friendly school context, Martin was more able to relax emotionally and be himself. He could then be perceived as a different sort of 'little boy' from the one described by the head of year earlier, not silly, or maliciously giggling as one teacher described him, 'out of control' or sitting outside the circle sulking, or miserable with his head on the table. Instead he was seen as a 'lovely lad', an absolute sweetie. One of the school's inclusion mentors describes his participation in a new art group:

> We are lucky enough to have an artist in residence working with the school and all her work at the moment is focusing on self image and it just fits in so nicely with what I am doing. So Martin is with us in that group and he is just an absolute sweetie. He comes across as a really sweet little boy, I am just getting to know him so I haven't seen any different but yeah lovely lad. *(Inclusion mentor 1)*

There was no othering here, no pushing him out or defining him by condition. Although he was again described as a 'little boy', this was not to insult him or make the adult feel more important, it was a warm, empathic view of an eleven year old who wants to be included and work with the group. This may be a reflection of the different professional role of the inclusion mentor, whose aim was to work with children in danger of exclusion or on internal exclusions to try and re-engage them with the school. Within the research data, this warmer expression of emotion towards children was most expressed in schools by some non-classroom staff, by health and social care staff, or in connection to a child eliciting sympathy through their family circumstances or obvious physical disability.

Other children in the study also explained how this different attitude towards them helped them to feel included, and thus able to do school work better. George, who had a very difficult relationship with the teaching assistants assigned to work with him, had a reputation in the school as a 'woman hater', which like much else was blamed on his mother:

> ...and some words in the staff room - his mother molly coddles him, and George doesn't like that and as a result George doesn't like women. [Emphatically] That's the impression.. I get, and it is my opinion whether it is true or not but I know he has great difficulty relating to women especially when they try and patronise him *(FT1)*

However, George defined things very differently. His view on it showed that it was not women, but the interactions with them that were the issue. The only teaching assistant he liked to work with was the one who would listen to him, and allow him a second chance when he was rude or wrong:

> Tish: Is there anyone you particularly like when they come and help you?
> George: Maggie is alright.
> Tish: What makes it ok and others not ok?
> George: She listens to me.
> Tish: That does make a difference.
> George: Yeah and she gives me second chances and stuff.
> Tish: Does it make a difference to your work when people actually listen to you - what the problems are and that ?
> George: Yeah cause you actually want to work for them.

It may be that for some school professionals this boxing-off of warm emotions, of empathy, sympathy and connectedness, is a protection from emotional hurt where a situation is too complicated to understand easily, on top of the already strained day's work. In a paper on the Victoria Climbié Inquiry Report, Andrew Cooper discusses the power of the fear of strongly uncomfortable emotion, which goes beyond simply affecting practitioners and their work. Cooper found that the protective instinct against it even colours the report itself (Cooper, 2005). Within education and other professions that we have seen here such as psychiatry, this defensive action may stop some professionals from engaging beyond the surface with children perceived as different, allowing them to blame a condition, the child's self, and sometimes their family, for discomfiting behaviour or ways of being. In doing this, they remove themselves from some of the emotional pain, but may inadvertently pass that same pain over to the child instead.

Concluding remarks

This chapter has focussed on a more systemic approach to the construction of 'the child with additional needs', by looking at how perceptions of diagnosis, parents (and in particular mothers), and labels can shape the picture of a child. The vacilating nature of formal and informal labels, both in terms of the shifts in understanding of diagnosis by those who are qualified to apply them, and in the understanding of what these labels mean by other sorts of professionals who work with the children, means that uncertainty and speculation sit alongside any release that naming a 'condition' may bring to individuals or

families. However the meaning attached to the named condition is powerful in itself, and can leave a child 'labelled-in', or cornered, by this construct. Billington writes of the signifying power of the label, and the complex nature of the forces that it can generate:

> Clearly, many of the people with whom we work, colleagues and 'users' will expect clarity from us and we may each have witnessed the relief that can sometimes be achieved, for example, at the moment of a diagnosis. However, what is the nature of that relief? Are its benefits permanent or do they become something else? In the process of distribution to a client, what exactly might a diagnostic signifier signify, for example, attention deficit hyperactivity disorder or social stigma? While as practitioners we have the power to impart knowledge about an individual, child or parent (or teacher?) it can be difficult for us to see the complexity of the social processes in which the exchange occurs. (Billington, 2006a: 74)

As Martin showed earlier, feelings about diagnosis are not neatly contained or unproblematic, for the child any more than for their parents or professionals. Interactions with the child, and internally by the child, may be shaped by a personal decision about whether the child fits into this classification or not, sometimes with only a partial understanding of what that diagnosis means. Martin's language teacher and the head of year on his diagnosis of ADHD, the assistant head and SENCO on George's anxiety, as well many other professionals in the study[40] had created their own ideas of what was 'wrong' with the child. Two other studies, the first in the United States and the second in Australia, which looked specifically at understandings of ADHD found similarly that teachers ascribe meaning to ADHD without fully comprehending the implications of the label (Arcia *et al.*, 2000; West *et al.*, 2005), indicating that decisions that were made about the child were sometimes based on conjecture. In more than half of the cases studied within this project, one professional or another proposed that the 'real' issue was to do with attachment (Martin and George, Dawn, Stacey, Jordan, Danny, Gary), and whether or not this may have been correct, only one child was given any support, within or outside the school, in direct connection with this[41].

The uncertain nature of the labels given to the children was further aggravated by a lack of joined-up working, often through shortage of resources, which left children marooned in those labels that might get them any help. Although non-education professionals, such as the paediatrician, the YOT workers, family support workers and the social workers had a

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[40] For example, Alex's form tutor and Leanne's teacher at her new school, deciding that they weren't on the autistic spectrum, the SENCO on George's learning difficulties, the educational psychologist on Jimmy.
[41] Dawn was working with a family support worker on her life story, which will be reported in the next chapter.

clear idea that a child had learning difficulties or speech, language and communication difficulties that were seriously impacting on their learning, there seemed to be no recourse to getting help for these or a separate assessment that would allow the child to access further support. Martin's psychiatrist expressed the view that what would help mum, and thus Martin too, would be someone in "the old fashioned social work-y role where you can kind of.. just go in and have a cup of tea and observe…Observe what's going on and do some kind of quite hands on.. stuff which we really can't offer from this [service]". However, she described how thresholds for social work involvement were set so high – to the 'absolutely desperate' – that even where a parent felt that she might harm her child, physically or psychologically, other services were left to try their best with the means that they had to help.

> .... there is a bit of a bounce back, but they operate this system that if CAMHS are involved that ticks a box, and that's why… they don't need to pick it up. Unless it's something absolutely desperate, I think the threshold really for, umm, the duty assessment team certainly to get involved are very high, so I think we do end up dealing with a lot of… child protection, particularly around neglect, emotionally - it can sometimes be tricky to kind of get those colleagues on board for those cases *(Psychiatrist 1)*

As a psychiatrist, her professional role allowed her to provide medication to keep Martin's behaviour within containable forms for his mother, and a label which would help him to access some support at school, despite her misgivings that the meaning-label 'ADHD' was not necessarily the right symbol to describe Martin as a person.

Returning to the looping process that Goffman describes of interaction, action, reaction (Goffman, 1961a), this cornering of the professional who would like to help compounds the effect of other professionals who are too overstretched or uninterested to do more. To feel helpless, frustrated, or tired can be an emotional 'shaping-state', impacting the decisions made both about how a child *is*, and what should happen to them, shaping what they *will be*. The child may become 'captured' in this story, within the dynamic loop of interaction, action, and reaction, as illustrated in Figure viii.

'Capturing' the child:	1st Phase	2nd Phase	3rd Phase	A professional 'picture'
Family	Child's behaviour as viewed by adults ↓	Parent's behaviour as viewed by professionals ↓	Child's reaction to adults actions ↓	Child may become 'stuck' in this adult story, though their own story of self might be quite different
Practitioner	Practitioners' actions and reactions to the child →	Practitioners' anxiety about parents →	Practitioners' stories about the child and family's reputation →	

Figure viii: The loop of 'capturing' the child.

This is not to exclude the influences that parents and carers have on the child, nor their other environmental influences, but what has been seen in this chapter is that just as the child can become captured, professional services for children can get stuck themselves in the ambiguous nature of diagnosis and categorisation of the child. Returning to BESD's predecessor, maladjustment, Ravenette uses George Kelly's personal construct approach to consider how a 'constructive alternativism' (Kelly, 1963) might open up perspectives around the child, 'for example "Let us assume for the moment that this child might conceivably be labelled as 'maladjusted'. What are the implications of this label? What else might he be? In the existing circumstances, what options does this lead to, what doors are shut?"' (Ravenette, 1997: 36). Opening up to the possibilities of 'what else might he be' not only potentially frees the child, but allows practioners to reflect on their own practical and emotional 'shaping-states': 'what else might we be' as much as 'what else might we do'.

In the next chapter I will look at the cases of two girls without formal diagnoses, looking at the ways that every day events can overtake in the ways that the child is seen and known.

Chapter 7: Dawn and Stacey – 'knowing' about the child

Introduction

While the previous chapter discussed a way of 'knowing' and defining the child through their diagnosis or the labels attached to them, this chapter looks further at a different aspect of 'knowing', investigating how the emotional vulnerability of both adults and children involved affected the ways that the children became perceived and the outcomes from this. It will do so by looking at the cases of two of the girls in the project group, Dawn and Stacey. Both were what could be termed 'vulnerable' children, coming from what Dawn's family support worker called "unsettling upbringings". However, while Dawn's background was known and presented as part of what made her vulnerable, a cause of her unacceptable behaviour, Stacey's was not. The chapter is therefore structured, after an initial presentation of their cases, in order to explore the gaps between 'seeing and knowing' that Andrew Cooper describes in a 2005 paper about the Victoria Climbie inquiry. While Cooper is concerned with children who might be termed the 'most vulnerable' – those 'suspected of actual or likely significant harm' (DCSF, 2006: 114) – his description of the dislocating emotional factors which get in the way of supporting attention to these children continues to chime when applied to professionals working with some children with additional needs:

> a deeper dynamic ... is always in play in this kind of work. This is the continual
> and perfectly understandable wish on the part of workers to believe that what
> they are being presented with is not a case of child abuse. Because accepting that
> it is, or that it probably is, pitches them into immediate personal engagement
> with conflict, emotional pain and the welter of difficult feelings and responses
> alluded to. (Cooper, 2005: 7)

Cooper comes from an object-relations perspective through which such behaviour can be viewed as 'borderline' (Fonagy and Target, 2003; Cooper and Lousada, 2005; Rustin, 2005). He suggests that the emotional pain involved in seeing and knowing about a child's distress is sometimes too much to bear. In order to contain this pain, practitioners may split off that which cannot be borne. This deeper level information may no longer be available for use in the communication, interactions, and the meaning-labels that shape the pictures of the child.

The sociologist David Maines proposes that Interactionism, as a perspective, can be understood as resting 'at least on four facts: (1) people possess consciousness and can think; (2) communication is intrinsic to all human social activity; (3) all human activity takes place in situations; and (4) human collectivities are forms of action' (Maines, 2003:

6). These 'facts' might be used in conjunction with Cooper's analysis to frame the discussion of these two girls' cases, since the interactionist approach looks at the communicative processes that create meaning within and between people, while the psychoanalytic approach looks beneath at the processes which unconsciously create meaning through emotions, and seek to defend the self. The chapter will explore the processes at surface and depth which may lead to the gaps in seeing the child and knowing them, considering the vulnerability of both adults and children compounded by their situations, and weighing up the forms of communication and miscommunication which led to Dawn and Stacey being defined as they were.

As in the previous chapter, a brief picture of the cases of Dawn and Stacey, followed by a short discussion of their positioning within school and other social areas will help to provide some background for the chapter.

DAWN

Dawn lived with her father and two of her brothers, one who was older than her, the other very young. She had another older brother who was not living at home. Her parents were not together. Dawn's mother had left the children towards the end of the summer before year 7 started, and after a short spell in care her father had returned to the locality to look after them.

Dawn described the things she liked doing best at school as active things, such as PE and technology, or classes such as ICT and English where she could use a computer. She dropped into the conversation that she had her own computer at home:

I like my computer – 'cause I got one in my bedroom.

Dawn's friends were very important to her, and she spoke about them often. When asked what she liked to do outside of school, her first reaction was *"Meeting my friends"* and her reaction about the things that she liked generally was about meeting friends too:

I like meeting my friends, because… over the summer holidays I had loads of fun because I met all my friends, even though I haven't seen them for ages it is just like so nice to see them because I haven't seen them for ages, and like…OH..it was so good

She also liked active things outside of school:

– Shopping, dancing, and singing and… football. Netball. It is brilliant, I do that a lot.

Dawn had a difficult year at school. When asked how she felt the school year had gone, she said:

Dawn: Quick!

Tish: it went quick! Yeah?

Dawn: Because it seemed like I was hardly at school because I was either excluded or on internals, or truanting (laughs)…

She liked some of the teachers, and felt she had a good relationship with some of them, but also felt that these same teachers could be very rude and 'dupid' too:

that's what I say, I do 'dupid' instead of 'stupid' cos that's what everyone says, it's

> *really good! - and it is like, whooo, I just don't know! They're idiots! Um, I hope this is not going back to them!*

STACEY

Stacey lived with her mother and an older sister. Her father had been violent and was not living with the family any more. She had started year 7 a month late after an extended stay in a women's refuge and had missed most of the previous school year. Outside of school, Stacey said that she went to the local youth club, or down to the beach. She liked swimming too. She explained that she liked her friends because *"Their personalities are nice"*, although sometimes she got annoyed when she felt she was cooperating with them and then they didn't reciprocate:*"they won't do what I say"*.

By the time she was interviewed at the end of the school year, she said that she wasn't keen on much at school,

There's nothing I like about school, but I like P.E., I like umm, ICT, and English, that's it…

She said that this was not because she preferred the teachers of these classes, but only because these were the things she liked to do. The thing that she said she particularly didn't like about school was teachers, and that one of the reasons she didn't like them was because they were rude to her, and had decided what she was like and treated her as though she would be troublesome. Not all of the teachers though, for instance she did like her first form tutor, because:

she's…one of the best teachers in school 'cause she's always been nice and she's feeling, she actually cares.

Stacey was angry about being split from her first form, the tutor she liked best and the friends she had there. She didn't feel that her views had been listened to by the school professionals, and although she said that she thought that they were trying to do *"the best for us"* by splitting them all into different forms, the reasoning behind it hadn't been explained, and she and her friends were too scared to ask for an explanation. She felt it unfair that two of the group had been left together, in the old form, but she and her best friend had been split, and thought the teachers should have listened, and taken her advice about this.

Stacey and Dawn were in the same form at the start of the school year. Because Stacey had started late, she was still finding her feet in the class during my observation period there. Dawn was part of "a gang of very unruly girls" (FT 5), five girls who were indeed 'un-ruled' at school. I observed them causing havoc in classrooms, walking in and out separately and as a group, standing on tables, talking over teachers and refusing to work. Their form tutor (FT3) was new to the school and in her NQT year after training. She taught music. She was assisted by a trainee teacher whose subject area was English.

Dawn was on the SEN and Vulnerable Student registers, listed as having a main category of need of MLD, moderate learning difficulties. This term, which became a formal category following the Warnock report in 1978, replaced Educationally Sub-normal to a Moderate Degree (ESN(M)) (Norwich, 2004). It is reported as the largest category of children on SEN registers (Norwich, 2004; DfE, 2010c), although within the twelve children in this project, only two of the twelve were categorised in this way. When I first viewed the register in January, Dawn was shown as 'Action', the lower level of flagging for attention from the school. It shortly became clear that she was one of the group whom the school's SENCO intended to move into the next category, 'Action Plus' (see the Shifting Need chart in Appendix iii).

Stacey was not on the SEN register, though she was on the school's Vulnerable Students Register, listed, in the column for 'main category of need', as 'other'[42]. It was her form tutor that expressed some concerns about Stacey, who had started at the school a month into term. The form tutor had been given no background information as to why she had started midterm, where she had previously been at school or any of her past information. At the end of May she commented angrily about this, "I hadn't been given any, nothing, nope. No, no, I still don't know, and I don't know what her attainment was". She was concerned that Stacey consistently arrived late in the mornings, and didn't always seem clean or in correct uniform. Stacey had spoken about travelling on her own by train to London to see relatives, and told her form tutor that her mother was abroad and her older sister and cousin were looking after her. This was reported to the school's child protection officer, "and he emailed me so I know he has the information" the form tutor added when I interviewed her for the first time mid-March 2007. My notes from a first discussion (December 2006) with the form tutor about the children she was keeping an eye on say '*she suspects that Stacey may have been excluded or asked to leave her last school since she arrived quite suddenly*'. In fact, Stacey's past year, spent with her mother in a women's refuge and out of school entirely, was not meant to be a secret from the school, Stacey's mother told me. She said she had asked a social worker to speak with them, and had not realised that the communication had not taken place. The social work case concerning Stacey's family was closed in April of 2007[43].

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[42] All the other 11 children in the study were also on the Vulnerable Students Register, but listed, in their 'main category of need', by their SEN category.

[43] I was concerned that, after speaking with her mother, I knew more about Stacey's background than the school, and with her mother's permission brought the social work connection to their attention. It was at this point that the CPO called the local duty office to see if there was any information about Stacey and found that the case had recently been closed.

Stacey was from a mixed ethnic background, and this was an element in her picture that had an effect on some adults expectations about her. For instance, her form tutor hoped that she would be a support for another black child in the class, whom she was concerned was being bullied because of his skin colour. Although this was not a negative construction, others showed elements of institutional and passive racism (Osler and Starkey, 2005; Gillborn, 2008; Parsons, 2009). It may have helped to explain the presumption by her form tutor that she had been expelled from a previous school rather than just moved into the locality. Since girls were far less likely to be permanently excluded than boys – in this time period the ratio was four to one (DCSF, 2008b) – but pupils with an Afro-Caribbean background were three times more often excluded (DCSF, 2009b), the emphasis in the construction of Stacey as 'excluded' seems to be on her ethnicity rather than her gender, although 'class' may also have been an influence. Further, the emphasis in her case was on her unacceptable behaviour, rather than her vulnerability, and there is some evidence that 'women offenders of Afro-Caribbean origins…are cast as 'dangerous' rather than 'mad, sad, or bad', and treated as if they have deliberately embarked on a life of crime' (Dominelli, 2004: 167) [44].

While Stacey's mother had left a violent husband, Dawn was living in a single father household. Notes from a meeting with their form tutor in December said that '*Dawn's mother deserted the children quite recently and they were in care until their father was found in London and came down to look after them*'. The family had social work support, aimed mainly at the father in his change of role, and a family support worker from a team within the school worked with both Dawn and her dad. Although the social worker had been working with him largely with Dawn's younger brother, his parenting was now considered 'good enough' and it was Dawn's behaviour that now kept her with the family:

> If Dawn wasn't misbehaving at school there'd be no need to be involved really. His parenting, it might be negative, you know, it is negative, but so are a million other kids out there, you know, it's not, it's not as though she's not being protected or you know, right you could go down the emotional half of it but you know it's not, it's good enough really. (*Social Worker*)

Dawn had also been referred to groups such as one for young people with a parent who misused alcohol, and the local mental health nurses, although she had not taken up offers of counselling. Dawn's father thought that she had ADHD, a diagnosis assigned already to both an older and younger brother, and that she should be given a Statement of special

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[44] See also, in Chapter 5 'Envisioning the social child', where the head teacher described Stacey in terms of criminality – a sister in prison, her behaviour at school needing 'arresting', the missing father as a weak link causing her behaviour through his absence, rather than his prior violence.

needs, although the social worker felt that this was partly a ploy to receive disability funds, as an older brother had already been down this route. No professionals agreed with his view that she was a child with ADHD, although many spoke of her as having attachment problems. Formally, the school dealt with both girls as behavioural rather than learning or social problems, and actions taken with them were through the Assistant Head for Behaviour, rather than the Assistant Head for Inclusion, although for Dawn the involvement of a family support worker attached to the school, at her father's request, acknowledged the social element to this behaviour.

Seeing and knowing the child

One of the techniques used to gather information about the children in the study was to focus on one or more 'critical incidents' that had occurred during the school year involving the young people. This approach, which Butterfield et al described recently as highly varied in its usage over the last fifty years (Butterfield *et al.*, 2005), is useful to look at emotionally charged areas (Chell, 2004), as a way to focus thought and to recall in the interviewees own words what they remember occurring. A critical incident approach can be seen as 'turning anecdotes into data' (Bradley, 1992), in order to gain insight into decision making at critical times. It often asks for many reports to be distilled down into the salient 'critical' points, for instance Flannigan's initial use of the technique was about pilot decision making (Flannigan, 1954), or Bradley's more recent study of GP's decision making (Bradley, 1992). However, in this study it has been used also to open up the incident, to hear the different stories that feed into the picture of the child, and to explore what becomes surface in relationship to the critical incident, and how it merges, or fails to merge, with any deeper knowledge of the child. The connection between what is seen at the surface – and this is often only 'seen' second hand through other people's stories – and the emotional charge which may cause the recipient to 'turn a blind eye' (Steiner, 1993) to the more painful knowledge about the child, is vital in what happens next to them.

Towards the middle of year 7 Dawn and Stacey were together involved in an episode which became a critical incident in terms of the ways that people perceived them. This may be more strongly so in Stacey's case, as Dawn had been a disconcerting presence for many adults in the school from early on in the year. Different stories were told concerning the incident, but from adults the level of discomfort it evoked was consistent: 'I was horrified by that, horrified' (English Teacher), 'appalling behaviour as a group' (Head Teacher), 'really disgusting and vile' (Inclusion Mentor). An amalgamation of the different versions of the story from the girls and practitioners, trying to remove some of the emotive personal elements, would be that Dawn and another girl in the group had just

been temporarily excluded for something that they felt was unfair. They were told to leave the school, and the three other girls, including Stacey, were leaving with them, when they came across a group of teachers chatting with each other, who also told them to leave. As the teachers tried to escort them from the premises, the girls decided that they didn't want to go, and started calling the teachers names and swearing at them. Some of the language and gestures, particularly from Stacey, were graphically sexual.

Several school practitioners reported that the girls had been waiting to beat up a girl they held responsible for the exclusions. Stacey's version of the incident was different than this. She said that after first being asked to leave,

> well she [a teacher] started following us, so we were going 'Stalkers, perverts why you following us' and stuff like that, and we were calling Miss B a bogey because she was wearing green, and calling her fat and stuff - I thought that was out of order, but I think it was just all of us just showing off in front of each other. And then Mr C came up and we got like, and we were all taking the mickey out of them, going 'kiss', Miss D came up, Mr E and I've forgotten his name, I've forgotten his name, but another teacher, he came out and he was trying to help the other four teachers trying to get us out off the premises and we wouldn't go out.*(Stacey)*

Stacey toned down the incident in telling. Her reportedly explicit language to one of the male teachers became 'kiss', possibly because she wanted to present a particular image to me as the researcher. This seemed to be confirmed in her reflection that calling a teacher fat was, in her opinion, out of order. She also expressed an awareness of how 'showing off in front of each other', trying to impress friends, influenced the group's behaviour, and it is likely that she was reflecting on her own behaviour and motives here. In terms of importance, gaining respect within her friendship group may have been a higher need for a child who had such a disruptive life, than respect from the adults at the school. A recent study in the USA with aggressive girls demonstrated that their behaviour often related to bonding and consolidating relationships (Adamshick, 2010). However, the censoring of the incident may also be related to a need to contain her own discomfort, to protecting herself from the difficult knowledge of her dangerous behaviour which had landed her in considerable trouble. The group were excluded completely for one week, and then spent three weeks on 'internal exclusion' within their small group, being taught separately. Three of them, including Stacey and Dawn, were moved to different form groups.

Dawn seemed to take a similar approach in censoring the episode, but to the point where she had blocked the idea of it mattering anymore from her immediate thinking. She chose to believe that, having received her punishment, the incident would be erased from people's minds and she could start from fresh.

Dawn: No - that is all forgotten about.
Tish: It's all a clean slate now?
Dawn: Yeah, it is all a clean slate, nothing…
Tish: That's good!
Dawn: Yeah! because it gives me a clean slate, and then I can start all over again!

Although I introduced the phrase 'clean slate', Dawn jumped on it, and became excited about starting all over again. The child psychotherapist Margaret Rustin (2005) postulates that children in distressing situations may try and contain their untenable emotional positions by providing a defended response to those around them. This may come across as a denial of any problems – being able to start all over again – or may instead play out in terms of other sorts of behaviours. An interactionist approach might suggest that children like Stacey and Dawn were struggling to maintain their front. Their performances, as a group, set out to 'keep its secrets, and have its secrets kept' (Goffman, 1959: 141), providing a coping mechanism not just for the everyday of school life, but as mutual support for the difficult times they all dealt with elsewhere. This performed front, holding in their own emotional troubles, was aggravating for school staff who were trying to keep order and to maintain their own performance of role. As Rustin suggests, where practitioners are feeling emotional pain themselves as the outcome of a situation, they can sometimes fail to consider the emotions that the child themselves are feeling (Rustin, 2005). This dislocation, as though the knowledge of the child's own suffering becomes stuck in the practitioner's own difficulty, creates a state of anxiety where reflexivity becomes impossible (Frost and Hoggett, 2008), where the thought that could open up the interactions between child and adult, letting them be known as well as seen, is too emotionally charged to take place. The effect on the way that staff were able to speak about these girls was to create an image which resounded with the difficult time that they gave staff. In the following passage, the Head of Year who was responsible for both girls described Stacey.

Stacey, again very very pleasant and personable to me. However, her issues are generally around intimidating other children. She is manipulative, she stirs, she will run between people, 'she said this and he said that', whip people into a frenzy and she loves causing fights. She can be very focused in class. She very much wants to please staff most of the time. So her issues are not really around staff it is around other children. She does get easily led into silly behaviour. She's quite easy to pull back. Dawn is not easy to pull back from a member of staff, Dawn is very very willful, and a couple of her other mates that are not down on that list possibly come across as a lot stronger characters in the classroom. But Stacey can turn on this 'I'm sorry, look at this beautiful piece of work I have done for you' etc, you know. And it is a turned on and off thing. I think she is actually quite a dangerous character with regard to …just stirring things up between people. Making things up, 'so and so is going to hit you'. People won't come into

school because of things that her and her friends are saying to each other. They even wind themselves up in their little group…. Constantly stirring, manipulating - poisonous, poisonous girl, as I say, sit in a room with her, she's lovely! I think she bullies her mother as well, I have had her mum here twice, her mum barely says a word. Sits very quiet and meek looking down. I think that she has witnessed some horrific things at home, domestic violence. I know there is an issue with dad being out and about having done something nasty, on the run, no one knows where he is. I don't know if they are on a witness protection scheme but certainly something similar. And yes, I think that Stacey has witnessed mum being pushed around and she does it herself to her mum, that is what I think, I haven't actually seen Stacey speak down to her mum, but just the way, the whole sort of way of her mum's manner. Have you met her mum? I don't know if that came across to you…(Head of Year 7 b)

This very long passage has been included because of the wealth of 'seeing' without 'knowing' that it contains for Stacey. This teacher filled in many gaps to consolidate her story about Stacey and her family, 'making knowledge' (Taylor and White, 2001: 46) about the case without establishing a reflexive understanding of what life might be like for Stacey herself. As the story unfolded the teacher's language intensified; she talked of how the group 'wind themselves up' while at the same time seeming to wind herself up. Her story of Stacey began with her being a pleasant girl, who wanted to please teachers and could work hard, manipulative with other children and easily led into trouble, but easily pulled back too. Then the story's pitch was raised. She refers to Stacey as 'turning it on and off' as though all her attempts to please teachers were a selective, conscious ploy; Stacey becomes a dangerous, manipulative, poisonous stirrer. This may have related to bearing Stacey's mother in mind before speaking of her, and her accusation that Stacey bullied her mum. While her ability to empathise with Stacey may have been limited due to her need to defend against unsafe feelings, she may have found it easier to connect with Stacey's mother, who seemed to support the school in disciplining the girls. In psychoanalytical terms, this defensive splitting, portioning off her difficult thoughts and projecting them onto Stacey instead, allowed her to maintain face: 'The self may now, for example be felt to be restored and "good" while the figure projected into becomes dangerous and threatening in turn' (Cooper and Lousada, 2005: 30).

Stacey's background was presented almost factually, with Stacey as a 'witness' to the domestic violence, made less brutal by calling it 'seeing mum pushed around'. This retreat into a more objective voice was noted by Hacking with regards to child abuse cases, he writes of a *craving* for objectivity by professionals reporting the case, a pained desire to move, subjectively, away from the source of anxiety (Hacking, 1999). Although the head of year stated confidently that "I know there is an issue with dad being out and about having

done something nasty, on the run, no one knows where he is", a potentially frightening and anxiety producing state for Stacey and her mother, she failed to make the link between Stacey's behaviour and her social world, 'a defence which is employed because to make the link would be a source of painful anxiety' (Rustin, 2005: 12). Although Rustin is referring to social workers, this defence in all children's practitioners can alter the way that the child is perceived: Stacey was painted as a bully who was copying her father's violent behaviour towards her mother.

This accusation, that Stacey bullied her mother, was not evidenced outside of opinion, as the teacher said, it is only what she *thinks* 'I haven't actually seen Stacey speak down to her mum, but just the way, the whole sort of way of her mum's manner'. On the occasions when I met with her or spoke on the phone, I found that Stacey's mother was a very quietly spoken woman whose first language was not English. She said that she found it difficult to express herself at times in English, which was clear in our meetings. She told me she supported the school's actions including the exclusion, which she said "was good because of have to stay home, have to reflect on the things they do" (Stacey's mother). At home, on the two occasions when I observed them, she spoke to Stacey in both English and her first language, was firm with her, and Stacey did as she was told. She expressed shock and distress that Stacey had behaved in this way, as this was not the girl she knew from home:

> at the last meeting at the school, they disappoint me what the bad language
> Stacey talks, Stacey! You! But she never, never!, you can't say thing like that! then
> in house she never, never talk things like that, but yes...I think it's the culture
> because you know when it's the group, the more I say, the more is the....I think
> it's the group...*(Stacey's mother)*

Her emphatic 'You! But she never, never! ...in the house she never, never talk things like that' seems like a protection of her home life from possible intrusion or surveillance by professionals, pushing bad behaviour on to the 'culture' outside the home, in 'the group', and she was careful to emphasise later in the interview that it was not a home or community problem: "Never ever, no, just in school". Stacey was an articulate and outspoken girl at school, and whatever her feelings towards the school, she had a school identity, it was her place (Mayall, 1994) and not her mother's. Her embedded confidence may have been mistaken for 'pushing around', particularly if her mother was quiet in the meetings as she was in meeting me. Stacey may have felt shame at causing her mother more distress, particularly given their past circumstances, the time in the refuge and escaping from her father, and been defensive because of this. Although this is speculation on my part, based on my observations of them in the home, an attempt to build an

alternative 'poled' construction of the situation in line with a personal-construct theory view (Kelly, 1963), it reflects the speculation that went on at school. What is interesting is how Stacey's behaviour in meetings was interpreted by the practitioner, who may have been looking for signs of her 'poisonous' self. This use of language to construct a moral picture of the child alludes to the relativistic nature of decision-making. In Taylor and White's discussion of the emotional influences on social workers' decision making, they note that these 'rely upon moral judgements about blameworthiness and creditworthiness, responsibility and irresponsibility' (Taylor and White, 2001: 47). Returning to Herbert Simon's ideas about 'satisficing' and 'bounded rationality' (described in the introduction to Section 3), Simon details how, out of the multitudinous choices we have to choose between at any point in the decision-making process, we select a path, and often have no conscious idea why we have done so (Simon, 1993). The decisions made out of emotional reactions – anxiety that children will not behave, anger that working life is made so much harder, fear that there is more going on than meets the eye – may transcend a more considered approach.

Decisions by practitioners within the school community often bypass the one-to-one interaction. Instead they filter into the 'communities of practice' they are situated in (Wenger, 1998). These can be thought of as the communities of shared aims around the child, and the knowledge generated within them, through participation and then the reification of situated knowledge. 'Communities of practice' can be a useful way to try and conceptualise multi-professional working since they can work across or within organisations (Frost, 2005), however this does not necessarily lead to more reflexive learning or decision making. They do help to describe the ways that emotionalised decisions such as those made about Stacey become reified and incorporated into organisational thinking. This leads back to the child becoming 'captured' within these decisions, unable to wriggle out of a reputation, moral charge, or other meaning-label (see *Figure viii: The loop of 'capturing' the child. p156*). Stacey felt this was the case for her, that teachers set her outside of normal 'fair' treatment because they had made a decision that she was 'not the same as everyone else', based on her actions in this one particular incident.

> Yeah, like if someone else starts first, it's really annoying, 'cause like I've already been... 'cause I was bad, they've been, like, been really out of order and it feels like they feel that they can act different to other people, like I'm not the same as everyone else.

She admitted that she has been 'bad' but felt that the teachers have been worse 'they've been...really out of order'. She sounded hurt as well as annoyed, 'it feels like they feel that

they can act different to other people'. She had been stigmatised by her past behaviour, by what Goffman termed 'blemishes of individual character' (Goffman, 1963: 14) and unlike Dawn's blithe 'fresh start' felt that this reputational stain blocked her movement back towards 'normal', that is, acceptable, behaviour and achievement.

Situating vulnerability

Stacey and Dawn's actions must not to be trivialised. For the four adults directly involved, the five girls had seemed threatening and abusive. Furthermore, they had refused to comply with teachers' wishes and leave the school grounds. However, the purpose of this chapter is to try and capture some of the relational issues that fed into the bracketing of these marginalised girls. In the previous section Stacey's case was used to explore the way that professionals could produce an image of the child constructed out of their own concerns and fears, while blocking their 'seeing and knowing' about the child or their family. This next section looks at how the vulnerability of both the children and adults, and with them, the communities of practice around the child, fed into this problematic.

The variability of meanings attributed to the words 'vulnerable' and 'vulnerability', particularly in government led policy documents, was explored in the Introduction to this doctorate. It is important to consider what is meant by vulnerability, and how it will be used, in terms of meaning, here. Judith Butler describes vulnerability as something that we all have, it is a universal in that we are all vulnerable, and that this vulnerability comes before, and is beyond words:

> Although I am insisting on referring to a common human vulnerability, one that emerges with life itself, I also insist that we cannot recover the source of this vulnerability: it precedes the formation of "I" (Butler, 2006: 31)

Recognising vulnerability as part of the human condition allows professionals to become more open to their own vulnerability, as well as that of children. It is important, however, to recognise that some people are more vulnerable. Butler suggests that we need to move away from 'the narcissistic preoccupation with melancholia' to a 'consideration of the vulnerability of others. Then we might critically evaluate and oppose the conditions under which certain human lives are more vulnerable than others, and thus some human lives are more grievable than others' (Butler, 2006: 30). Although Butler is here considering the ways in which fear and aggression became many Americans' response to grief following the attack on the World Trade Centre, this macro-reading of vulnerability translates into the meso- and micro- worlds of Children's Services and one-to-one interactions.

In the sense that it will be used here, it is important to acknowledge that adults and children are both vulnerable, and vulnerability implies being vulnerable to something which will produce a negative effect, in that it will create misery. The outcome of that misery, felt emotionally in ways such as fear, anxiety, helplessness, depression, stress, or anger, can be manifold. It can be seen as a structural issue, for instance, from a psychoanalytical perspective, Liz Frost and Paul Hoggett use Bourdieu's idea of 'social suffering', the ways in which social inequalities detrimentally affect the psyche, to work with Freud's approach to 'melancholy' in understanding the psychosocial world:

> The idea that social suffering has a melancholic dimension is also helpful because by drawing attention to that which cannot be worked through we are reminded of the ways in which suffering must then be somatised and embodied (an important factor accounting for the social inequalities of health), enacted ('acting out' under the old social pathology paradigm, 'repetition' according to Butler) or projected (onto partners, children, neighbours, strangers, etc.). These reactions to a suffering that cannot be thought about and whose sources remain unknown have the character both of dysfunctional defences and of adaptive forms of coping. (Frost and Hoggett, 2008: 449)

That the structural element of social suffering feeds into the relational becomes clear from this.

The social backgrounds of the girls were known at least in part to staff at the school. In Dawn's case, this was because two of her brothers had been to Southaven and her father had been in regular contact with the school during the year. With Stacey this was largely based on information that Stacey had casually supplied to her first form tutor, combined with the geographical location of her home. Reay (2005) noted the psychic effect of class status on children at school, where to be of a lower social status was to be less targeted for success, a positioning that the children expressed in their sometimes hopeless assessments of their own ability, 'an understanding of their low achievement as pathological'. (2005: 917). Furthermore, there seemed to be a gendered emotional reaction to the girls' behaviour, that is, the shock and anxiety caused by it at the school was in some cases of a much greater stature when compared to the same professional's reaction to boys threatening actions. For instance, one of the inclusion mentors, who was quick to defend two of the boys in the study who most members of staff felt menaced by, told me about 'the incident' with Dawn and Stacey:

> The four teachers were just ushering them up the drive, come on girls off you go now, it just generated into this complete swearing. Dawn went up to Miss B, who is one of the loveliest teachers, do you know her? *[Tish: I don't know if I do or not]* A lot of the students tell me what a great teacher she is. Apparently Dawn went right up into her face and said who the fucking hell are you, how fucking hard are

you I could fucking take you any day, who the fuck do you think you are, you know, I am fucking harder than you, come on now. A Year 7 girl to a grown woman.

In this version of the story, the teachers are presented as innocent, attacked without provocation by the girls. The emphasis on Miss B being 'one of the loveliest teachers', with testimony from other children, presents this as an 'atrocity story' (Dingwall, 1977) which shores up the strength of the professionals involved. The outrage at the swearing seems disproportionate when compared to the 'crimes' of other children who she defends, for instance, the story of Danny being accused of threatening staff with a metal pole. Since men are far more likely to offend than women, the expectations for girls behaviour is likely to be higher. In 2006, as the fieldwork was taking place, crime statistics showed that 'between 82 and 94 per cent of all offenders in England and Wales found guilty of, or cautioned for, violence against the person, criminal damage, drug offences and robbery and burglary were male' (National Statistics, 2008). Although reactions to offending behaviour can be complex across social divisions such as class, gender, ethnicity or disability (Dominelli, 2004) there is evidence that girls are treated more severely by courts than boys, even though offending rates are much lower (Chesney-Lind, 1989). This reflects long held views that delinquent behaviour is somehow 'un-feminine' and linked to pathological abnormality (Smart, 1976).

However, just as the girls offensive behaviour was shocking for teachers, the young people also found the ways that teachers behaved to them shocking as well. Dawn spoke about the ways that a music teacher behaved towards another child in year 7, calling her seemingly irrational behaviour 'demented'. She reported that it made her feel affronted and angry when this happened, even to another child, 'how out of order?':

> Like Miss W, she didn't have a go at me because she was like - yeah you are being good – she just had a go at a boy, coming in, sitting down, and she was like 'Oy you get out!' *[uses a gruff voice for this]* like, he didn't even talk to you and you're like...oy you, get out, it is a bad attitude. And she goes red! Them teachers are <u>demented</u> in there.
> *[Tish - How does it make you feel when teachers act like that and it seems really unfair?]*
> Like, how out of order? *(Dawn)*

This emotional reaction to a teacher's own 'bad attitude' can be seen to trigger in the vulnerable child what Frost and Hoggett call 'enacted suffering' (2008: 451), expressing their in-held trauma through 'acting out' against others. Teachers such as 'Miss W' were also acting out, but from a position of authoritative power which is unavailable to the

child. Mason and Falloon found that this positioning of the child as less powerful could be experienced by them as abusive:

> The children relate their vulnerability to having their feelings hurt to the unequal power relationships between children and adults. These inequalities mean that adults are able to respond to children with physical, behavioural and emotional actions, in ways that are denied to children. All the interactions which the children and young people describe as abusive, can be characterised as situations where the children are positioned structurally, so that they have no leverage for negotiation (Mason and Falloon, 2001: 106)

Dawn's experience of year 7 was that adults there were unreasonable, they were allowed to treat the children in ways that upset them yet children were expected to be well behaved and not upset the teachers back. This also was disturbing for her, showing a lack of respect for her as an individual: 'who the heck do you think you are talking to!' which might have echoed her life at home, deserted by her mother and with a father who found it hard to say anything positive about her. In the following extract, I was talking to Dawn about some of the ways that she behaved in class: her own enacted suffering. I asked her how she thought her behaviour made the teacher feel:

> Dawn: Angry and frustrated! but it's not my fault!
> Tish: No I am not saying that, I am wondering what you think about it.
> Dawn: They don't even give us help really, what was we meant to think? Apart from saying – oy, you, get out my class! So… who the heck do you think you are talking to!
> Tish: What about any help you get at school. Do they give you help for your school work?
> Dawn: No. I have to say no, they don't, but [the SENCO] says they do. But they don't, so there is a difference between saying you do, but you don't

Her protective defensiveness of self 'who the heck do you think you are talking to', and the feeling that she was helpless and not being given help, although the SENCO said she was, was used as an excuse for her behaviour, 'It's not my fault – what was we meant to think?'. She was being treated unfairly, so it was fair to treat them equally so. However, although she may have felt that this was as rational reaction to what she saw as the school's untruthfulness, it was used as the basis for not only pathologising her, but defining her as mad and irrational as well: "Dawn I think has mental health problems, her behaviour is irrational. She will say all the right words - I am not going to do this again - and she sounds quite plausible" (Head Teacher).

Dawn had effectively said the same thing about the school, that they said all the right words – that they were giving her help with her learning – sounding 'quite plausible' without actually doing so. She could be just as rational and reflective, or irrational and

non-reflective, as the adults who accused her. Their behaviour, as well as their thinking, mirrored each other. She told me, for instance, that she had started behaving better because she needed to get exams in order to become a hairdresser. When I suggested that this was a good target, giving her the motivation to behave well at school, she reflected on this that "so I want to be good, well, it's not that I want to be good, it's just that I want to be a hairdresser". Although she was quick to add that in fact she did not want to be good, she could see it as the means to an end.

The backgrounds for both girls made it likely that they were anxious about relationships and the reactions of others (Howe *et al.*, 1999). Dawn said how nervous she was about starting secondary school, after primary school which she had mostly enjoyed:

> I couldn't sleep for a night because I was so nervous! When I went there I was frightened, cause the first day, when we went there we didn't have the children around? Like all the years…and like, the second day I was nervous and like… it was just like, I got a bit nervous, meeting, meeting everyone again, I was like, 'ha ha'! [nervous laugh] *(Dawn)*

Responses to them by practitioners without a deeper understanding of their needs might provoke an fear-driven response from them (Howe, 1997). In Dawn's case, 'attachment problems' was used as a label for her, by her father, her family support worker, the family's social worker, and teachers at the school. Again though, labelling a child in this way, and even knowing more about the child's background, did not mean that the interaction between them improved. The social worker reported that Dawn had 'attached' to her head of year, but this teacher, the same who spoke about Stacey earlier, while appearing sympathetic to the family's plight, was also angry about having to deal with her. She recounted what she knew of Dawn's social story, emphasising the supportiveness of her father and the 'bit of stability' she now had in her life, as though Dawn could easily put her past problems, her 'serious attachment issues', behind her and move on:

> I think she has got serious attachment issues. I think she has been sort of …shunted about… by her mother. I mean her dad left…I think because of mum's alcoholism, he left all his kids, I am not going to judge his decision to do that. She then got put them in care, go them back out of care put them back in care. Dad came down and dropped everything, scooped up his kids and is doing what he can for them and doing what I think is a very good job. He is very supportive. But Dawn, how can a child survive that damage? ….. I'm not trained to deal with her anger. I am not, I don't know how to do it! All I can say is stop picking on other people please! Stop walking out of lessons! and she's not going to do it. She is so wilful she will do what she wants. If dad says don't do it, she will still do it. If I say don't do it, the head teacher says don't do it - she doesn't want to leave this school, but she is probably at very high risk of exclusion. Which is a shame because I really feel for her. And this is the thing, should we take into account her

> background? Well I really feel for her, I really do. And now, her dad - she now has a bit of stability in her life, but she's not making any progress and where can Dawn make progress, it is not here! no matter how much I care about her as a professional, I don't think she is going to get anywhere here. And the sad thing is she will be permanently excluded, she will go to another school and there will be no change. *(HoY7b)*

Her decision not to 'judge' Dad's initial move away from the family, though she frames his return heroically and protectively: 'dropped everything, scooped up his kids…very supportive', seems to place the blame for her behaviour into her as an individual, setting her up to fail, 'there will be no change'. Her comment 'I'm not trained to deal with her anger', followed by a harried list of those, like her, that Dawn 'wilfully' ignored, speaks about her professional vulnerability, and her feeling that Dawn needs to be elsewhere. As a teacher her training was in the education of the child, with some associated pastoral support. This blurring of professional boundaries, expecting her to take a more social view of Dawn's problems, was uncomfortable, as other professionals trying to work beyond their remit have reported (Frost *et al.*, 2005). Dawn's 'damage' was beyond her own survival, as well as Dawn's.

Children with traumatic pasts like Dawn and Stacey may find it difficult to form steady connections with others (Schofield, 1998). Although the school had a partial picture of Dawn's past, they seemed to be unaware of the domestic violence that the social worker reported as part of her attachment problems:

> So then, looking at being with the family and looking more, I kind of thought, well actually, if you look at the history, there is huge attachment problems here, yeah? With people being in and out of the life, and so, that's a huge thing, and there's been, you know, domestic violence, and then the brother with drugs, and mum with the drinking problem, so, I guess as Dawn, has become settled with just Dad, when things are a bit safer they start kicking off a bit more *(Social Worker)*

From her perspective and experience, having that 'bit of stability' that the head of year spoke about meant that it was also psychologically safer for Dawn to kick off. Billington describes the psychological processes involved when children are witnesses to domestic violence and the ways that this provokes a crisis; the child wants to defend their parent, and is defenceless against the assault (Billington, 2006a: 75). Returning to Adamshick's study of aggressive girls, this need to create new attachment groups and enact the defensive role was a major theme in the girls' talk (Adamshick, 2010), as it was for Dawn and Stacey. In her interview, and as reported by the family support worker, Dawn's main topic of conversation was her friends, who she referred to (in Chapter 4) as 'my children', both a protective and relational connection, and this reflected her need for creating a group in which she felt powerful and wanted.

Stacey's mum also felt that Stacey's behaviour was about defending others, after the troubles she had seen at home:

> I think the problem that she got in school is just because it's… I think she feel, she feel because the way it is for her she feel she need to show - always she want do something for, I can't say [*struggling because of language problems*], for, for umm, to give protection to the people, you know? *(Stacey's mum)*

Indeed, Stacey's need to support others whom she felt were vulnerable had been demonstrated both in interview and observation. This was not only through her support for Dawn when she was excluded – she said about the incident, when it was suggested that they were all a bit upset about Dawn's exclusion, "No, I weren't, them two were" – but during an observed class when she stepped into the breach for an experienced teacher who had lost their voice, acting as her speaker and generally keeping control in the classroom.

Southaven did not seem to be equipped, emotionally or environmentally, to cope with children who themselves were trying to cope with disrupted social worlds – to know and see the child, and work with them accordingly – their responses, as an institution and as individuals within the system, exposed their own vulnerability too. There is an element of what Rustin calls the 'infantile anxieties' which trouble child protection work aroused in professional systems here:

> Feelings of helplessness, of dependence and deference to authorities, of not knowing enough, of sticking to rules mindlessly like a terrorized child … of fear and of wanting to return to the 'normal' world as soon as possible predominate.' (Rustin, 2005: 12-13)

As Dawn commented, the school year had gone quickly for her as she had spent such little time in the classroom, allowed to run out so that the class could return to 'normal', or pushed out for formal exclusions. Her first form tutor expressed her helplessness and frustration that other teachers were failing to pick up how much at school Dawn didn't 'get', leaving her feeling that she would have to give up on her 'I don't know, I don't know if I can do anything else' :

> at the end of the day, we're missing what ever deeper issues she has. Because I think she's got, she's quite low ability in terms of understanding the written word… She doesn't get it, and I don't think, you know, the teachers understands how much she doesn't get it, and, yeah…So she's going to get lost in the system, and what do you do? I don't know, I don't know if I can do anything else, you know. Because she wanders the corridors, she hardly goes to any lessons, so she's learning nothing, you know, and well, yeah. *(FT3)*

Although Dawn had a label of MLD – moderate learning disabilities – she had received little in the way of help or further assessment of her learning. She was both lost *in* the system, and potentially lost *to* the system. This shadow to the arguments about the ways children are perceived, as 'beings' or 'becomings', suggests, as the sociologist Emma Uprichard does, that 'children and childhood are always and necessarily 'being and becoming', (Uprichard, 2008: 303) both as current 'citizen-child' but also as a prospective 'citizen-worker' (Lister, 2003). The implication for Dawn is that her current 'lostness' would, if not checked, remove her from the sort of society that the five outcomes of the Every Child Matters agenda targets, failing to provide her with safety and an education to enable her to become economically successful.

Vulnerable communications

In her paper about the child as both 'being and becoming', Uprichard links the child with, and into, time itself (Uprichard, 2008). Just as time is expressed as a moment and also movement, the child is placed in time as a being but moves along the timeline, as indeed we all do, towards 'becoming' something else. For children, the developmental surge that takes place when we are young means that changes, both physical and cognitive, are particularly great in a relatively short period of time. Education itself moves along swiftly, and for children who miss schooling, whether through illness or other absence, truanting or exclusion, it can be difficult to keep up. This can be especially important where a child is also emotionally vulnerable, for instance in the case of looked after children (DfES, 2007), but the importance of attendance has been emphasised for all children. For instance, the government's website for teachers, *Teachernet*, states clearly the right of the child to a full time education, and the importance of attendance to doing well at school (Teachernet, 2010b), as does research carried out on attainment and attendance (Morris and Rutt, 2004). With these temporal matters in mind, good communication is essential for adults in a position to support children. Where information fails to be passed between professionals, a child's future can be altered (Reder and Duncan, 2003). Sometimes, as in the case of Victoria Climbie, this lack of communication can be fatal. Reder and Duncan catalogue the problems with communications in this case:

> major misunderstandings between professionals; lost documentation; delays in responding to referrals; and failure to include crucial professionals in relevant meetings (Reder and Duncan, 2004)

Hall and Slembrouk (2009) have proposed a three-fold framework which help to examine these challenges. While accepting that their 'levels' (Hall and Slembrouk, 2009: 429) overlap, they postulate first that communication is product of culture, and thus deeply

coiled into structural factors such as class, race, gender, education and profession. Secondly, communication is seen as a potentially helpful transmission of information, even a therapeutic process, for instance between a social worker and their client. Finally, communication is problematic, either inadequate or successful, a way to construct it which works in conjunction with the other categories.

Communication, though, can also be conceptualised as interaction, both as an external symbolic transaction and through the internal, reflexive process of self-communication:

> Communication is central to all human social activity. Because of this, interactionists tend to conceptualise cognition and selfhood as persons in communication with themselves, and they tend to privilege language and other forms of representations (ie symbols) in their studies of social phenomena (Maines, 2001: 3)

However this interactional communication is complex, layered in different needs and intentions. Where practitioners, parents, and young people communicate with each other, the ways that the symbols of the child are passed between them are not static or fixed in some unchallengeable 'truth', but instead constructed between them, 'ongoing reformulations, as the dynamics of each encounter produce new versions of the case' (Hall and Slembrouk, 2009: 466). Wilfred Bion's injunction that talking is 'the employment of musculature to disencumber the personality of thoughts' (Bion, 1962: 83) is useful here, implying that what is spoken may not be what is intended to say, but nonetheless this may be what is heard. Professional and private cultures and boundaries add to the mix. When communication is situated within stress, upset, anger, or denial, the defended anxiety about the child or their situation that provokes 'borderline practice' (Rustin, 2005), creates a further set of hurdles. Together this suggests that 'communication' as a constructed whole is vulnerable to human vulnerability.

Although much of the work shown in this project has been around communication – for instance the pictures of the child, their needs, and the needs of others have been largely devised through talk within the research process – here I want to look more directly at the ways in which adult communication played into the vulnerability of these girls and those around them, as well as other children in general. Human fallibility, interprofessional wrangling and blaming, culture and power dynamics, and 'disordered' interaction all played their part. To do this I will discuss some of the communication between child and practitioners and then look at how failures to interact between two external services – boundaried communication – blocked a chance to 'know' Dawn better, leaving her temporally suspended in her still-disrupted space.

I have described interaction above as 'disordered', to reflect a view that interaction, like attachment, is on a spectrum (Minde, 2003), at one end 'disordered' and negative, at the other end organised and positive. The direct interactions between the young people and the adults can be characterised in this way; an ecosystemic approach would affirm this: 'Problem behaviour does not originate from within the individual who displays the behaviour, but from within the interaction between that individual and other individuals' (Cooper and Upton, 1991: 23). Two examples of this are given here.

The first picks up on the young respondents' comments about what they saw as the hypocrisy in some teachers' behaviour, essentially 'do as I say, not as I do'. This theme, about being treated in the same way that adults complained about from them, was a common one amongst the children, and seen by some as a key issue in behaviour management in inclusive education (Thomas and Loxley, 2001). For instance, Dawn described how one teacher whom she liked, and who treated her in a friendly manner when they were alone together, ignored her in the classroom, leaving her feeling affronted: "When she walks into the form she doesn't even say hello to me. I am like, how rude". While Dawn's issues with attachment may have made her own boundaries blurred (Howe *et al.*, 1999), leaving her vulnerable to misunderstanding appropriate boundaries for this teacher, she was indicating how the power differentials in the interactions between adults and children in the school affected her.

A second example of disordered interaction is given here by a return to Martin's case. Martin's discomfort with some of his teachers was expressed through their interactions. As shown earlier, Martin spoke of how some teachers' behaviour could leave him feeling objectified and powerless, "they think they like <u>own</u> us or something. Like a <u>car</u>, they own it." (Martin). Here he told of how communications with teachers, a question escalating into 'asking and asking', gained a response of detention, something he called 'just...really weird':

> you talk to them, they don't listen to you? they don't acknowledge you, they don't do anything, they carry on talking to whoever they're talking to, or they carry on with whatever they were doing, and you ask them and ask them, and then they go, they turn round and shout at you and give you a detention and you're like, just asked you a simple question and then they give you a detention straight away, it's just like, what? It's just... really weird *(Martin)*

His feelings of voicelessness within the school, his expression that teachers found him not worth acknowledging, left him angry and upset, but not all relationships with professionals described by the children left them feeling this way. Positive interactional communication had left Dawn with a good relationship with the family support worker

who was working with her. They were doing life story work after school, a therapeutic model used with looked after children and others with traumatic pasts (Cook-Cottone and Beck, 2007; Cant, 2008). I asked Dawn the same question that I asked about all practitioners, does she listen to what you are saying, and take your views into consideration? Dawn replied:

> Yeah... [she] is not the kind of person who would ...say ...stuff , stupid, like – she would like, take your word and that, and she'd make some comments to you, and it will be all confidential, and like, she is really nice when you get to know her.

The family support worker's trustworthiness, an issue she discussed at length in her own interview as important to her, had let Dawn feel safe to speak with her. Although it is clear that different conceptual bases will permit, even necessitate a different sort of relationship with the child, what is important here is the way the interactions effect the child's emotions. Martin mused that his relationship within CAMHS differed distinctly from how he felt at school, "Well, they just like, treat you as an equal. As an equal...". These supportive interactions, where the child felt accepted and heard, evoked a different emotional sense for them, one of trust and equality rather than censor.

There were instances within the research where communication had simply failed to happen between agencies, as with the social worker in Stacey's case who did not tell the school about her family background before leaving the area permanently. Reder, Duncan and Gray report this as a common factor in the thirty-five cases of fatal child abuse they assess in Beyond Blame (Reder *et al.*, 1993), and again in assessing the Climbie case (Reder and Duncan, 2003; Reder and Duncan, 2004). However in terms of looking at the ways communication between professionals created situations that left the child in a position where their picture was fixed, their spoiled identity intact, what was more common here was communication fraught with the cultural barriers described by Hall and Slembrouk (2009). Professional identities and boundaries, even where the ECM agenda and the Children Act 2004 emphasised integrated practice and shared responsibilities (ECM, 2004; DCSF, 2006), created weak points where practitioners own vulnerabilities overcame any propensity to help. This matter will be taken up again in the next chapter.

An example in Dawn's case can be seen in the interactions between her social worker and the school's educational psychologist. The social worker had stayed involved with the family because of Dawn's problems at school and in the community, and had concluded

that part of Dawn's problems came from a learning difficulty[45], "I think a lot of Dawn's problems, it's because she can't do the work, she doesn't want to look stupid, so she acts out". Since the school had not picked up on this, her first port of call was to ring the educational psychologists directly to see if Dawn could be assessed, as this is what she had done previously:

> I've like asked the educational psychologist to look at her but she wouldn't take a referral from me, she said it had to come from the school, and that's all different because I can talk to an educational psychologist there [in another area] and he just does it, you know? *(Social Worker)*

The social worker twice tried to speak about Dawn to different people in education psychology, a service provided by the local council, but was rebuffed for taking the wrong route to an assessment. The education psychologist retreated into protocol, 'as is often the case', setting her boundaries and allowing her to both turn the assessment away, 'but I will talk about it with the school and see if there is any need'. Her shift from presenting the SENCO as clear about Dawn's needs, to emphasising that it is the SENCO's own view that she is clear, pushes the responsibility for any mistakes back to the school:

> She came onto my radar via the social worker… who asked for an educational psychologist assessment. I then replied, um, saying - as is often the case - we are not an open referral system but I will discuss it with the school and see if there is any need for my involvement, at that stage… Strictly speaking if the system works well I shouldn't have any cases coming my way from all these people like social workers, because schools should be managing that. … and SENCO is now clear, or…SENCO has told me she is clear about her difficulties!

Her anxiety about referrals coming from different professional areas outside of education, 'all these people like social workers' when she already felt overworked, meant that she chose to let the case lie despite having heard the social worker's concerns for Dawn. The SENCO had put Dawn into a small literacy group, based on her categorisation as 'MLD'. Dawn's own reaction to this was a definite feeling of being left helpless by the school, something she needed me to know since she jimmied it into a reply to a different question. Asked whether the teachers listened to her, she replied, "No. They say they help us but they don't, 'cause you should know, they don't help us". It took another year and a court case before Dawn was finally assessed as having speech, language and communication difficulties, which had been the social worker's initial assessment for her. In the meantime, Dawn had lost large chunks of time within her education.

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[45] Aptly, given this topic, a communication difficulty.

The professional barriers described, and the educational psychologist's assertion that 'if the system worked', reveals the overlaps between boundaries and blame. While telling stories about the children, the professional may have wanted to present a defended picture of herself as blameless and right-doing, following protocol, in order 'to display a competent professional (albeit possibly fallible) identity' (Taylor, 2006: 191). Pippa Hall, focusing on interprofessional working and health professionals, notes that stress, overwork and anxiety can conspire with the practitioner's need to preserve their self-esteem, creating situations where work outside of immediate professional boundaries is avoided:

> Fatigue and stress can therefore cause team members to retreat into their individual professional silos, where there is safety, clear limits, recognition of professional value and license to work autonomously (Hall, 2005: 190)

As demonstrated by Dawn's case, the boundaried communication that may result from the vulnerable position of the overstretched and anxious practitioner limits the available help for the child, and negates the intentions of the *ECM: Changes for Children* agenda for joined up and integrated work.

Concluding remarks

This chapter has looked at some of the ways that the vulnerability of the children, the professionals, and the systems of communication impact on the construction of the child. Although I selected Dawn and Stacey as examples of children experiencing the sorts of social difficulties that would be likely to affect their pictures with professionals, they certainly did not stand alone in the group. Out of the twelve children and their parents who took part, only three had had no contact with social work. From the nine remaining, two families had been referred but with no intervention, although one of the children in this group now had a social worker from the Youth Offending Team. More than half the families had had some level of social work involvement. These details, however, were not information that was necessarily shared with the school, even where the child was on the child protection register:

> CPO: I get an email once a year from [the council] who tells me who we have got on the child protection…
> Tish: once a year!
> CPO – (laughs)Yeah, no, once a term! - who's on the child protection list, and I always email them back saying no, they have left, this person is now on, so it's not a good list!

His slip of the tongue – 'once a year…*Yeah, no*, once a term' – although accompanied by a laugh, expressed some of his feelings of frustration, that this *felt* like once a year. However, education was seen as equally fallible by other groups of professionals.

The un-known that slips out – unconscious thoughts, Bion's emptying of the mind – is an adjunct to the un-thought-of, that is those aspects of life that are taken for granted. White and Featherstone point out that professional identity becomes one of those taken-for-granted things that despite 'its relative invisibility to those within it' is a key issue in communication failure (2005: 215) . Furthermore, they note 'its moral and emotional nature' and the effect this has on the decisions and judgements that professionals make:

> professionals make choices about when to respond and how to categorize a case often based on the moral adequacy of the account offered. Taken-for-granted aspects of occupational identity in turn affect this judgement' (White and Featherstone, 2005: 215)

The process of looking beyond the immediate snapshots of the child makes me interrogate my own levels of knowing and seeing the vulnerable child, leaving me reflecting on what I have included, and what I have left out. My own position as a researcher within this emotionally dangerous knowledge leads me to question my 'selective interpretation' of the stories told here (Reder *et al.*, 1993: 90), wondering whether I have chosen to present pictures that allow me to feel safer or more caring than the professionals who were embroiled in the day-to-day practice of Children's Services. Cooper says that when researching in psycho-social fields

> we can only hope to generate new knowledge in so far as we are emotionally and ideologically open to the possibility of discovering something new, including things we really did not want to know. If we are blind to or defended against this possibility then the best methodologies may not help us much (Cooper, 2009a).

Attempting this openness to the painful experiences of adults and children here, I have tried to present the pictures as presented to me by the participants in the research, further problematising their accounts through an approach of 'depth' and interaction. This was an exploration of the ways that their vulnerability, rather than mine, helped to formulate the child and their needs. Although my own sense of vulnerability is written into the text in the choices of data that I have made, there were many other stories to tell about these girls that would have been more 'mine' and expressed some of my own feelings and discomforts with these cases: Stacey cheerily taking charge to help a teacher who had lost her voice, or mistakenly starting a fight between two other children in class, and then standing up for her peers by taking responsibility the following day. Or during my first day

of observation, when Dawn and three friends, sitting out PE, spontaneously presented me with an expletive-charged verbal list of their formal and informal meaning-labels[46] in what I felt was an attempt to test my reliability as the 'non-professional' observer that was my face at the school.

The defended practices that block the seeing and knowing of the vulnerable child described in Cooper and Rustin's companion papers (Cooper, 2005; Rustin, 2005) are dangerous practices in a risk adverse society, and yet they arise out of a fear of risk themselves, a risk of knowing something that is too painful to bear. Rustin suggests that 'without the involvement of teachers or others in the community who know a child over time, the professional task of child protection is up against exceptional odds.' (2005: 16) but given the constraints on these more 'long-term' bodies, what has been shown here is that the child can still become lost and unseen, the 'blind eye' (Steiner, 1993) turned to vulnerability in favour of personal blame instead. The Assistant Head for Inclusion, who was also responsible for child protection at Southaven, paused in his assessment of Dawn's needs to note that she was 'obviously crying out for help *somewhere else*'. This seemed so obvious to him that it was deemed 'silly' not to know, yet the school would continue to treat her as a behavioural need, and hoping that their 'few referrals' would push her to 'somewhere else', where she would be someone else's problem:

> Um...But yet again,... a lot of it is behaviour at the moment with Dawn and she doesn't....[goes quiet] - it sounds silly because if someone is behaving badly they are obviously crying out for help somewhere else - but at the moment it is very much behaviour and being tackled by [the DH for Behaviour] and setting up alternative timetables and that sort of thing. Um...and she's got a lot of involvement anyway through the family support worker, so we have done a few referrals there, but... *(Assistant Head, Inclusion)*

Stacey, in her turn, had no referrals, beyond being seen as behaving badly. While Gilligan (1998) notes that schools can be an ally for children with disrupted background, for Stacey this had not been the case. For her, school became in this year a place where her first thought on it was "there's nothing I like", an uncomfortable place of largely antagonistic practitioners who judged her on a partial, morally produced picture of a dangerous, poisonous girl.

In the next chapter, I will explore the stories of Jimmy and Jake, two of the boys taking part in the study, looking at how their lives, including their dangerous, violent

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[46] The informal meaning-labels here included labels that parents had given them without formal diagnosis, for instance 'My dad says I'm ADHD'. It is interesting that they did this as I had been presented to the class as a researcher observing what was going on in the classroom, and nothing more.

actions in and out of school, were constructed in very different ways by the professionals working with them.

Chapter 8 Jimmy and Jake: boys behaving violently

Introduction

This last analysis chapter takes a slightly different form from the previous two. While they approached two children in a fairly even-handed way to explore the ways that their cases had parallels and contrasts, here the focus will be mostly on Jimmy, his parents and the professionals around him. Jake and his associate adults will feature too,   particularly looking for the ways that school and the youth offending team (YOT) modelled the two boys and their needs differently. This structure partly reflects the vividness of their 'pictures' within the community, where Jimmy's reputation proceeded him. As one of the teachers said, "He's horrible", although he had not been in their class, or if he had been, hadn't been noticed, "I don't know. I don't really remember". It also mirrors my experience of them during the fieldwork, spending more time with Jimmy, his parents and related practioners, while Jake's mother withdrew from the interview for herself and Jake, although she still let me attend meetings and speak with professionals about the case. The chapter will explore the settings for Jimmy's life and behaviour, looking at the aspects of his home life, the systems around him, and how adults perception positioned him as a different sort of person than Jake. Again, within the iterative analysis what continued to emerge was the ways in which participants' 'backstage' areas pushed forward into their 'front' performances, the depths causing ripples uncontrolled on the surface.

Social scientists from a variety of fields – social psychology, sociology, and psychology for instance – have picked up on the way that people's behaviour can be misconstrued as deviant according to the context in which you view them. This might particularly be the case where behaviour is felt to be threatening or 'mad'. For instance, Goffman described how a person's 'symptom' can seem socially appropriate or inappropriate, depending on the context in which they are seen (1967: 137-8). Scheff argued that deviant behaviour was 'situationally specific' (1999: 57), implying that what is acceptable in some situations such as the home, may not be in public zones. Rosenhan's notorious 'pseudopatient' experiment (Rosenhan, 1973) demonstrated how conduct within the mental hospital wards which would be judged 'sane' in a non-medical setting, such as taking notes or pacing the halls in boredom, was cast as pathological in the light of a diagnosis of schizophrenia. And in Dorothy Smith's 'K is mentally ill' (Smith, 1978), once K's flatmates had made a decision that she fitted the criteria of an unstable person, her behaviour was portrayed in a way that blurred the differences between normality and deviance. These examples start the chapter by setting out some of the constructive processes, just on the

border of knowing and unknowing, that bear on the practitioners of Children's Services. Some of these, such as in Rosenhan's work, are built through a process of professional function, a version of Foucault's medical gaze (Foucault, 1973) which takes symptoms and situationally dislocates them from the person observed – their fellow patients saw that the pseudopatients were not really unwell. Smith's findings, and to some extent Scheff and Goffman's, can be seen as a process of social functions, where group dynamics collude to build stories around a person, 'a sort of ganging up process' which effectively excludes the focus of the story (Smith, 1978). This practice of mutual story-telling, an exchange and concurrence over signs which could as much be about a critical event as a person, reaffirms both professional and personal feelings and creates knowledge and meaning which builds an image of the child: 'the discursive practice is the place in which the subject is produced' (Walkerdine, 1997: 63). I would argue that the communities of practice and knowledge around the child – groups of teachers and their colleagues, communities within Children's Services as a whole – while serving a learning and communication function, can also produce an excluding discourse through their anxiety-induced coping dialogues. This chapter will explore the ways in which these situated practices, both the professional gaze and the grouped, interactional discursive practices, worked together with the obscured 'knowing' that I referred to in the previous chapter. This complex combination of the personal, the group, and the professional interact with the child and their own active processes, to build strong and emotive images of the children.

Chapters 4 and 5 showed some of the different descriptions that people gave of Jimmy and Jake. Since Jake did not take part in an interview, I cannot portray him in his own words, only through those of professionals or my observations. The exception is from one meeting, discussed in Chapter 5, where he said that the work they were setting him in class was too easy. Jimmy however, spoke of himself as someone who deserved respect, and fighting was his way to do so. He saw his fighting as rational, and argued that he only did it when he had something to prove in terms of status. When it was important not to do so, with his girlfriend or playing football, he seemed able to control his aggression. Below, he talks about himself in terms of some of his relationships and activities. Jake's case is briefly described afterwards.

JIMMY
Jimmy lived with his mother and father and one older sibling not far from the school. He had another sister who had left home. Both his parents worked, his mother part-time while she completed a course. He had gone through an early puberty (beginning at 8) and had friends who were older teenagers as well as those from his peer group. When

Jimmy spoke about what he liked doing outside of school, he spoke about sports, and friends, and how the latter were people that you could talk to, and who let you 'chill out':

Jimmy: Mmm, football, rugby,..having a laugh with my friends really, things like that.
Tish: What sort of things do you like most about your friends.
Jimmy: Because you can sit down and talk to them about anything and they're not really bothered.
Tish: Yeah? Just make you feel comfortable.
Jimmy: Mmm, chill out with them.

When asked what sorts of things he didn't like about his friends, he spoke about an episode recently where he had fallen out with Danny, who he had known a long time, because of a clash that seemed to be related to esteem.

Jimmy: Yeah, I have fallen out with one of my old friends at the moment, Danny.
Tish: Why?
Jimmy: Because he said he was going to stab me up and all that, trying to come up in the street and all that, so I said 'come on, let's have it, in the street, right here, right now' and that, and he went down to his mum crying, and that is kind of when it all started. And he spread all this shit, so I am going to see him today and if he ain't going to stop, it won't be my blood on the floor.

Jimmy didn't have many classes he liked at school, *"PE, Maths…. that is about it"* and described himself as 'reacting' to things, not just at Southaven but at earlier schools as well:

Same as my last school, I was always reacting to everything and then I got expelled, I got kicked out of the whole school (sounds matter of fact)… I was kicked out of infants as well.

Although Jimmy said that it was ok being excluded *"now and then. It can get boring after a while",* he said that when he did return after an exclusion, he wasn't trying to be excluded again, *"No, I do want to stay there"*. When asked if there was something else the school could do when he 'reacted', other than exclude him again, he suggested *"They should stick me in a room let me calm down or something."*

Being calm was something he talked about several times, just as being violent or reactive was. The two themes were combined when he spoke about his girlfriend, and how he needed to be calm to stay with her, leaving the threat of this trailing with his 'otherwise…':

There's actually one person I know that calms me down when I get angry it's the girl I am going out with, her now, she is the only person that can calm me down. I know that I can't lash out on her, because otherwise…

JAKE

Jake lived with his mother and two siblings, one older and one young. His mother worked part time in a local gym, and Jake liked to go there and work out. He liked to box and to play football. He went to a youth centre regularly that was close to his home.

Jimmy's parents described him as a 'naughty boy' who was struggling with school work and acted out because of this. They said that they thought his early physical maturity had led him to want to hang around with people older than him, who had encouraged him to misbehave. The professional view of Jimmy was largely negative and often a moral judgement: Jimmy's meaning-labels were mostly 'bad' or 'weak' or 'evil' or 'scary'. The more positive views did not disregard his violence, but saw him as a likeable boy with unaddressed support needs, in terms of learning and his social world. Both views saw that, like Dawn, he was in danger of being 'lost' to society, though the meaning ascribed to this label of 'lost' varied. The first view saw this as inevitable and final, a state of irredeemable doom, while the second thought it a repairable state, where a path could be found back to a way of being which was acceptable to the boundaries of society.

Jake was described by many as 'very young' or 'little' (for instance, his YOT social worker, first form tutor, the school's lead on behaviour). The social worker commented that "he wants to be older, he's 12 isn't he but you can see he wants to be 16" and this left him, she felt, vulnerable. She said that, though it was "early days" in her understanding of the family, his mum had told her that Jake's behaviour had been a problem for some time. Her feeling here was that it was the move to secondary school, a 'big jump', that had made things more unmanageable for him.

> from what mum said it feels like some of his behaviour problems weren't really identified in primary, and he became quite disengaged, and by the time he moved up to secondary, obviously that big jump's so much harder isn't it, going into secondary, for boys especially, quite hyperactive isn't he, likes to be doing things
> *(Social worker, YOT)*

Jimmy and Jake had comparable formal records in year 7, in school and outside of it. Both fought aggressively with other children. Jimmy's fights were mostly out of the classroom, though sometimes on school premises. Jake fought in the classroom too, and had been involved in a fight with Danny in the first week of school that got them both excluded. They did not live near each other, nor were they in the same forms, but they found each other socially and were jointly involved in an incident in the local community where they were accused of beating up another child and nearly killing him. As the school year ended they were due in court on a charge of attempted murder, and a separate charge of threatening a witness. Jimmy had been involved in several burglaries early in the year. Jake had been accused by a girl at school of sexually assaulting her, and had broken another girl's nose. YOT had first gotten involved after an incident on a bus where he had been "racially, verbally abusive" (YOT social worker) to a girl. These incidents were reported to me internally within the school, and externally, by the social worker. Both

Jimmy and Jake had beaten up children within the school grounds. They were being supported by two members of the Youth Offending Team (YOT), Jimmy by a seconded probation officer who had also been a youth worker, while Jake was being supported by a social worker who was a member of their multi-disciplinary team.

During the times that I observed their forms, neither was entirely there for observation, Jimmy because he was excluded for the first week and last week, and Jake because he would slip out of classes unnoticed, only to appear as a grinning face outside the classroom door or at the window of a room before disappearing again. He too was excluded for part of the time after a fight. Both boys were on the SEN register from the start of the year. Jimmy was already listed as 'Action Plus' with a label of BESD, while Jake had arrived at the school with a label of MLD and was at the level of 'Action'. He was one of the children, with Dawn, identified by the SENCO as about to be moved up to 'Action Plus' so that he would receive more attention. MLD and BESD put a very different emphasis on the child's need. It has been suggested that BESD is about 'juridical' need, which is 'characterised by: questions of order for the school', while MLD is an educational need which instead 'questions...how best to help children who are having serious problems with their work at school' (Thomas and Loxley, 2001: 51, Table 3.1).

Jimmy had gone through puberty by the time he started at Southaven, and was physically more advanced than most of his peers. There were differences of opinion between adults as to how this had affected him, although general agreement that it had. Many felt that his levels of understanding were below that expected for his physical age, although his body was more developed. Some felt that he had other sorts of problems with understanding associated with speech, language and communication difficulties, or with specific learning difficulties. A few, such as his maths teacher and family worker, described him as bright.

Coming out of 'nowhere'? boys and the expectations of violence.

Jimmy had started the year as part of a form which quickly gained a reputation for difficulty. My notes for the period state that it is *'a class where, several times when its name is mentioned teachers draw their breath through their teeth and look scared. Certainly look grim.'* As I travelled round with the class, teachers would ask "How are they?", trying to gauge the mood and behaviour of the class, and which children were present that day. Although Jimmy was an aspect of this concern, he was by no means the only child in the class causing difficulties for the school. Nor was the disruption gendered, since Dawn and her friends were part of this form. However, Jimmy was considered a 'bad influence' on

them. Later in the school year, his initial form tutor and her assistant (P) reflected back about him:

> FT3: Jimmy, umm, Jimmy was a very bad influence on all the children in the class and…and it I think it benefited the class that he left. When P and I talked about him we decided that we kind of got him a little bit too late to be able to successfully intervene really, and he seems to have just gone from bad to worse and umm…
> P: Actually he scares me
> FT3: I don't think that he's mentally very stable at all

The form tutor's decision that they had 'kind of got him a *little bit* too late' underplays their real expectations of Jimmy, he had 'gone from bad to worse', he was 'scary', and finally, mentally unstable. Nagin and Tremblay write of the 'path' or 'trajectory' where physical aggression (at 2) 'is transformed into violent delinquency during adolescence' (Nagin and Tremblay, 1999: 1193). Most research in this area is quantitative work which tracks boys longitudinally through their childhood and youth, arguing that there are different pathways for different sorts of aggression or delinquency. For instance, Loeber et al examined 'overt' and 'covert' paths, the first of which, in their opinion, leads to violence, while the second leads to crimes such as theft (Loeber *et al.*, 1997). Generally, these studies (e.g.Haapasalo and Tremblay, 1994; Nagin and Tremblay, 1999; Tremblay *et al.*, 1999; Van de Schoot *et al.*, 2011) set out to 'prove' that boys' early aggression or disobedience leads to criminality, rather than to look at factors, within the child or environment, that could belay this pathway. Within this study a strong theme emerged about the child who would be lost, for whom it was too late, for whom there was the "sad sense of inevitability" which Jimmy's YOT worker used to describe his expectations that Jimmy would end up in jail. Only certain of the children featured within this theme, Jimmy of course, Dawn and Stacey, Danny, Gary. Jimmy, Stacey and Danny were positioned like this by professionals, while Dawn and Gary's parents used this sort of language about them: "she is not going to achieve nothing, I will lay money down on it" (Dawn's father). The child who would be lost, or was already lost, can be examined as the product of the sense of shame engendered through the perception of a lack of possibility for professional success. Shame is proposed by Scheff to be the 'master' emotion, and a glue that keeps society together (Scheff, 2003), but at the same time here it became the force behind an excuse for failure, because 'we got him too late'. In object-relations psychoanalysis, this could be seen as what Bion described as 'pathological projective identification', projecting one's own sense of shame and failure onto the child in order to distance the painful feelings within oneself (Bion, 1988 ; Fonagy and Target, 2003).

The YOT worker said that he saw this case not as the slow but steady rise to violence and criminality forecast in the studies on violent juveniles. Instead, Jimmy had 'come out of nowhere'. He had not been in any trouble with the police until just before year 7 had started:

> Jim is unusual in that, um... he came out of nowhere. I think August of last year, and he never had a reprimand or a final warning. He got involved in offending with a prolific juvenile and other disaffected kids in the Brighton area and ended up a referral. Um… the offences were quite meaty, there were two domestic burglaries, a burglary at school… the referral order was extended when Jim took Cannabis to a school disco, so I knew him when he first received his referral order. (*YOT, probation officer*)

This coincided with a change in circumstances at home, when his father returned after a period of parental separation, "that would appear to be significant in that Jim's dad left the family home in February and came back in August. And Jim has said on more than one occasion that he offends to get at his dad." (YOT, probation officer). The reason for the separation was considered by him to be domestic violence. His mother had been open about this within the YOT, expressing her ambivalence about leaving and remaining in these circumstances. There are complex reasons that keep women within relationships that are violent (Choice and Lamke, 1997; Busch, 2004), and Busch (2004) discusses the difficulty that professionals can have in understanding this. The YOT worker seemed to be mirroring her ambivalence to the relationship within his attitude to her, replying in an offhand way when I mentioned that I was concerned because she had said that things were 'difficult' between them again, "Yeah well, they go up and down. She doesn't have the courage, and in the end there has to be a decision". In the face of being powerless to change a parent's behaviour, there can be a sense of helplessness, where blame is shifted to the source of this discomfort, and the shame involved makes practitioners defensive. The shame and blame surrounding the case can spill over into other decisions about the child. For instance, with Jimmy, his dad's violence was taken as 'anecdotal': expected, but unproven, "Dad is quite manipulative, he sort of says he wants the best for his son, but then, anecdotal evidence he is quite abusive towards his son" (YOT worker). This acknowledgment that Jimmy himself was abused was not resulting in any direct action to help Jimmy through this, although his father was "subject to a parenting order". Jim's family support worker from school also mentioned that he thought domestic violence was a factor, and Jim had confirmed this to his form tutor during the first term at school, although her reaction was to blame Jimmy for this, as though he deserved it, calling his father 'a harsh disciplinarian' implying that it was justified parental intervention:

FT3:   I think Dad can be quite scary, I've heard, but just from hearsay. I think Jimmy's scared of his dad. He told me sometimes that Dad gets a bit you know abusive… I think verbally as well as possibly physically also. So…
Tish: To Jimmy or his mum or just generally?
FT3:   Well, generally I think, to both of them, I think he's a very harsh disciplinarian and I think that's the kinder way of putting it, you know. But you know it wasn't, it didn't stop Jimmy or help him to modify his behaviour being, you know, scared or whatever, having healthy or unhealthy respect for his dad, so…

His parents told me that a neighbour had once called social services after observing dad physically pulling Jimmy in after he left the house without permission, but his father explained it as trying to keep Jim within home rule boundaries, 'I'm the dad, I'm in charge':

that was over a grounding, someone reported me, he was… it was through the robberies that he'd done, wasn't it, he was grounded, wasn't he? 'You're grounded for the week, you're not going out, that's it'. Well, with that, he thinks 'I'm going out, you're not telling me what to do' and I was at work wasn't I? You was at work as well [to mum]. I come home and seen him on the street, and I thought, I'm not having this, I've had enough now. So I picked him up, literally, and dragged him indoors and I said look, I'm the dad, I'm in charge, if you've got any problems with that then deal with it, you know. *(Jimmy's dad)*

Although his actions, given that Jimmy was grounded, can be explained as part of 'normal', disciplinary parental behaviour, it could also be interpreted as part of what the YOT worker saw as his 'controlling actions':

I mean he is a classic… domestic violence perpetrator, in that he is very controlling and I always find it odd when I used to a home visit at 4 o clock on a Wednesday afternoon because he'd be there. He is a self employed builder, and most of the builders I know in […] are rushed off their feet. But he would be sure he'd be there, because he felt quite threatened by this professional in his house. *(YOT worker)*

When social services visited, Jimmy's dad was at work and his mother saw them; she said that no further action was taken, "we haven't seen or heard from them, have we?" (Jimmy's mother), although Social Work records showed that there had been previous interventions with the family[47].

Opinions at the school often showed a lack of knowledge about what was going on at home beneath the surface. Only the family support worker and his first form tutor spoke of the violence in his home situation. Because of his fighting in the community, professionals seemed to expect a disordered household, and were disarmed when they found compliant,

[47] See Appendix iii, the Shifting Need chart.

agreeable parents. For instance, an inclusion mentor said: "I was really surprised when I first met his parents actually at home, they were a loving family, I was quite shocked actually". As one Head of Year 7 commented about his mother,

> She's lovely and very supportive and she wants the best for her son. She is not the sort of mother who comes across as being someone who ...is being very positive and supportive in school and then goes home and ignores him, I don't think that is the case at all.

This disconnection between the 'loving family', his lovely, helpful mother and an idea that he (and she) was being abused at home is a reminder of Dingwall *et al's* discussion of the child as a 'social object'. They write of how the 'material' and 'interpersonal' home environments experienced by professionals influenced the way that they approached the family, so that a clean, comfortable home and evidence of good parent/child relationship allay suspicions of abuse (Dingwall *et al.*, 1995).

Mum's presentation, to the world of school at least, as part of a caring and supportive team with her husband can be seen as more than just 'face', or a fallacious act intending to deceive, indeed every indication of her conduct at home, both observed, professional and through Jimmy's account, showed her as someone who loved her son, cared for him, and listened to his side of things. Jimmy said about her:

> With my mum, it's not the fact that you can work your way around her, but she will listen to what you have got to say – then, if she thinks it is still bad she will have a go at you, but she will want to know the whole story, and if it is not that bad she's going to call the other person up...*(Jimmy)*

However there were elements in her behaviour of what Reder, Duncan and Gray (1993: 106) call 'disguised compliance', acting to protect the family from further external intervention or from loss of reputation with professionals. Although there is evidence that living with a father who engages in 'anti-social' behaviour is more damaging than living in a single parent families (Jaffee *et al.*, 2003), mothers in this situation may find it difficult to leave. In their interview, they took their turn to blame the situation with Jimmy for the difficulty in their marriage, father echoing mother about how they were powerless, unable to 'run'. How could they run their lives in this situation, when their lives were being run by it?

Mother: How [Dad] and I actually deal with day to day life, we don't know.
Tish: Yeah
Mother: Because we both try and work, we both try and run a house, and in all fairness our life is run, we're either paying the price...
Father: For us, our life is run for us, we don't actually run our lives
Mother Yeah. And obviously it has caused problems between Rob and I, don't it?
Father: Yeah, it does

The partial stories received by professionals created inconsistent pictures of the family as a whole. A few spoke of knowing of her husband's violence to her, but any violence to Jimmy was discounted as only he reported it. During the parents' research interview they mentioned Jim's dad time spent in prison when younger, yet this had never been mentioned to Jimmy's YOT worker who had heard rumours but had disbelieved them as mum had not spoken about it to him:

> Well there is… I have heard it said that dad did do prison, but I think if that were the case, the mother would have brought it to our attention. Because…um, especially when she has been quite critical [of him] *(YOT worker)*

Her deflection of topics that might make matters worse – the social worker's visit, her husband's time in jail – and apparent compliance and cooperation also served, unwittingly or otherwise, to shift blame on to Jimmy. The responsibility for his actions failed to be tempered by a sense that he may have been living in often difficult emotional and physical circumstances at home. Jimmy may have appeared to have 'come out of nowhere' in terms of his offending behaviour, but there is evidence that living with violence, even as a witness, can be traumatic and leave children with difficulties with their behaviour, mental health, and social world (Humphreys and Stanley, 2006; Meltzer *et al.*, 2009; Øverlien, 2010).

Multi-professional systems

Jimmy and his family had an array of professionals working with them during the time span of the research. When we had met first to discuss taking part in the research, their main concern was about the time it would take them, given how 'run' by professional meetings or needs they felt already. Initially they had sessions with a family therapist with CAMHS, 'a wasted three days appointments' as Jim's father put it. There was a parenting support worker who was having sessions with dad, a school based family support worker who worked with Jim, and the YOT worker, most of whom had been in place since his involvement with the justice system or shortly before this. In education, as well as classroom teachers Jim had an inclusion mentor, and started part-time at the local pupil referral unit (PRU) part way through the year. At the end of the school year when a statement of special needs was being prepared, he saw the educational psychologist briefly, and also the community paediatrician. Jim was then seen by the YOT-based psychiatrist from CAMHS, who diagnosed Conduct Disorder, possible ADHD, and suggested medication. However, since this would have slowed his reactions his YOT worker and parents felt it would ruin his football career, an area where he could gain

respect through skill rather than violence. For this reason they were trying to avoid this route.

Being involved with the YOT had affected some of the services Jimmy and his family received. For instance, they had begun some sessions with a family therapist at CAMHS which Jim's parents had felt initially "could have turned things round" (Jimmy's dad), but the sessions were stopped as soon as the YOT were in place:

> Mum: Had it continued it would have been a breakthrough, but it was just…
> Dad: It was a wasted, umm, three days appointments, weren't it, basically.

There had been quarrels between YOT and the external CAMHS team about responsibility for looking after Jimmy's mental health. The YOT was multi-disciplinary, with practitioners from CAMHS working within it for a limited number of hours per week. The bad feelings arose when the family therapist, external to the YOT, 'dumped' Jim's case, both in the sense of shifting it on to the YOT mental health workers (they were 'dumped-on'), and also as in getting rid of Jim.

> Yeah, I mean what is unhelpful is the lack of joined-up working even within one organisation. Cause effectively, as soon as [family therapist] found out that he was also… a YOT client, well he just then shifted everything to the CAMHS workers who worked within YOT… and… those, and we have two nurses who work part time who are managed by the psychiatrist who - I don't know how many hours a week she gives to the YOT but you know, it is a very limited period. And they've been pretty cheesed off that people like [the family therapist] has just dumped on them…. yeah, technically…[the family therapist] should now be uh..supervising..um…[chortling] Jim again because he isn't a subject of statutory order anymore. But I have kept him on the support programme. *(YOT worker)*

This passing of responsibility in a complicated case, both intra- and inter-agency since it was between CAMHS workers but with one team placed part-time within the YOT, left YOT professionals feeling 'cheesed off' as well as 'dumped-on'. The tension is expressed in the YOT worker's laughter when he spoke of 'technically' being in a position to pass Jim back again. Bearing in mind the high emotions engendered by Jimmy, and in some agencies, by his parents, this passing, and shouldering, of responsibility seems to reflect what Cooper and Lousada call 'our individual and social capacities to enter into a full engagement with the distressing, disturbing, painful and conflicted domains that are the "objects" of welfare' (2005: 126). They continue that capacity to engage may be dependent on 'our own *experience* of these matters'. As a professional team, it has been suggested that workers in YOTs may feel that they have more experience with the needs of young offenders (Callaghan *et al.*, 2003), and thus more able to work with Jim than a more general CAMHS team. However, deciding to keep the support for his mental health within the YOT team

had implications for Jim's diagnosis. The emphasis moved from the family as a source of conflict within external CAMHS, and onto blaming Jim himself as the problem. He gained a diagnosis of conduct disorder, and possible ADHD. His parents' feelings that the family therapy could really have helped may be a case of 'what might have been'. However this shift in focus from the family to the child, which may be part of an initiative to provide more appropriate services for the child in trouble through a multi-agency team, demonstrates how some children move into a position where a medicalised 'solution' to the difficult child starts to dominate plans for the future.

'We don't want him here' – excluding behaviour

With both parents working, dad full-time and mum part-time, and because of the frequency of his exclusions from school, Jimmy was often left to his own devices. The exclusions were not always 'official', in that the school had been trying to keep him under the number of days that would leave him permanently excluded, but didn't want him in at school either. However, his parents weren't necessarily made aware of the informal nature of some of the exclusions:

> But we also found out after, this is what we found out after, we could in actual fact send him to school because there's a lot of coloured tape where Jimmy's been excluded but he hasn't really because it's not actually come on the cards, but it's best to keep him off school because he will be permanently excluded *(Jimmy's mum)*

Because his attendance was infrequent, enforced by the school's intent to keep him out of the 'permanent exclusion' zone, he often didn't know what was going on in class. Although the Assistant Head with responsibility for inclusion was against permanent exclusions, "I mean I don't think they're helpful to students at all - I think they are helpful for the school", these informal exclusions meant that Jim was missing large chunks of education. It could be argued that the practice of informal exclusion was equally unhelpful to the student, and helpful to the school in that they kept the number of permanent exclusions low (Vulliamy and Webb, 2001), a source of pride for the Assistant Head: "My job is to reduce permanent exclusions and reduce exclusions…we've had one permanent exclusion this year at the school, which is good, last year there were seven. Now, we could have easily had a lot more". For most of those on the verge of permanent exclusion, the tactic was to find them alternative education which kept them on the school roll, but out of school. For some, like Jimmy and Danny, this meant part-time at the local PRU. For others, like Dawn, no alternative provision had been found, and was not discussed as a possibility by the school. As a consequence, Jimmy's experience of learning at school was intermittent. His parents felt that his relationship with the school had flavoured their

attitude to his <u>ability</u> to learn, and that his learning difficulties were compounded by, and compounding to, the time spent at school. What the community paediatrician termed his 'very clear' difficulties with learning were never picked out by teachers and staff at secondary school, who would prefer not to have him there at all. Jimmy seemed to be subject to 'selective interpretation[s]' (Reder *et al.*, 1993: 90), which helped to define the emphasis which professionals chose when thinking and planning for him. Reder, Duncan and Gray use this idea to describe how in child protection cases certain elements of a case are ignored in favour of an image which suits a current moment or the needs of the agency, rather than the child. This is apparent in the educational psychologist's discussion of the case and her assessment. As a professional with responsibility for several schools, she had very small amounts of time allocated to the school, and she reported that there was tension in the relationship. Having heard reports about Jimmy and his misdeeds throughout the year through her sessions with the SENCO, her statutory assessment involved a discussion with him rather than any assessment of ability, despite the indications from his junior school that he was in need of learning support:

> Again, in terms of my involvement it was…I think to be honest this is not a learning and educational need thing, this was something that just started and escalated so rapidly and again I got involved - I think I got involved probably prior to the statutory assessment, I can't remember. And then again he was raised in Year 6 in terms of learning support, but nothing like as, I don't think he was quite as muddy… as Danny *(Educational Psychologist)*

Her opinion, 'to be honest', was based within the stories she had heard of his escalating behaviour problems, and the picture of him she had settled on after their meeting, so that his learning needs were never formally assessed. Her language though expressed her uncertainty about the case, she 'thinks', 'probably', 'can't remember'; her opinion of him had been confused, in that she had expected something terrible from the reports that she had from the school, and then found on meeting him that he was something other. Jimmy could be articulate, polite, and focused, and could interact well, and this is what she found.

> he responded so well, it was kind of like – a lot of these… pupils… you don't know how they are going to respond, talking to a psychologist and this sort of thing. But he did respond really well which is another reason I wanted to send out the reports and make sure everybody got it because normally not everyone gets the advice *(Educational psychologist)*

Her description of Danny as 'muddy', although his primary school record was clear that he had both problems with learning and with coping with school systems, resonated with her own feelings of 'muddiness' about the case. She sympathised with Jimmy, calling his case a "tragedy of tragedies… what a tragic year it's been", and wanting to ensure that everybody

got her report on him "because normally not everyone gets the advice". However, she expressed the view that due to his imminent sentencing, any advice, like his statement, might be "not be the least bit appropriate" by the time he was released: "it's a long time, six months, to a 12 year old".

Jim's parents felt sure that his poor relationships with teachers meant that he was treated unfairly by the school, in that everything he did was picked up on as an excuse to get him out of the classroom, although when other children behaved this way it was ignored:

> but I've been up there before now and I've heard kids swear in that school, and they're still in that school, now if Jimmy was to swear, Jimmy's out of that school, and I think really it should be the same rule for every child whether they're a good child or a bad child it should be the same rule. (Jimmy's dad)

This inconsistency with rules and boundaries was also seen during my observation within the SEN centre for the school, where some children were allowed to come in at most times, while others were told to leave immediately if it wasn't their scheduled time there. This sometimes left these children wandering the corridors instead.

The SENCO too felt that teachers used strategies such as picking up on rule infractions to get a child out of the classroom, but felt that it was not always a conscious decision, more a stressed emotional reaction:

> SENCO: if you don't want a child in your class, you can quite easily get them out, I mean, like…
> Tish: Rules can be used?
> SENCO: Not even rules, I think just the way you are with that kid when they get to the door. You know - if Jimmy comes to your door a couple of minutes late, swaggering about, and you're like, 'get in here now, you're late', really rude to him and aggressive, he'll respond aggressively and it can be like, right, red card, gone, it's easy isn't it? It's easy not to have Jimmy in your class, you don't have to, you can just wind him up in two seconds, or Danny… And I don't even think sometimes that's done consciously or deliberately, it's just a response, you know, oh god, there's Jimmy, oh god there's Danny. They're stressed, they're nervous - is he going to wreck this lesson I sat up last night preparing and planning? and those poor other kids that want to do it…

Their 'response' is an example of what Blumer describes as the active, but reactive nature of interaction, with the process of self-interaction from both parties (Jimmy and the teacher) constructing on-the-spot internal scenarios which, for good or bad, shape their next act:

> The human being is not a mere responding organism, only responding to the play of factors from his world or from himself; he is an acting organism who has to

cope with and handle such factors and who, in so doing, has to forge and direct his line of action (Blumer, 1969: 55).

These performances are born out of both cognition and emotion: the need to fulfil the role of teacher to the whole class, as well as the fear and shame of failure that was engendered by the situation. As another teacher said of Dawn, "I think, as a teacher if I have Dawn in my lesson and she's being a pain, if I can get rid of her I just think well, good, because I've got 20 other students, but..." (Modern Language teacher). Writing from a position of personal-construct theory, the educational psychologist Tom Ravenette wrote that to consider emotional disturbance as separate from thought processes would be 'to partition as real what was originally partitioned for the convenience of study. In reality, thought, feeling and action are intimately related, but our language system unfortunately hinders our perception of this unity' (Ravenette, 1997: 38). From a neurological position, Damasio wrote that 'reason may not be as pure as most of us think it is or wish it were, that emotions and feelings may not be intruders in the bastion of reason at all: they may be enmeshed in its networks, for worse *and* for better.' (Damasio, 2006: xxii). Damasio continues that decision making, rather than a product of rationality, is based as much in emotion (Damasio, 1998; Damasio, 2006). A lack of emotion causes poor decision making, just as *misunderstood* emotions can. Here, teachers working with Jimmy may have been stressed, frightened, or frustrated enough to wish Jimmy out of their environment, but their practices, and the decisions that they demonstrated through them, were only as rational as Jimmy's own emotionally charged performances. Discussing an incident where Jimmy felt he had been wrongly excluded, I asked "How does it make you feel when you get in there, and there is a big misunderstanding and they immediately say go home again?" His reply: "I feel like I want to knock them all out". Although Herbert Simon's approach was largely cognitive, he argued that 'rationality' is only behaviour that is directly related to achieving a goal, and this could be a good or bad goal: 'Behavior is rational, and the decisions leading up to behavior are rational if it turns out that the behavior prescribed is well adapted to its goals – whatever those goals might be' (1993: 393). Both the practitioners and Jimmy's decisions about courses of actions can be seen as practices of 'bounded rationality', which Simons describes as 'the limits upon the ability of human beings to adapt optimally, or even satisfactorily, to complex environments' (Simon, 1991). Hanoch (2002) notes that within these complex environments, limits are placed by the availability of resources such as time, attention, and energy, and emotion is used to aid the bounded process within these limits. In the classroom, all these resources for the teacher would be expected to be spread across the class, and the *expectation* of disruption from Jimmy became the emotional trigger to their actions and reactions. Although Jimmy

may have been powerful in his ability to generate this reaction, ultimately it was the teacher who was able to exclude him from their class.

Raising high emotions

There are good arguments for the beneficial effects that school life can have for children with disordered or insecure family lives (Gilligan, 1998; Gilligan, 2000; Doll *et al.*, 2004; DfES, 2007; Hart *et al.*, 2007). Although schools have a primary focus of education, the ways that this takes place may have other uses too:

> The educational system is a universal provision founded on developing a sense of achievement, competence and step-by-step building of pathways to future success. It provides for socialisation into the prevailing culture. It furnishes young people with a safe and structured arena for normative peer-to-peer as well as adult-to-peer experiences. At its best, it nurtures and teaches life skills as well as academic knowledge that fuels self-development throughout an individual's life. Both through primary prevention programmes and secondary targeting of 'problem' groups, education provides a ready-made context of long-term access to help and support for many troubled young people (Hart *et al.*, 2007: 85-6)

Despite the clear indication to Jimmy that he wasn't wanted by some of the staff at school, he persisted in coming in, even when excluded. Although sometimes this was his way of dropping in on staff that he liked, such as the family support workers based at the school, the behaviour assistant he got on with, or to see friends, and on one reported occasion seemed to be a purposeful visit in order to hit another boy, he did also try to engage with education on some of these visits. Since it was not easy within the school systems to know who was currently excluded except by word of mouth, this meant that if a teacher was unaware (and not antagonistic towards him) he could sit in class. Both of his form tutors had commented on his popularity; although one child refused to come in if he were there, most children "idolised" him (FT2), to teachers' frustration. Whether through fear or liking, his peers did not inform teachers when he appeared during an exclusion.

His refusal to stay away from school was painted in different ways by practitioners within the school, and helps to illustrate the strong feelings that dealing with him generated. For instance, the SENCO felt it showed his unwillingness to follow adults' orders. Her image of him was of wilful disobedience, a boy who would do what he wanted, rather than as he was told:

> You know, he wanted to come and hit that boy, so he came and started hitting him, why shouldn't he, that's the way I felt Jimmy was about it, he wanted to do it, he wants to come to school, he'll come to school... He's been told not to. *(SENCO)*

The Assistant Head for behaviour had other ideas. When I suggested that Jimmy wanted to be part of the school since he came in so much while excluded, his thoughts turned towards criminal behaviour:

> Yeah, but he could also be dealing. If he's dealing, and you turn him away, then part of his contacts are gone. It's a great audience from here, isn't it? That's what it is. I saw him the other day, he had these three or four girls around him, again, what I call unknowns, which means they don't come to our school, and they were at the gate, I came back from a visit somewhere and umm he was there, a fag on, three or four girls around him, engaging with some of our students. He wasn't actually on site, he was communicating across the fence.

His certainty – 'That's what it is' – underlined his fixed image of Jimmy. His further description of the scene, of Jim standing outside of the fence with 'a fag on' with some 'unknowns', and 'engaging with some of our students', as though he was not one, painted a vivid picture for me. This time, his presence *outside* the site was used against him, in response to my earlier suggestion about taking part at school, although contrary to the SENCO's example, he was obeying the injunction to stay off school grounds,

By illustrating two 'critical incidents' (Flannigan, 1954) within Jimmy's social career, we can start to see some of the influences on adults' emotional connection to Jimmy. In the first quote, the SENCO described a time when 'he just went mad' after she had made what she saw as a 'reasonable request':

> The problem is he just, he has no, he can't, he has no understanding of consequence it seems to me, there's no long term sense of, you know he has no sense of action, reaction, you know, and what happens, umm, and he's umm, I can't say it, I want to say, he's like, he's like a little spoilt brat sometimes, I don't mean that the way it sounds but…But he doesn't understand why he can't get what he wants immediately, from the very smallest thing to things that are quite serious…And again I don't know if it's a cognitive sort of processing problem or, or if he just has always got what he wanted, and could do what he wanted. You know he was in here once earlier in the year and umm, he went on the computer and I was saying you can't go on a game, you need to go to lessons and if you don't come off the computer I'm going to turn it off. Lots of warnings, countdown, and he just went mad, you know, fucking hell, and kicking, and I thought that's all over a computer, I mean, that wasn't, it was a reasonable request, it was clearly made, I was warning him, the reaction was so huge, I mean lots of them react like that, but it was, it stuck in my mind 'cause it's like he couldn't believe that somebody was telling him that he couldn't do it. *(SENCO)*

In this description her worry about saying what she really felt came through both in her hesitation at the start 'he just, he has no, he can't, he has no understanding of consequence' and in her choked attempt to express this: 'I can't say it, I want to say, he's like, he's like a little spoilt brat sometimes, I don't mean that the way it sounds, but…'. Finally, after

describing the incident, she declared that 'lots of them react like that', so Jimmy's behaviour wasn't in fact that unusual to her. What made it critical, for her, was Jimmy himself and her feelings towards him as the spoilt brat who wouldn't do what he was told. Earlier she had spoken of other school staff's concerns with Jimmy: "I think they're frightened because they do worry that he won't do what they say, but I think that they're frightened about their status more". Her fearful expectations of Jimmy, as well as those of her colleagues, were underwritten with fears for professional status, and for some, experienced as a fear for their personal well-being, "I know he's had a very profound impact on some members of staff, and causing deep unhappiness, even depression" (FT3). Jimmy's threat was multiplied in the face of this feeling, and the defensive, moral meaning-labels that were then attached conveyed her shame and helplessness. Nonetheless, just as Jimmy 'had no sense of action/reaction' she, and other professionals, mirrored his behaviour in their own inability to contain their emotions. Bower describes this as 'a powerful and rigid projective identification' (Bower, 2005: 12), an aspect of a pathological defence identified in psychoanalytical terms with borderline states of mind.

Another picture of Jimmy and his relationships, with other children and with professionals, emerged from talking with one of the inclusion mentors. She was responsible for mixed-year group work for children on partial exclusions (where they came in to school for two hours in the afternoon for this group). Jimmy had exhibited similar behaviour to that described by the SENCO, but the inclusion mentor ascribed a different emotional sense to it: "He kicked-off once in seclusion, as in kicked-off and went mad, kicking and screaming and swearing and that, but he'll always reduce himself to tears and be really upset with himself about what he has done." In this statement Jimmy no longer was the 'spoilt brat' with no concerns for anyone but himself, but was seen as someone who showed remorse, became 'upset with himself' for his actions. Her assessment was that his reaction was understood by him as a failure of control, bringing him to shamed tears.

She described a second incident which occurred during 'seclusion'. The police were called after a group of students, including Jimmy, refused to obey the rules and instructions of the school practitioners, including to leave the school:

> Another time we had quite a volatile group and one of the girls in the group
> wound the boys up basically and she just led him to do what he did. He was just
> really calm and they just refused to leave, they refused to do any work, they
> refused to follow instructions, they refused to leave the classroom, they refused
> to leave the school and it just got ridiculous. Everyone was just really calm, there
> was no swearing or anger they just sat down in the hallway and even when [...]

> the Assistant [head] came along they would not move for him, and it was
> explained basically we are going to have to call the police. So we did, we had to
> get the police in just to get them off site. It was just ridiculous, absolutely
> ridiculous (*Inclusion mentor)*

This 'refusal' incident with the police, 'led' by another child, added to Jimmy's reputation as a criminal, and struck her, repeatedly, as ridiculous, another sort of anxiety raised by her empathy for him. There was no violence or expressed upset from the children, but in order to maintain the upper hand, their status as adults, the school staff had resorted to the law to remove the children from school. The 'splitting' that took place within the professional systems of Children's Services (Cooper and Lousada, 2005), constructing Jimmy as either egocentric, sadistic and rejected, or reflexive, vulnerable and accepted, became an internalised, and interactional, conflict between adult and child.

While Jimmy was embedded in a relationship of emotional pain with most practitioners, Jake had somehow avoided the sorts of moral and blaming meaning-labels that Jimmy had taken on. In Jake's case, Jimmy was assigned blame by some members of the school, for, they felt, having led him into trouble. After having described the start of the school year for Jake – a big fight in class with Danny in the first few days (for which they were both excluded), sexually assaulting a girl in his class – the Assistant Head made it clear that the 'escalation' in bad behaviour was not Jake's fault, it was because he was 'running with Jimmy':

> And then after Christmas time he started running with Jimmy. That was bad
> news. And ever since then he's got himself into a lot of trouble, both in school,
> violence, and out of school, with this racial violent attack that he's been involved
> in, and other attacks, which obviously, he assaulted a girl, broke a girl's
> nose*…(Assistant Head, behaviour)*

He went on to describe Jake's behaviour on the football pitch as 'lovely', where Jimmy's equally talented and well-behaved football playing was ignored as a positive aspect to his self. He spoke of the open day before the children began at Southaven, and how Jimmy's dad had been telling him of Jim's involvement with a local team. But even in retrospect it was only Jimmy's disobedient behaviour that stood out to him: "Yeah, great, great, great and of course the first day he comes, well first week, he's kicking off, you know, telling people I'm not going to do that, smoking in school" (Assistant Head).

While Jimmy's learning difficulties were discounted, Jake's learning problems were taken into account when returning to a classroom that he had been absented from through exclusion, and the difficulties that this would cause when he was " not that bright anyway" were seen as an excuse for truanting:

> Why go to a classroom where you haven't got the hell [of an idea] what's going
> on, the teacher's probably going to shout at you as soon as you do something
> wrong, they're going to time you out, so he truants. Especially if he gets with
> someone else on the corridor and it seems quite good crack, and they're willing
> to go out and have a fag or cause a bit of a problem elsewhere. *(Assistant Head)*

Jake's misbehaviours, though comparable to Jimmy's, were given a very different reading
by most professionals. Truanting from class was seen as 'quite a good crack' instead of an
opportunity to deal drugs or commit crime. His first form tutor felt that it was a 'sad story',
that this 'cheeky chappie', a 'naughty little boy' with 'babyish' elements who was, really,
keen to please but 'finds work quite hard', was being led astray by the more disruptive
elements in his life:

> He seems to have completely lost it over the last term and is in all kinds of
> trouble with the police I heard and I think it is a bit of a sad story Jake, because
> Jake was a cheeky chappie, he was a naughty little boy, I don't know if Jake was at
> a really nice school where everybody just sat down and did their work, Jake
> would probably sit down and do his work. He is incredibly easily led and he has
> got literacy needs as well. I think he finds work quite hard. He will try though.
> He will really try, he is really pleased when he does well. He is quite babyish like
> that, he is very pleased when you give him a certificate, a merit or something like
> that if he has done well. *(FT4)*

While Jimmy was highly visible, Jake was moving under the radar. The high anxiety that
was experienced with Jimmy never happened with Jake who would give the appearance of
complying and wanting to do well before slipping out to truant. Despite his record of
violence and racial abuse to other children, he did not affect most staff as more than a
naughty, and little, boy. The one exception was his second form tutor, who replied initially
with email sketches of each child she knew:

> Since joining my form, [Jake] has regularly truanted lessons and I rarely see him.
> He can be volatile and his language is appalling. When he gets into arguments
> with people, they tend to be vicious. He identifies as a 'gangster' and takes pride
> in this status. He has been in trouble with the police this year. *(FT5)*

To her, Jake was in a similar league to Jimmy, although in Jimmy's case she added "It does
not feel appropriate for Jimmy to be in mainstream school". Even here, Jimmy remained
the rejected boy: for most practitioners, both in school and out, a target for individualising
blame and scapegoated by attributing other children's difficult behaviour to him. Within
the school, as a boundaried social entity, his popularity with other children was viewed as
a problem and the unease that staff felt about the difference between their own feelings
for him, and that of his peers, sat badly with them. James and James write that while
children's social agency may be acknowledged in shaping their own experience, in
practice, particularly where 'social policy and other regulatory mechanisms of childhood'

are concerned, adult action negates children's agency (James and James, 2004: 23-4). Here this can be seen both in the school staff member's decisions to assign Jimmy's popularity to the notion that other children were too scared to dislike him, and also to their attribution of Jake's bad behaviour to only Jimmy's influence, rather than his own instigation.

Jake had been arrested and charged with offenses a similar number of times to Jimmy. However it was Jimmy who had been criminalised by the school. Ten out of the 21 professionals who spoke about him mentioned his contact with the police, as opposed to three out of 16 in Jake's case. Jake's YOT worker was keen to keep him out of this criminalised discourse, and commented on what she, and academic observers (Goldson, 2000), saw as the increased criminalisation of young people under New Labour, 'I don't like it, I don't like it at all':

> Young people have been brought into the justice system that wouldn't have been in the justice system at all ten years ago, wouldn't even have come close.
> *[Tish: Do you think it's a good thing? Or…]*
> No I don't at all, I thoroughly disapprove of it. I really do, because I think it's, it's, a lot of stuff is you know I'm talking about the low level stuff…It's just, it's not a rite of passage as such but it's kind of experimentation for a lot of young people, it's just being silly, it's making mistakes and…And to bring them in to quite a, umm, you know it's sort of tightly constructed system…Of courts, lots of professionals, I don't, I don't like it at all *(YOT social worker)*

She felt that the much behaviour at this age – 'the low level stuff', 'being silly' and 'making mistakes' – would pass, given the chance, but now brought children into a very different professional 'gaze'. Loeber *et al* observed in 1997 that studies to identify pathways to delinquency need to categorise children to show this distinction between a passing phase and one which will worsen over time, in order to help professionals such as the YOT (Loeber *et al.*, 1997). But even where the child is constructed through discourse the same sort of categorisation can still be applied, where Jimmy, according to his YOT worker, becomes the long term problem, while Jake is perceived by his as the experimenting boy.

Concluding remarks

Children exist and develop in a range of social settings. Berry Mayall observed that the positioning of the child is different depending on their location, so that parents see their child both as a 'being' and a 'becoming', while professionals such as teachers see them as developing 'projects':

for at home children are identified not merely as socialization objects but as participants in and negotiators of their social worlds, and thus as important family members. At school, they are essentially projects for adult work (Mayall, 1994: 125)

Within this project, which is not so much a project of the individual but of the group, the requirements and priorities of the group as a whole make up the objective of the institution. Success or failure is measured through government co-ordinated performance tables, 'rating' the school according to whole school performance. Similarly, functioning within social services, the NHS including CAMHS, and the YOT are evaluated statistically to demonstrate outcomes and value, for instance, the *Youth Justice Annual Workload data* from the Justice Department (Youth Justice Board, 2010). The Every Child Matters white paper, *Changes for Children* (ECM, 2004) contained detailed targets and indicators to measure against the Outcomes Framework as an appendix, updated once the Children's Plan was implemented to look for 'National Indicators' of success for children and young people (DCSF, 2008a). Although these evaluative indicators are intended to make services more accountable for their actions (Newburn, 2001; Government Social Research Unit, 2007), it is little wonder that institutions feel under pressure to 'perform'. In schools, particularly, where teachers need to deal with whole classes of children at once, a single child such as Jimmy could become a symbolic, unconscious threat to their performance that the practitioner splits-off from, separating the child in the here-and-now from what is expected of them. While some teachers worked hard to remove him from their classrooms through being rude and angry with him, he was expected to show respect and restraint to them, to behave well in the face of their adult misbehaviour. Hacking (2004:297) suggests that Goffman's work on total institutions can be applied to the processes of institutions that are less 'total', in that 'inmates' come and go, but still are subject to the same sorts of disciplinary practices that cause a looping pattern of interaction, as happened with Jimmy and teachers, or, in his accounts, his encounters with the police who had similar expectations of him. These institutional *relational* practices, using both behaviour and meaning-labels, are as active in telling the child what they are expected to be like as the written, formal rules of the institution, and in Goffman's eyes were part of an attempt to force compliance:

an agency that creates a defensive response on the part of the inmate takes this very response as the target of its next attack. The individual finds that his protective response to an assault upon self is collapsed into the situation; he cannot defend himself in the usual way by establishing distance between the mortifying situation and himself (Goffman, 1961a:41)

Jimmy and Jake were both bound into the systems of education and the YOT, but their experiences in both, in terms of relations and interactions with adults, placed them into different positions as people. Their symbolic transformation, which took place not only through actual engagement but through the sometimes unconscious processes of adult anxiety, anger, shame, fear and empathy, constructed one of them as a villain, while the other was a troubled, vulnerable child, "he needs to go back to being a little boy as he is and doing little boy things and not to be hanging around street corners with 17, 18 year olds, and doing what they're doing" (Behaviour lead). Gwyn Daniel suggests that in working systemically with children in relational practice, social workers must try not to 'become certain in our explanation for something' (Daniel, 2005: 60) and must avoid pathologising and blaming the child. It was clear that, at least in the school, the majority of opinions about Jimmy were very 'certain' and blaming, and there were many strong voices, including the head teacher, who wanted him removed from the school permanently: she was reported during a multi-agency meeting as having stated "I will not have that boy in this school". What this did was to remove any possibility of his own vulnerability and need for support, both emotionally and educationally, rather than punishment. By positioning him as a child who consciously chose to be violent and disobedient, the school and the YOT could be said to be using a 'restrictive and reductionist understanding of human behaviour…which engages only superficially with the presenting problem and does not explore its roots' (Ruch, 2005: 112). While Ruch used this phrase in connection to the 're-conceptualization of clients from 'individuals with difficulties' to 'service users'.' (Ruch, 2005: 112), it can equally be applied here to see how Jake was constructed as a child with difficulties, while Jimmy was a knowing choice-maker – the first, an incompetent view of the child, the second, competent. This was not a simple dichotomy of positioning, but a complexity where in order to provide stability forms of informal as well as formal categorisation were used (Dean, 1997). More, they acted within these categorisations, the meaning-labels applied by all around and by themselves, to – paraphrasing Ian Hacking (Hacking, 2002; Hacking, 2006) – make themselves up.

> If we wish to present a partial framework in which to describe such events, we might think of two vectors. One is the vector of labelling from above, from a community of experts who create a "reality" that some people make their own. Different from this is the vector of the autonomous behaviour of the person so labeled, which presses from below, creating a reality every expert must face (Hacking, 2002: 111)

Once bound in the meaning-labels of experts, children can find it difficult to re-emerge into the ordinary social world. Just as Jimmy kept coming back to the school, so Danny was reported as trying to rejoin his form when he was meant to be on a greatly reduced

timetable of only two hours a day: "At one point he desperately wanted to come back to the form and he was coming every morning and I've had to get someone to come and get rid of him" (FT4). Danny and his form tutor's joint desperation, expressed in her need to 'get rid of him', left Danny excluded from his 'society' of friends and events, as well as from education.

Chapter 9: Replying to the research questions, reflecting on the process, drawing to conclusion.

Introduction to the conclusions

In concluding this thesis, there are a set of tasks that I want to carry out. I want to restate the purpose of the research, and look at how my analysis and findings have replied to the research questions set at the start of this process. I want to explore some of the issues that arose *within* the process of 'doing a doctorate', reflecting on what I have learned about this process. Finally, I want to talk about the dissemination of the findings and areas for further research, since my intent is for 'some form of social action or change in the context' (Dunne *et al.*, 2005: 88) to come from this project, rather than have completed this research purely as a personal exercise to gain a doctoral degree.

Doing a doctorate could be said to be a process of 'being and becoming' in itself. The doctoral processes of researching, analysing and writing are set in time and movement, just as children and young people are. Politically, it is important to note that towards the end of this process, in May 2010, a new Conservative/Liberal Democrat coalition government was installed. This signals changes in the discourse around children and families, for instance a reshuffling of emphasis in departmental responsibility saw the Department for Children, Schools and Families[48], including all material from the Every Child Matters website, become condensed into the Department for Education, with children's services and families subsumed under this educational mantel: 'The Department for Education is responsible for education and children's services' (DfE, 2011a). An internal memo for the department, the National Children's Bureau reported, indicated that staff had been told not to use 'New Labour' terms, giving post-election alternatives instead:

> Key changes to phrases in the children's sector include the replacement of safeguarding with child protection, children's trusts with "local areas, better, fairer, services'" and using the term "help children achieve more" in place of Every Child Matters or the five outcomes (Puffett, 2010)

'Help children achieve more' implies a policy movement away from 'Every Child Matters'. The purpose of ECM and its five outcomes was also to help children achieve, but within a framework of 'well-being' as enshrined in the Children Act 2004 s10 (HM Government, 2004a), to give a more rounded view of all children but particularly those who were vulnerable. The term 'additional need' is currently still in use, as evidenced by a recent

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[48] Which of course was the Department for Education and Skills prior to 2007.

training programme advertised on the DfE website: *Supporting children with additional needs and with disabilities* (2011b), although it appears only once in the recent Schools white paper (DfE, 2010b)*.* Nonetheless, the research findings remain as applicable to any new regime as previous, since what they look at is the interactions and relationships between professionals, parents, and children, and are only framed in policy such as Every Child Matters (ECM, 2004), rather than reliant on it.

The project set out to explore the ways in which children – in this case, at the age of 11 and 12 – became constructed as a child with 'additional need' within a multi-disciplinary service setting, moving from children in a universal service to the targeted and specialist services meant to help the child. I wanted to explore the processes that went into this construction and what it meant for the children and those around them to be perceived and addressed in this way. My concern was for the emotional and social well-being of the child, although what became clear was that adult well-being was at stake as well. The area was a new one to research in due to the timing and focus. The processes of ECM were still being put into place in local arenas in 2006/7 when the proposal was written and the fieldwork took place. Although there was considerable research available about multi-agency working recently published or in process, (for example, Brown *et al.*, 2000; Lowe and O'Hara, 2000; Carpenter *et al.*, 2003; Frost, 2005; Frost *et al.*, 2005; Frost and Lloyd, 2006) the focus was on the technical processes and the adult interactions, rather than on the way that the child became constructed within them.

While all of the twelve children in study fell into the category of having additional needs, ten of them could additionally be considered children 'in need' under Section 17 of the Children Act (1989/2004 – excerpt in Appendix ii), although this was not the way they were presented by participants in the project. Natalie and, later, Leanne had statements from the local authority to address their needs. Martin, Danny, George and Gary all were within the care of CAMHS for what was seen as mental health conditions. Jimmy and Jake had support and supervision from the YOT. Dawn's family was receiving help from social services and Stacey's had recently. Both girls, as well as Jimmy and Natalie, were known to have lived with domestic abuse. There were hints from parents or suggestions by professionals that domestic violence had been an issue at some point in the child's life in the cases of Jordan, Leanne, Danny, and Gary. As the category of additional need is so broad, none of this particular group of children moved out of the category during the duration of the fieldwork.

I want to return now to my original research questions. These have been answered throughout the findings and analysis chapters using the themes that emerged from the data, but not directly: this will be done here. This will also set out my contribution to social work knowledge, identifying the implications specifically for Social Work and making recommendations addressed to all working in Children's Services.

Replying to the Research Questions

The three research questions were constructed to open up the research focus and allow for exploration within it, rather than theory testing. I wanted to look at the relationships and interactions between participants, shown by what they said about themselves and each other, but also through observation and analysis of the deeper, often emotionally driven stories underneath:

> we are not just rational social creatures but live in a world of social relations that are tempered by feelings and emotive dynamics that are often not obvious, or to use psychoanalytic language, motivation in action is often unconscious (Clarke, 2006: 1161)

The complexity built into each child's situation, consisting of not only their family lives, but their relationships at school and then with the practitioners outside of school, and the relationships of practitioners with each other and with parent too, was a challenge to 'unpick'. To connect with the emotional undercurrents in the data I used a variety of psychological and social lenses, mainly within symbolic interactionism and an object-relations, psychoanalytic lenses, as ways to get to grips with the depths and relationships that emerged from the data. I hope to have approached what Andrew Cooper styles 'the complexity of particulars' in *practice-near* research (Cooper, 2009a), a term he uses to describe a researcher's deep engagement with small group of participants, where the emotional and visceral closeness is held and worked with, to produce a psycho-social analysis of complexity.

RQ 1. How do children become defined as having additional needs?

I looked at this question in two ways. Firstly, I showed the ways that parents, children themselves, and practitioners spoke about the child, and the discourses that emerged in their talk about them. Secondly, I looked at a smaller sample of six of the children in more detail, looking more closely at the relationships between them and significant adults, and those adults with each other. In both I was looking for the similarities and differences in the ways the children were constructed.

What became clear was the *layered* nature to this process of definition, in formal processes, in interaction, and in emotions. These were reflected in the kinds of labelling

and action that took place, although they were not independent layers, nor neatly hierarchical. They were constructed through the participation of adults and children, though this participation was not necessarily equal in terms of power. As Goffman commented, certain groups including children, prisoners and mental patients do not have many options against 'officials', and 'it is precisely in being thus constrained that those unfortunates seem something less than persons' (Goffman, 1961b: 17) but this construction as somehow less than a person with full rights does not mean that any of the participants were powerless, only that their power was exercised in different ways, with different effects. For the children this can be seen in the interactions between Martin and his language teacher, Dawn and Stacey's unruly behaviour at the school, Jimmy's appearance in class or in the office of the family support workers on days that he was excluded. The greater power that was wielded within these cases was the one that created meaning-labels about the child that were heard by practitioners and parents, since these became the signifiers that shaped the decisions about actions to follow.

The formal steps to becoming identified as having additional needs usually involves an adult (parent or practitioner) raising a question about a child's psychological, physical, emotional, behavioural or educational development with the appropriate body, and there are frameworks for assessment of the child's needs which differ according to the agency involved. There was evidence of some of these formal assessment processes taking place with the research group, for instance the psychiatrist in Martin's case spoke about checklists that are used to assess whether a child should be given the diagnosis of ADHD, and George underwent an assessment with an independent educational psychologist. As a child with a longstanding statement, Natalie was re-assessed every year. With some of these formal kinds of definition, the child was included mostly through the words of parents or other practitioners, particularly in CAMHS where Danny and Gary did not often appear personally, being represented by their mothers instead. The CAF, intended within the ECM agenda to make interdisciplinary, 'common' assessments, was not used in this location except in the early years through health visitors, and the *Framework for the Assessment of Children in Need and their Families* (Department of Health et al., 2000) was spoken about by the social worker in Dawn's case.

Raising the initial question, or repeating the request for assessment, often did not trigger the formal process, so that the children became defined in ways outside of these assessments. Many parents, and some professionals (for instance, Dawn's social worker in her contacts to the educational psychologist), had spent a great deal of time *trying* to have an assessment they considered adequate put into place. Where parents were involved, this

created another level of definition, so that, as in George's case, the child could become perceived through the anxieties felt by practitioners about his mother's actions. In some cases, that perseverance had resulted in changes to the child's situation that had improved their well-being, for instance in Leanne's case where she went to a different school where she felt safer and more understood, following her statement of special needs, or Alex's earlier interventions that had taught him enough techniques of 'passing for normal'(Goffman, 1963) that his teacher denied his diagnosis of ASC. The statementing process was particularly fraught in some of the cases, and while Leanne had been successful after two attempts at application, Danny and George were still appealing the decisions which turned them down at the end of the year. These formal processes, particularly where they were assessed using checklists and point systems to assess need, were hindered by the complexity and diversity of the problems that some of these children had, as the community paediatrician commented.

> *Community Paediatrician:* In fact, the more co-morbidities you have the more de-compensated they are, and even if they don't reach threshold for an individual co-morbidity, the <u>sum total</u> made them functionally very impaired.
> *Tish:*   yeah...yeah, and that makes it very difficult for diagnosis...
> *Community Paediatrician:* yes but it's not recognised by the statement...

Where the official assessment failed to provide a ruling that meant help would be provided, problems often became worse, and certainly in some cases meant that the child was missing out on large chunks of education:

> no help offered, not for me, but for him, nothing put in place for him, like, 'oh, I will send someone round and do some work with him' - like some maths or English. They said he is age 6 years 7 months anyway so he's lost another year because they are faffing around. So it makes me get quite …angry because he should be in school or something should be done. Basically it will take another year, or six months to go through, so it's going to be another year, so it will be another year that he is out of school again *(Danny's mother)*.

In Danny's case, the statementing failure was attributed to a lack of 'evidence' in the application, exacerbated by his very part-time status in school and teachers relief when he wasn't in the classroom:

> I think that because he is on this very reduced timetable, teachers don't go through the motions of the paperwork that needs to be done… I think some teachers if he walks into their lesson and walks straight out again, they just think phew! I think a lot of things aren't being logged about Danny. So perhaps they are finding it difficult to collect the evidence that they need about him. *(FT4)*

This shifted the layers of definition from formal, showing the ways that the interactional and emotional layers were tangled up in it. To have Danny, or Jimmy, Jake, Dawn, Stacey, or Gary in your organisation could be a dislocating experience for practitioners,

sometimes as a consequence of the dislocating experience for the child. As a psychiatrist commented about Danny, the different agendas at play could leave a child feeling persecuted in the professional sphere:

> Unfortunately I think the session…because – there's often been …there's been a lot of problems, I think he experienced the sessions as kind of being a long list of problems, and him being slightly persecuted or very persecuted about them. I mean, it's whose agenda are you dealing with when you dealing with those sorts of situations - his mother's agenda, his agenda, education's agenda, whatever…(*Psychiatrist 2*)

From a social work framework, the 'surface and depth' (Howe, 1996) of such work – a focus on bureaucracy and what Ruch calls 'rational understandings of human behaviour' instead of a 'deep' relational view of the person – increases the failure to deal with this dislocating presence by ignoring the emotional aspects of work with people:

> firstly, conceptualizations of the individual which are reductionist and privilege rational understandings of human behaviour; and secondly, bureaucratic responses to the uncertainty, complexity, risk and anxiety which are inherent in social work practice. (Ruch, 2005: 112)

It was clear from the majority of these cases that 'uncertainty, complexity, risk and anxiety' was an issue not just in social work, but from the universal services upwards. The emotions that issues of these children with 'additional needs' raised in the adults working with the children – anxiety, fear, frustration, unease, helplessness or unhappiness – then impacted on the ways that the children were defined in terms which were moral or emotionally driven, and often hinged on medical or pseudo-medical discourse to justify them. Informal meaning-labels became signifiers of the snapshot view of the child that practitioners created, based on their interaction with them, or stories of interaction with other practitioners. These were used as a way to deal with the emotional immediacy of the child, but often ran alongside the formal labels as in Martin and Gary's case, or the labels that could have been formal, but were used in an informal way, such as 'attachment' or 'vulnerable' or 'mentally ill'.

The informal meaning-labels that occurred as the result of interaction, both between people and within the adult's own 'I and me' communication (Mead, 1934), often seemed to be driven by emotions that were beyond the conscious control of the practitioner. The child was defined in terms of perceptions of their morality, as good or bad, manipulative, poisonous, or terms such as weak meaning a lack of ability to control themselves. Vulnerability was also defined, through labels defining them as emotionally young or little, tragic, or filled with anger or rage. These sorts of terms became part of the community of knowledge around the child, building a picture of them which led to a 'spoiled identity'

within the community of practise which was hard to escape, for instance Stacey said that her bad reputation stopped teachers from noticing when she "came in good", and Jimmy said about the police, "once they know you they don't give a shit". Early interactionists such as Tannenbaum (1938), wrote of the escalation of deviant behaviour through this moral labelling, but neither allow for an escape route from this escalation, the complexity of the power within the interactions, nor for the possibility that some professionals will act outside of this discourse. I instead suggest that although children can become 'captured' in their meaning-labels through the reification of implicit and explicit knowledge about them, a side effect of the communities of practice that exist in Children's Services, they can also escape deviant labelling, as Jordan and Alex had done. Jordan had 'turned things round' and Alex 'was fine' now. This meant that sometimes deviant behaviour or needs dropped out of their pictures, that children have the possibility of 'escape'. Furthermore, the personal processes of looping that Hacking proposes (Hacking, 2006) allow for the child's agency in the process and again help to explain a possible escape route – Jordan's statement the he had done it himself, rather than through the assistance of practitioners. Children could both become and un-become constructed in these ways.

The child also became defined as having particular areas of need through the levels of knowledge available about them. Availability was made possible or blocked both through the structural processes of Children's Services and through the personal 'depth' processes, which split off the knowledge of a child's suffering in favour of a safer, moral or administrative picture of the child, the 'borderline' defences described within child protection by a range of commentators (Bower, 2005; Cooper, 2005; Cooper and Lousada, 2005; Rustin, 2005). In this positioning, the moral picture was safer for the adult, because it allowed blame to be shifted onto the child, individualising need just as a medical discourse does. Through these very personal processes which were built out of a complex mixture of meaning-labels about the child, worries over professional status and an emotional reaction to the anxiety and threat that was both evident and underlying many of these cases, children in similar positions could become defined in very different ways.

These same depth processes affected the weak spots in combined services, for instance the struggles over responsibility for Jimmy with the inter-agency CAMHS team, where there was a feeling that no one wanted him, or the communications between different agencies. The interprofessional problems arose partly out of differences 'built in' to professions, as Robbie Gilligan comments:

> To the outsider, any such lack of coherence and common purpose between child professionals and systems may seem bizarre and incomprehensible. There may, however, be many complex reasons for the cleavage, which have their origin *inter alia* in important differences in administrative structures, philosophical assumptions and professional socialisation and ideologies (Gilligan, 1998: 13)

These showed even in the way that issues were discussed by different agencies, through the professional narratives which shape the way communication is perceived and performed by them (White and Featherstone, 2005). Education and social services had very different attitudes and understandings about the difficulties in their communication. The school's designated CPO said that outside agencies rarely told the school if they were working with a child, "It's <u>very</u> rare for outside agencies to contact <u>us</u>, um, it's often we will do some ringing round and say have you heard of this student, and they say yes" and went on to say that although social services were the best, there had been times that he had become angry with them too:

> Social services are the best at it, but they're not great, so every now and then I'll - it depends on the social worker – so every now and then I will get a phone call saying I'm the social worker involved with this student, and I'll say oh, brilliant! And I'll write the name down and that's a link. Other times social workers will change for students, and I won't be informed, social workers will leave, and I won't be informed…. Earlier in the year I was ringing a social worker, and emailing the social worker for weeks and weeks, only to find out he had left and no one had informed me and I was getting really angry! You know, is this person available, no they are not here, you know the voicemail was still on, that sort of thing! *(CPO, Southaven)*

Social services also had stories to tell about communication with the school. Dawn's social worker said "Southaven's notorious at never getting back to you. Yeah, never get back to you at all" adding in though that "but I also realise that a lot of teachers are ever so busy, some schools are better than others". Jake's social worker from the YOT said that she needed to be "proactive" with the school, since they hadn't contacted her. Again, she made excuses for them, but added in a reminder that social services were under a lot of pressure too:

> I think we do really, because they haven't phoned me at all, so every contact that's been made we've initiated at this end. And you can sort of see why, you know, there's loads of kids aren't there, they must get really bogged down, and Jake's just one boy amongst whatever, 27 or whatever it is, you know, I can understand it, umm…so that's fine, I don't have a problem with that at all really, it's just reminding yourself that we have big case loads as well *(YOT social worker)*

While these processes of a lack of communication or working together added to the construction of the child through an *absence*, both of information and of joint-working, they also were emblemic of the other needs and interests that were present in this field.

RQ 2. Whose interests are being served by this process of definition?

Other writers have identified some of the structural interests outside of the child for whom labelling serves a purpose of social control, particularly where a child has problems in the area of behaviour, in education, or psychiatry, or the justice system (e.g.:Cohen, 1985; Galloway *et al.*, 1994; DeGrandpre, 1999; Billington, 2000; Thomas and Loxley, 2001; Timimi, 2005b; Timimi, 2005a; Timimi, 2006). Here too there were these interests in play, for instance in the school's rapid statementing process at the end of the year for Jimmy after the head teacher pronounced in a meeting 'I will not have that boy in this school'[49]. But it was clear that this was not straightforward, since Jake was not treated in the same way, or even seen as the same 'kind' of boy. While in an ideal world, the process of definition and the outcomes from that definition would always serve the interests of the child, the discussion within the previous section has already begun to highlight that the processes are more complex than suggesting that so long as adults followed correct procedures, children would get the help that they need. These procedural or 'surface' responses might also be called 'technical', as Ruch says, focussing on the 'who can do what' for the child (Ruch, 2007: 667), rather than the meaning-making that would identify the underlying issues for those involved. Adults too are psychically vulnerable and their emotional responses and coping strategies had a strong effect on the ways that the child became defined. Within this assertion, surface procedures could be seen as a way of avoiding the pain and suffering that children are enduring:

> The question which must be borne in mind when we remove our attention from the suffering of the child is do we do this in the service of helping the child or in the service of protecting ourselves from our own suffering? (Cooper, 2005)

Turning from the suffering of the child can be a defensive move, 'protecting ourselves' both emotionally and from the consequences of limited resources to provide for many requirements, creating again a sense of stressed helplessness around a child's case.

> I can't imagine my life at the moment without [the inclusion mentors] or the resource team. You get short term funding and then what. It is pulled? Am I expected to absorb that into my budget, how can I? That is five extra members of staff, I can't just absorb that just like that. *(Head Teacher)*

Children like Jimmy, Danny, and Dawn were called 'high tariffs' by many staff at the school, indicating that they were a heavy draw on the school's finances and staff time, and troublesome in more ways than just behaviourally. Attempts to hold needs to a threshold sometimes meant that a child's serious needs could go unmet. Leanne's mother spoke of a

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[49] While I was not there when she said this, it was repeated back both at the monthly multi-agency meeting and from other school sources.

multi-agency meeting that she attended before the start of secondary school to try and put help in place for her daughter:

> Leanne's mum: And then I sat in the room with umm, loads of them, educational psychologists, loads of people
>
> Tish   One of these big multi agency….
>
> Leanne's mum: Yeah. And I just said – this was when, the transition to go to senior school – and I was like she's not going to cope, she doesn't know how to be a good friend, she doesn't know this, she doesn't know that, and they all sat there and said, oh, there's children in Southaven far worse than Leanne who deal with it, so she will. I was like, oh, ok – came away crying…

Here the focus of need was clearly not on Leanne herself, as her mother reported had been the case since Leanne was small. Leanne was well-behaved and quiet in the classroom, and her mother and grandmother were convinced that this was the cause of her lack of support, since she did not disturb either the teachers or the running of the school. Although finances are not unlimited, to ascribe to thresholds either of abuse or behaviour, when disturbance may be hidden, can be dangerous for the child, 'thresholds appear as an interacting risk factor in a national study of all cases of child death or serious injury through abuse' (Brandon *et al.*, 2008). Leanne started to self harm rather than continue at Southaven, drinking shampoo and cutting herself; not, she said, as a 'cry for help', "No, I just got angry, and shouted, and hurt myself" (Leanne).

Although it was clear, within this group of children, that becoming defined as having additional needs had an effect, the effect was not always singular, about getting the child help, or aimed exclusively at the child. Some of the formal labels signalled that there was a *need* to provide the child with additional help. This was part of what one psychiatrist suggested, that it was important to apply a medical label in order to trigger routes to better funding or assistance. However the most obvious formal label was not always the core of the problem for the child, or one that got them any support. Jimmy's label of BESD warned teachers that he might be badly behaved or easily irritated, but did not get him any help for his literacy difficulties, dealing with the repercussions of his early physical maturity or the difficult family dynamics he was living with, although some professionals were aware of these: "Again, you know, with Jimmy, it's his family isn't it, what's happening with his family, they need some support, there's something strange in the dynamic there about what's going on" (SENCO). Jake's SEN label of MLD had, in his opinion, meant that the work given to him was too easy, too boring, and this was seen by his social worker as a possible trigger that started him truanting within the school.

The child's 'best interests' did not always mean the best possible definition of need for the child. The argument made by Martin's psychiatrist was that where a parent or carer was at risk themselves, it could be better to treat the child for a non-present condition to keep the parent placated: "I think you have to be quite responsive to the needs of the family as a whole, because without giving him the medication she probably would have murdered him!" (Psychiatrist 1). However, this argument ironed over the surface of the family problems and failed to provide help for what she saw was Martin's attachment problems. In the long run, Martin was left feeling that he was not 'normal' because he had to take medication, and potentially had to deal with the iatrogenic effects of long term pharmaceutical intervention. The psychiatrist spoke at length about Martin's mother and the sleep deprivation and depression that in effect she was treating through Martin, "I think this is a case where... her desperate need for some medication for Martin has swayed what I... in another family Martin's behaviour might have been managed differently and he might not have needed medication". Her own helplessness within this situation, where all she felt could do as a CAMHS psychiatrist was medicate the child since the family had refused to engage with family therapy, put her into a situation where she made excuses for her lack of direct action with Martin's parents, a signal of her feelings of shame about the situation.

Shame, and with it, blame, was strongly expressed in the discourses of adult and child participants, although as Thomas Scheff points out, shame is often demonstrated through less direct means since it can be below the level of conscious thought (Scheff, 2003). Scheff states that shame is the strongest emotional state (Scheff, 2003) despite its often unconscious presence[50] because it is generated socially through a fear of 'threat to the bond' which can occur through even a minor slight within an interaction (Scheff, 2005: 151). Here it was shown through adult fear of losing status or being unable to do their job, through their projection of failure and pain onto the child, or their attribution of moral, blaming meaning-labels to the child (or indeed on other adults, practitioner to parent and parent to practitioner). My focus here is the ways that shame created an atmosphere of blaming which indicated that the psychological needs of the adult were becoming paramount. Children expressed shame too by blaming others, or by blaming themselves, for example for their medical conditions or inability to control themselves. Within the research interviews children did not blame their parents, but this in itself suggests a strong expression of the fear of separation. It was unsafe to express these sorts of feelings

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[50] Scheff (2003) cites the work of Helen Lewis (1971) who used a complex coding system to uncover 'shame talk' in psychoanalytic work.

about carers. Shame too can close down discourse, both around the child where a lack of effectiveness in practice might leave the practitioner locking the child into a picture, what Reder, Duncan and Gray identify as 'the pervading influence of a core belief' within a 'closed professional system' (Reder *et al.*, 1993: 71), and within the lack of disclosure by parents of social work interventions with the family.

The expressions by school staff of shame, worry, overwork, threat and concern for the other children that they were teaching created an atmosphere where the behaviour of the staff sometimes mirrored that of the children, a demonstration the parental adage of 'do as I say, not as I do'. The children's feelings about this hypocritical behaviour was expressed in most of the children's interviews, for instance Dawn's talk of teachers being 'demented' and 'rude', or Martin's descriptions of his interactions with teachers that didn't listen. Within some agencies, notably school and the probation worker in the YOT, there was talk by practitioners, observed in interaction with the children and within the research interviews, of the children having a conscious 'choice' in what they did, that if they reacted, it was because they chose to do so. For example, Jimmy's older sibling had also been involved with YOT, but Jimmy was spoken about as having *chosen* a criminal route: "It is interesting to see how one's gone down one road… and one's chosen to go down the other…." (YOT worker). An inclusion mentor at the school also commented about choice in relation to Gary, but seemed to talk herself into realising that adults were equally prone to the 'unrealistic view that if I ignore it, it will go away':

> something will happen, say in class, so he will do something wrong or react badly in a situation and make a bad choice, then there is a consequence to that so the teacher might give him a detention or what have you and then he just won't do the detention so that leads to something else, it is a domino effect… it is just refusing to take responsibility for what he has done. I find him quite immature actually, very young and just sort of an unrealistic view that if I ignore it, it will go away – which we all have as adults. *(Inclusion Mentor)*

The child was somehow expected to behave more responsibly than many of the adults in these cases, to make reasoned, 'rational' choices and at the age of 11 and 12 to be fully in control of their emotional responses to stressed situations where adults clearly were not. As has been demonstrated in the main analysis, some practitioners, from within education, health, and social services, were able to maintain a respectful and listening relationship with these children, behaving in a way that has been described as 'deviant-insulative' (Hargreaves *et al.*, 1975: 161, citing Jordan 1974) and the children reported in their own way that this helped.

RQ 3. What are the implications of an understanding of these processes for service provision to children with additional needs?

I want to return here to a discussion of what David Howe and Andrew Cooper speak of as 'surface and depth' (Howe, 1994; Howe, 1996; Cooper, 2005). In order to address the complex interaction between procedural means of assessing and defining a child as having additional needs, and the emotionally driven actions and reactions which feed into the construction of the child through meaning-labels, these ideas need to be applied beyond social work and into a multi-agency field. This is not to suggest that other professions 'become' social workers, nor that social work practice, which in itself is subject to argument and riffs from a range of theoretical perspectives, has evidence of the 'perfect' way to work with children with additional needs. Cooper (2009b) discusses the impact of professional identity on interprofessional work, arguing that 'professional narcissism', an emotionally-imbued assumption that your profession is better than others, is a natural barrier to interprofessional work, and 'under these imperfect emotional conditions, can we work together in the service of others who are probably more vulnerable than ourselves?' (Cooper, 2009b: 536). Furthermore, can services and communities work together to reduce their own psychic vulnerability when faced with others' suffering, and through this improve their own emotional health? In Nick Frost's review of the evidence around joined-up working, he found little to suggest that there had been a focus on the emotional and psychological processes of workers, rather than the more surface processes between them (Frost, 2005). The communication difficulties in multi-agency working also need to be addressed from below the surface: 'communication is an interpersonal process, so that its psychological and interactional dimensions must be addressed before practical measures can work effectively' (Reder and Duncan, 2003: 84). Therefore, I want to suggest some implications from the work, first, for all Children's Service practitioners, followed by three implications aimed specifically at Social Work.

What was demonstrated in the analysis was that the child was defined through both 'depth' and 'surface' processes. The meaning-making that takes place around these processes, informally and formally and in implicit and explicit ways, was a way to handle the uncertainty over 'need' through rationalising opinions, treatments or support. Within the school, this discomfort over 'unmanageable' children, since 'if order breaks down, everyone is hurt; teachers can't teach and pupils can't learn…order is often frighteningly fragile' (Edwards *et al.*, 2008: 48), created an excluding discourse which was both felt by the children and expressed by the staff. Southaven's head teacher called inclusion 'a bit bananas', emphasising that the *principle* is to be embraced, but the *practice* does not work,

because the system is already 'up and running' and these children don't fit it, they can't manage it, and with that they can't *be* managed:

> I think the whole inclusion agenda has gone a bit bananas in a sense that I think we all sign up to inclusion. In principle. We embrace it and it is the right thing. But inclusion sometimes means that these kids with really severe needs come to us and they are expected to fit into a system that is up and running, and a system which does not really provide enough for their particular needs, and doesn't provide any funding. So you have to find alternative provision for them and that to my mind is not inclusion because they end up being excluded from that system. Through nobody's fault, simply because they are expected to fit into an existing system which they can't manage. *(Head teacher)*

She states that it is 'nobody's fault', but the *implication* is that it is the child's fault for not being able to 'fit'; 'The rigid social norms and goals of the school represent, as Craib (1993) puts it, 'congealed action', and are relatively impervious to individual challenge, in particular to children's challenges' (Mayall, 1994: 117). For children who may find it hard to fit an existing, rigid system, particularly where through background circumstances they feel unsafe, this becomes an urgent issue since temporally there is a relatively small 'window of opportunity' for gaining a 'normal' education[51].

Surface working does not address the fundamental problems for many children, which is to do with the relationships in their lives. No matter whether a child is safe and secure at home or vulnerable and at risk, within Children's Services the relationships with the 'other adults' in their lives – the practitioners in all areas from TAs to psychiatrists – can impact upon them, in both supporting and debilitating ways. From a social worker's perspective, Robbie Gilligan emphasises the psycho-social role that school can play for vulnerable children, becoming a place of safety and security for them and helping them to build resilience (Gilligan, 1998; Gilligan, 2000). Within this study, the wish for children to participate *in some way* in school life was clear; even the most excluded children here (Jimmy and Danny) regularly came to school when excluded, and even attempted to take part in classes. Two children (Leanne and George) became so disheartened that they became emotionally unwell, and were off school for long periods after their parents withdrew them, with psychiatric backing[52].

The implications for Children's Service practitioners is that even in the universal services where all children are seen, it is important to move away from an approach that ignores

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[51] By normal, here I mean in the same developmental period as your peers, ie in your childhood.
[52] It is important to note that George's panic attacks had started prior to his experiences at Southaven, but again seemed to centre around a teacher relationship which he found difficult.

the depths, both within ourselves and in our interactions and relationships with others. This is for practitioners' own emotional well-being as much as it is for the child's. Training in 'emotional intelligence' is an initial step forward. To indicate the growing popularity of this as a way to improve relationships and working in many areas, a recent search for this on the ASSIA academic database returned 344 results, while on the Amazon webshop it produced an astonishing 9,803 choices in books, including David Howe's *The Emotionally Intelligent Social Worker* (2008). Emotional intelligence was first written about in 1995 by the psychologist Daniel Goleman, and blends eastern ideas about 'mindfulness' with a premise that we can become more aware and in control of our emotional landscape:

> the root of altruism lies in empathy, the ability to read emotions in others; lacking a sense of another's need or despair, there is no caring. And if there are any two moral stances that our times call for, they are precisely these, self-restraint and compassion. (Goleman, 1995: xii)

This benefits not only those around us, but also allows us to be more compassionate and content with our own selves. To complement this and maintain a reflexive, relational connection between the practitioner and the client or service user, Gillian Ruch (2007) writes of the 'holistic reflexive practice' that she found within a study of child care social work. This requires a 'contained' atmosphere, following Bion's theory of containment (1962), in which our emotional stability is dependent on an internal ability, learned in the reflection of our parent's ability to contain our infant 'raw emotion' (Bower, 2005). This can prove difficult in a busy and chaotic environment such as a secondary school, just as Ruch says can be the case in social services where teams or organisational structures are not stable:

> Practitioners located in confusing and changing team and organizational contexts, however, experienced their professional energy being diverted into surviving the uncertainty and anxiety associated with the organizational and professional role confusion they encountered. As a consequence of these dynamics, the energy available for practitioners to develop the internal qualities of openness, whole heartedness and mindfulness associated with reflective practice and for engaging in reflective activities was depleted.(Ruch, 2007: 670)

There is also resistance towards this sort of reflection and an 'emotional intelligence' agenda in secondary schools such as Southaven. A recent evaluation for the Department for Education[53] of the rollout of the Social and Emotional Aspects of Learning project (SEAL) to secondary schools found that after some initial enthusiasm, most teachers lost interest in their own social and emotional development, although they were still prepared to teach it to the children (Humphrey *et al.*, 2010). Similarly, at Southaven the educational

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[53] Commissioned by the DCSF

psychologist encouraged the staff to use Solution Focused Behaviour Management (SFBM), in order to 'focus on competency and strengths in clients rather than their assumed deficits and pathology' (Ratner, 2005: viii). She found that staff attended an initial workshop, and then did not attend the remaining sessions. Although SFBM would not be a way to gain a deeper knowledge of the child in their social systems, it would start to confound the negative expectations built around some of the children and to build on the strengths that each of them had. The Labour government started to be more explicit about the need to work 'knowingly' with looked after children in schools, stating that an aim should be 'Making it a priority to know the looked after young person well and to build strong relationships' (DCSF, 2009a: 14). However it is only this formal labelling as 'looked after' that earns them this relational stance, and this leaves the majority of vulnerable children still depending on the vagaries of the practitioner. While it is right and proper that each agency has its own function – as professionals the training that they undergo is to make them experts in their field, and there is a choice involved in staying in that field – all Children's Service practitioners need to be more aware of how their own actions, expectations and histories will have a *psychosocial* impact on the child.

There are three implications from the study that are specific for social work. The first is that social workers work with some very vulnerable children, particularly looked after children and those on the child protection register, although often children will not have gone through these thresholds before it is clear how vulnerable they are (Brandon *et al.*, 2008). These are children who often struggle with the school system, and as a group they leave secondary education with considerably fewer GSCEs than the general population (Berridge *et al.*, 2008). Although this is for a range of reasons, it is telling that in a recent book, David Berridge and his colleagues choose to look not only at 'children in public care' but also children with BESD, grouping them together under the title *Educating Difficult Adolescents* (Berridge *et al.*, 2008) implying that both groups are 'difficult' to educate. Under Section 52 of the Children Act 2004, local authorities were given a statutory duty 'to promote the child's educational achievement', as part of a wider duty 'to safeguard and promote the welfare of a child' (HM Government, 2004a). Although Hare and Bullock caution against calling adopted or looked after children a heterogeneous group, they point out that 53% of this group are seen as having behavioural problems (Hare and Bullock, 2006), which Jull (2008) identifies as a major reason for exclusions. With this in mind, social workers' charged with the care of vulnerable children need to be responsive to attitudes that the child must 'fit' the system, rather than ensuring that the system is a better fit for all children. There is work focussing on attachment issues now available for those working in education, to enable more successful relationships with looked after and

adopted children (e.g. Geddes, 2006; Bomber, 2007), but this relational focus needs to be extended to all children with additional needs.

My second implication for Social Work follows from this. Schools can, and should, be a supportive environment for all children, and this is recognised in policy documents aimed at all children such as the *Every Child Matters* white paper (ECM, 2004), and in those aimed specifically at those in the care of local authorities, such as *Improving the attainment of looked after young people in secondary schools* (DCSF, 2009a). Secondary school is the place where every child from 11-16 should be located, with only a few exceptions such as those in home or hospital schooling. Although changes in the relational practices of all practitioners in schools and elsewhere would help towards improving the experiences and life chances of many children, there will still be some in schools in need of extra social support. A stronger psychosocial presence in schools would be a support to students and potentially to 'relational-minded' educationalists too, allowing teachers to maintain more of a focus on teaching and enabling the stabilising, containing environment essential for Ruch's holistic reflexivity. There are already 'social' projects based in schools; at Southaven the two family support workers were part of a team of three whose funded aim was to improve attendance, although they were stretched between Southaven and two 'feeder' primary schools. However, they were funded for only two years as a pilot scheme, and only to work with year 7 children at Southaven, so that young people like Dawn had their service cut off in the midst of it. Her family support worker spoke about how this short-termism meant that she wasn't sure how successful it had been,

> I think with Dawn it would be nice to have a really, really long time to work with her. That's the unfortunate thing, that I know that's not going to happen. Because I think it will take a long time to really, really start to form real trust I think really, umm, and I <u>think</u> that it's gone well. I think it's difficult to tell with Dawn, how useful it really has been, is my feeling. I mean, yeah, that's my feeling, I think it's gone well and I think that she probably has got some trust in me. She told me that she trusts me, and I hope that she did mean that, that she wasn't just trying to say something that she thought was going to please me, I don't want her to please me, I want her to, you know, gain something from it. *(Family support worker)*

Children's Services need to be more realistic about the links between the social world and education and fund schemes like this for longer periods and with broader objectives, since an outcomes evaluation based on Year 7 attendance at Southaven would have shown poorer results than previous years according to one Assistant Head there, but there were many interacting factors that had made it so, and the family support scheme was not seen as one of them. Gilligan writes 'a small change within a child's profile or functioning may have an important wider ripple effect generating momentum possibly for a virtuous spiral

of change and development.' (Gilligan, 2000: 38), providing a protective factor in reducing adult problems. A stronger psychosocial support system for children at school makes good sense, economically as well as ethically, with many children with additional need, but is not a task that teachers can solely undertake alongside their primary function.

Finally, and linking with the previous two implications, education provides many opportunities for keeping children safer and identifying risks to their well-being. The emotionally challenging children of the research group of 12 were not exceptional at Southaven, but part of a much larger population of 'acting-out' and 'acting-in' children in all years. Recent research has shown the personal variability in thresholds for referral amongst professionals for child protection concerns (Gilbert *et al.*, 2009), and returning to reviews of serious cases which resulted in the death of a child, there is a strong body of evidence that demonstrates the problems in assessments and communication that lead to failures by professionals in all areas of children's services to protect the child (Reder *et al.*, 1993; Reder and Duncan, 2003; Reder and Duncan, 2004; Brandon *et al.*, 2005; Cooper, 2005; Cooper and Lousada, 2005; e.g. Brandon *et al.*, 2008; Brandon and Thoburn, 2008). Brandon, Dodsworth and Rumball expressed concerns that not only are the expert opinions of those outside of social services not taken seriously enough by social workers, but that there was a failure to 'follow up' by those who referred initially, particularly from education to social work, meaning that the child got lost in the referral process (Brandon *et al.*, 2005). Although schools must have a 'senior designated person' for child protection[54] (Teachernet, 2010a), part of the senior management team of the school, , this person will have a range of other education focussed duties as well. Having a linking presence from the social sphere within a school could help to ensure that concerns were taken seriously and followed up, and help to identify those children who were in danger of being lost in complex systems.

Children with additional needs may be struggling with a wide range of difficulties and differences and deserve to get the support they need from the adult world in order to thrive. Professional systems are entrenched in 'psychosocial', functioning at a structural level within a framework of policy, as well as an interactional one:

> the 'psycho' and 'social' elements are not two parallel paradigms, but represent a whole epistemological shift into theorizing the passionately rational subject, one which is saturated by, impacting on and impacted by its social world…In other words, both inner worlds of psychic suffering and outer worlds of social

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[54] known as the child protection officer at Southaven

> structural oppression are constitutive of such subjects, their capacity for agency, and the forms of agency that are possible. (Frost and Hoggett, 2008: 440)

At all levels, social suffering can be multiplied, or reduced. For the adults working with children with additional need, there is a crucial need to work with emotional sensitivity, and this means that practitioners in Children's Services have to address their own psychosocial needs as well.

Reflecting on the process: addressing 'doing a doctorate'

I have made it clear in my implications and recommendations in the last section that I believe that reflection is an important part of practice in Children's Services which needs to be better addressed. Reflection is equally important as part of a process that strengthens doctoral research and helps to make a psychosocial researcher. Preston-Shoot comments on the need for a 'reflective space' to be available in working practices, and provides some ideas of the multiple uses of this space:

> Where the reflective space is available, it facilitates a broader conception of practice, increases choices, and frees interactions which have become 'stuck'. This is because it enables people to consider their own participation, allows new information to circulate, and provides information which allows movement beyond defensive, demoralised or otherwise tightly controlled behaviours (Preston-Shoot, 1996: 22)

Here I want to consider some of these aspects of reflection, since part of the privilege of doctoral research is in its status as a learning project, and the space for thought that this can provide. I need to explore some of the psychosocial issues that arose for me out of the research, considering my own part in the process and how my own feelings and needs fed into the work. Following this, I want to talk about my approach to the research, considering my methods and methodology in conjunction with the direction(s) of the research journey.

Mirroring and anxiety in researching psychosocial subjects.

It was important to me, as part of my observation, to work with my own feelings about what was happening in the settings with the children and the professionals, as well as to observe their interactions. Cooper writes of the necessity to be open to what is happening in the research field, even to the 'ugly facts' that disturb us (2009a). Although my observation was intended to be largely non-participant, it was hard not to be involved, as Cooper says, 'the closer we come to other people the greater the likelihood that we will become psychically mixed up with them' (Cooper, 2009a: 432). Here I reflect on my own anxieties and 'psychic mixing' in this 'involved', sometimes disturbing, environment.

The atmosphere in different parts of the school and other agencies was variable in its mood. I had to work hard to separate out the differences between my own feelings of boredom or excitement and that of the children. At school I frequently felt anxious for children, and for teachers or other staff when things got out of hand, which they often did. My anxiety for teachers made me suspect that loyalty between them meant that if one was feeling oppressed by a child, this would pass to their comrades too, which was then expressed in several form tutors' interviews. I felt a lot of helplessness in the face of this anxiety, trying to stay removed from the action and not to step into 'teacher mode' to help the education staff, or equally, to defend children when I thought interaction was unfair or damaging, such as the teacher whose passive-aggressive 'complement' to a girl was "everyone says that you are hopeless, but I think you've proved them wrong today". This was a rare although not solitary incident of this sort of tacit bullying by teachers; I felt angry for the child, as I did on other occasions as well. I felt anxious about how this anger at the professional was going to affect our interviews. I dealt with this by using techniques from person-centred counselling practice, centring myself and trying to maintain empathy and 'unconditional positive regard' for all participants, but trying to stay aware of what emotions I was feeling. I was very aware of how much easier this is to do if you like someone – child or adult – and how this mirrored the interactions between people in Children's Services too. I remained worried and concerned for the children who took part long after the fieldwork drew to a close, and this was evident in my analysis and something I struggled with as an author, where often I found it difficult to maintain a 'researcher's stance' and was drawn back into those practice-near feelings.

I was often aware during the fieldwork of the number of roles that I had outside of that of researcher or student, and found it hard to separate my own 'front room' and 'back room' roles (Goffman, 1959). These too affected the ways that I understood interactions. I was appearing as a researcher, but I am also a mother, with sons who were similar ages to the children in the research as it took place. I am also a disabled person, which for me makes me very sensitised to the ways that people react to others with difference. Practitioners who took part sometimes mentioned similar internal roles that affected their work, one form tutor spoke about how her motherly feelings shaped the way she was with her form group, while the SENCO spoke about being a non-parent dealing with distressed parents. This is an area that I would like to explore further.

I wrote earlier here about how some of my anxieties of liking or disliking participants mirrored the experience of practitioners in Children's Services. There were other occurrences in my experiences mirroring that of the participants in the research, both

parents and professionals. It provided an interesting counterpoint to the data – an external form of triangulation of the findings – but also triggered highly emotional responses from me. As a parent, my youngest son became physically disabled in the year after the fieldwork and I found myself dealing extensively with Children's Services as a service user/carer. This is another story in itself, but is important because of the way these mirrored experiences strengthened the emotional narratives of participants for me. Although I had to accept that my own views of what was going on were also selective – a series of snapshots – just as practitioners' were, I came to see how these snapshots were so briefly taken when dealing with some staff on my son's behalf.

Difficulties in communication and blocking of information, and the high levels of anxiety this caused, was another issue which arose from the data and was mirrored in my researcher experience. I was passed from one department to another, up dead-ends, and offered help that was then withdrawn. Parents told similar stories of help-lines that were never answered, voluntary services with strict criteria for help, letters from agencies that never arrived. From the practitioner's perspective, parents changed their phone numbers so that they could not be contacted, didn't always come to arranged meetings, and didn't fully disclose what was happening at home. For me this was also mirrored in the process prior to starting, when I tried to find out the correct process for ethical approval in social services and was directed to people who no longer worked there (weeks waiting for a reply), given 'permission' by people not authorised to do so, and then suddenly contacted and castigated because new processes had been implemented and I had not followed them. I wondered if gaining access to social services would have been easier if I had been more of an insider, such as a social worker. I often felt that communication was a battle, and it was not always possible to be the victor in this war.

Musing on approach – Assessing the research process

As a doctoral student I had both freedom to define my own research parameters, and boundaries in terms of time, being sole researcher, and milestones and outcomes that needed to be reached. How did my approach work, and what changed in the doing of the doctorate?

I had developed my methodological approach with complexity in mind, related to my research map of child-outwards cases and their broad social settings. This was helpful as being able to observe and assess from an interactional as well as a post-structural perspective helped me in trying to get underneath the surface of cases. I hadn't expected the complexity and chaos to be mirrored in the research process and in my own emotional

reactions, this was an area of learning for me which will help me to cope with complex research fields in the future. As an exploration of the processes that defined children whose positioning within Children's Services was diverse and changing, I needed to be flexible and try and work with the cases as they developed. Spending most of my fieldwork time in education threatened to give me a singular view of the way that children were defined, since this was where the child was mostly located in terms of service (though Jimmy joked that he probably saw his YOT probation officer more than teachers), which I needed to remind myself about frequently. This was probably heightened by my outsider/insider status – not a trained professional in any of the agencies involved, but with previous work experience in schools, hospitals, social care and mental health, as well as multi-agency research experience as an influence.

As a 'practice-near' methodology, using an interactionist lens worked well. Drawing on the observational work was a way to contextualise and verify what was said within the interviews, although in a perfect research world I would have preferred to have observed all the children in their school routines. The emergence of the research group through (parental) self-selection and further invitation to provide a strong theoretical sampling meant that in the time available this was not possible. With two of the children, Alex and George, this might have made the interview situation more relaxed, although Alex's precise answers also seemed to reflect his diagnosis of autistic spectrum condition.

The iterative process used in the grounded theory approach to the data was intense, and left me feeling at times that I could never do enough with the data. This was amplified by using NVivo as a tool to organise and work with the data as it facilitates so many creative ways to carry out Blumer's 'inspection' of the material. There comes a point however where the milestones that you need to achieve as a student means that you need to draw a line, and this intensive process did bring riches with it. Although I had intended, alongside Blumer's interactionism (1969), to use a psychosocial approach from a position of person-centred psychology (Rogers, 1951) and a constructive approach such as Kelly's (1963), the emerging theory of a construction of needs through people's emotional depth processes led me into object-relations psychoanalytical theory (Bion, 1962; Bion, 1988 ; Bower, 2005; Cooper and Lousada, 2005). This was disconcerting for me, both because I was concerned that it would make a muddle of the analysis, and because I had fought tooth and nail against it since my own perspective as a counsellor was always person-centred rather than psychodynamic. In the end I felt that it enriched the analysis immensely, and helped to explore what lay underneath the interactional processes, as well as opening up the comparative cases of the last three chapters.

What I would have done differently? Limitations and weaknesses

Starting a doctorate feels as though what you can do is limitless. The idea that the end product of your studies – this thesis – will be of such magnitude looms like a mountain in the mist, far away and hard to tell how big it is. The doctoral process has been for me a matter of focussing in, an iterative reduction in expectations and focus for the work. There is never enough time or space to write about all the things that I would have liked to, at least not within 'doing a doctorate'. I found this inclination to hare in all directions a personal weakness, my interests are wide, and selecting a field of research which is also so wide multiplied this inclination. I spent considerable time structuring the thesis, and then restructuring, and then again, as analysis took me into new directions. Although from the start it was clear that I would have to leave things out, I have found this emotionally painful, since participants had given their time and their stories to the project and I wanted all those stories to be heard. This feeling of not wanting to let my respondents down was the only thing that kept me going on a few occasions when my health was poor or I had stumbled on the research path.

Even after zoning in I still feel as though I have missed out on certain aspects, through necessity where the ethical positioning became unglued, or through not being able to do 'enough' in the fieldwork. On this first point, the one area where I would have liked to had more access was Social Work, especially when I discovered outside of the interviews that many of these families had records with social services at one point or another. It was disturbing to me that social work contact was so hidden for some respondents, who would openly talk about engagement within mental health services for instance, or even stints in jail. This may reflect respondents feeling that social work is a 'oppressive and coercive' profession (Dominelli, 2004: 1), or that they would feel stigmatised as failed families if this knowledge became available.

On the second point, I would have liked to look at fewer cases and more in depth. I often felt as though I could have focussed the entire doctorate around just one case, although choosing amongst the cases would have been difficult as they exemplified different aspects of constructing the child. Some children had enormous paper trails which I only touched on because of wanting to focus on more 'current' processes, but that told strong 'past' stories in themselves – this was the case with Alex, Leanne and George. These files were available to me though through parents or the school, and so were not complete as a trail. Returning to point one, I was stymied when Social Work wanted all members of a family, not just parents and child, to have given written consents before they could give me access to files, despite my efforts to be rigorous and thorough with the consents from the start. I

had allowed 12 cases to develop out of a feeling that this would strengthen *my* case, that in such deeply qualitative research it would build '*credibility*, *transferability*, *dependability* and *confirmability*' (Denzin and Lincoln, 2005: 24) of the findings. However, Cooper argues that this striving for more and more data can take us away from being near to the 'complex particulars' of the single case: 'The closer one comes to a single case, the more its uniqueness and particularity demands to be understood; but equally the more its value for the illumination of all other cases with which there is a family resemblance becomes evident.' (Cooper, 2009a: 432). Although there are other interpretations of practice-near research that move it closer to traditional ethnographic work (White *et al.*, 2009), the deeper that I got into the analysis, the more I understood what Cooper meant. This is certainly an area that I would explore in future research.

Disseminating the findings

It is important to have a strategy in place so that the findings from the data become more than an academic exercise. This needs to aim both at a practitioner/participant audience and an academic one if the findings are to make an impact. I started this process early on with some preliminary findings and will follow this through on completion of this work. I set out below some suggestions for ongoing dissemination.

A Plain English Summary

I will prepare an executive summary in plain English of the research findings, which will be sent to my main 'research partners' in Children's Services and any participants who requested one.

Presentations and Seminars

- I will offer to present at one of the local CPD training conferences which are run through the NHS.
- A seminar was given in 2009 for the University of Sussex's CIRCLETs group, titled 'Expressions of vulnerability and need? Exploring the construction of the difficult child'. This was attended by local Children's Service practitioners as well as members of the University.
- A further seminar on the findings will be planned for 2011, and 'research partners' will be invited to attend.

Papers for publication

I will prepare a series of papers from the research base; the first of these is already in preparation. The first two of these were generated through conference presentations, at

the Social Policy Association conference and the European Conference for Social Work Research (upcoming).

-   'Still just "kind of plastering the cracks"? Distractions and dilemmas in providing help in Children's Services'. I will submit this to Child and Family Social Work shortly.
-   A paper on using Symbolic Interactionism in practice-near research with a working title of 'Tensions, turmoil, and connections: conducting social work research through a lens of symbolic interactionism' – aimed at the British Journal of Social Work
-   A paper on mirroring, 'vulnerability' and 'difficulty' , arising out of Chapter 7. Aimed at the Journal of Social Work Practice
-   A more general paper on the research focused on social work research in a multi-agency field.

Conference papers

Conference papers have already been presented about the research at the Social Policy Association conference 2009, JSWEC in 2009, the BSA conference 2010 and (forthcoming) the ECSWR 2011.

Areas for future research

Although the process of doctoral research has been a rollercoaster ride, full of highs and lows, thrills and terrifying moments, it has confirmed to me my love of research and the potential that it has to inform and open up the social arena for exploration and development. There are three initial issues that arose from the data, or that are left in the data, that I feel would make a contribution to the social, and psychosocial, knowledge base:

-   I would like to carry out a discourse analysis of the paper data for these children, looking for the trails and dead-ends that went into making up perceptions of the child. There is room here to look at the different agency functions and areas of expertise, and how this fed into the ways that they constructed the child.
-   There has been some focus already on the ways that practitioners emotional processes and defences blocked joint working, explored through Serious Case Reviews (Reder *et al.*, 1993; Reder and Duncan, 2003; Reder and Duncan, 2004; Cooper, 2005; Cooper and Lousada, 2005; Rustin, 2005; Ruch, 2007; Rocco-Briggs, 2008). However it is clear from this research that these blockages happen for many children, and not just the most distressing and desperate cases. There is further scope for exploring the emotional and psychological impact of multi-agency and interprofessional working on practitioners in Children's Services, and in other 'joined-

up' services too, in order to provide better prevention and earlier intervention for people who might otherwise end up in crisis.

- It was clear to me, in reflection, that the roles that make up my sense of self bled into my researcher role. This was also a minor theme in the research which in retrospect I would like to have pursued further, since many of these roles are deeply set in emotion, and I did not get behind that to see why it was important to people. I would have liked to know more about why the SENCO spoke several times, and it seemed uneasily, about her non-parent status, since she was having to advise parents on parenting subjects. Equally I would have liked to unpick more from those professionals who spoke about being a parent. In multi-agency and interprofessional work, practitioners sometimes are seconded into a different role, so for instance in the YOT there were social workers and probation officers doing similar jobs with children. Frost and Lloyd (2006) commented on this in relation to overlapping professional roles and the different views of the client it gives to the practitioner, I would like to explore this in relationship to people's 'private' roles affecting 'public' practice.

Drawing to a close

In final conclusion, this doctoral research looked from the child outwards to demonstrate how the emotions of practitioners are deeply implicated in the ways that children become defined as having 'additional needs'. Many needs are in play within Children's Services, not just the multiple needs of the child, but those of parents and carers, practitioners on the front line and in management, as well as the agencies that are there to support the child. While the importance of formal labelling of need cannot be denied this was often inaccurate or based on adult needs, and failed to address the complexity of the children's lives. The judgemental, informal meaning-labels that most practitioners used were based both in the actions of the child and the emotional needs and reactions of the adults. They came to symbolise the child, leaving them with 'spoiled identities'.

As a way forward, practitioners from all parts of Children's Services need to address their own emotional vulnerability. While some attention has been paid to this matter in child protection work, particularly from an object-relations perspective, other agencies such as schools have proved resistant to change in this area, which undermines any inclusive agenda for children. A shift in the training and professional development of Children's Service practitioners is called for to address the need for better emotional intelligence amongst them, and an ongoing process of holistic reflection would enable better

containment of the dangerous fear, anxiety and helplessness that currently leaves many children without the support that they need to thrive.

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Appendix i. Excerpts from the Children Act (1989/2004)

Children Act 1989 c. 41 Part III Provision of services for children and their families, Section 17

'In Need'

Section 17: Provision of services for children in need, their families and others.

(1) It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part)—

(a) to safeguard and promote the welfare of children within their area who are in need; and

(b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

****

(10) For the purposes of this Part a child shall be taken to be in need if—

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled,

and "family" , in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

(11) For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part—

"development" means physical, intellectual, emotional, social or behavioural development; and

"health" means physical or mental health.

Children Act 2004 c. 31 Part 2 General Section 10

'Well-being'

Section 10: Co-operation to improve well-being.

(1) Each children's services authority in England must make arrangements to promote co-operation between—.

    (a) the authority;.

    (b) each of the authority's relevant partners; and.

    (c) such other persons or bodies as the authority consider appropriate, being persons or bodies of any nature who exercise functions or are engaged in activities in relation to children in the authority's area..

(2) The arrangements are to be made with a view to improving the well-being of children in the authority's area so far as relating to—.

    (a) physical and mental health and emotional well-being;.

    (b) protection from harm and neglect;.

    (c) education, training and recreation;.

    (d) the contribution made by them to society;.

    (e) social and economic well-being..

(3) In making arrangements under this section a children's services authority in England must have regard to the importance of parents and other persons caring for children in improving the well-being of children..

Appendix ii. Initial Research Questions work

Research Question	Intention of Data collection - Focus of question	what do I want to find out?	Data needed	Data Collection	Sample
• How do children become defined as having additional needs?	To look at the formal, textual, and interactive levels of definition, in order to explore the processes within each level that distinguishes some children from their peers.	*Which child* - specificity of removing a child from the normative group for *certain kinds of appearance/behaviour*? the question of why some not others, drawing the line... *becoming defined*, a flexible becoming (*un-becoming defined* too) rather than IS defined. this fits with government's assertion that "20-30 per cent of children have additional needs at some point in their childhood...this could be for a limited period, or on a long-term basis" (ECM glossary) Identification followed by definition? *having additional needs,* this must be located within official definitions of 'children with additional needs', ie additional to what? how is the child defined as moving from having normal needs to additional needs? *but:* also defined within personal 'common sense' constructions of appropriate need, and is this what shapes interactions?	Formal: policy and guidance for the assessment of children – state level and local level. Changing climate of formal guidance must be indicated and discussed in relation to research findings. Interactive: Observation of the interactions between practitioner/child, and more generally adult/child (ie parents/carers) looking for critical incidents within the daily flow This will move from observing within the universal service, through to targeted and specialist services. Looking at language, tone of voice, face and body language and positioning Textual: semi-structured interviews with professionals, parents, and children.	Critical discourse analysis of policy documents, all professional documentation of child. Observation will be recorded with field diaries which will focus primarily on critical incidences, but will also log the observation of the smaller occasions that may build to the CIs, as well as pertinent 'casual interviews', ie the participatory element in which young people or adults talk with the researcher. Interviews with professionals/practitioners about assessment and identification. This should include reflection on what additional needs means to them, particularly in view of shifts in policy	Two classes of year 7 children (11-12 years old) - ie initial group of approx 60, and adults (practitioners and carers) who come into contact with them during the additional needs process (universal→targeted→specialist services) From within this preliminary sample, four groups of children expected to emerge: 1 No additional needs defined (constant) 2 Additional needs defined (constant) 3 Moving *into* additional needs 4 Moving *out of* additional needs Of children with additional needs, 1 some will receive help from within their defining service (ie school in this case),

			Study of written text concerning individual children (after observation) - previous and current records	Interviews with all adults and children will focus on the critical incidents within identification - observed and reported. What did they think was happening in them? Why did they think they happened?	2 some will enter wider sphere of Children's Services (targeted and/or specialist services), 3 some will get no extra help? A core sample group, to be followed outside of the education setting will emerge from the children from this second group
Research Question	**Intention of Data collection - Focus of question**	**what do I want to find out?**	**Data needed**	**Data Collection**	**Sample**
• Whose interests are served by this process of definition?	To explore the argument that the 'need' being defined may belong to the professional, parent, or institution, rather than the child.	*Whose interests*: does labelling a child as having additional needs provide a useful resource for the child, or a useful way of defining out problems for adults. By interests I mean a regard for benefit or advantage. *Are served:* in what ways are the concerns expressed about child's well-being, and the support then given, part of governmental strategy (governance through empowering people, or through investment in people, or through controlling subversive elements (social normalisation strategy)), institutional strategy (controlling disturbing elements, keeping order, fulfilling duty, providing welfare/support), or personal strategy - child's and adult's, (providing some sense of moral career, fulfilling need to help, supporting ability to cope (unofficial), GETTING HELP (official), providing sense of control, removing difficulty) *this process of definition*: as explored & described by first RQ	As RQ 1	As above –the data for this research question is expected to emerge primarily through Critical Discourse Analysis	As above

Appendix iii. 'Shifting Need' Charts

This chart is shown in two parts here. It records some of the need types attributed to the child, and whether they were receiving support for these. At the end of Part 2, it records the level of social work contact with the family.

Shifting needs Part 1

Young People	SEN listing: label and 'rating' in October '06		additional during year	shifts by end of year	Other diagnoses/ interventions (in brackets - professional opinions not followed up)	have their needs been identified/addressed in a concrete way? Ie all agree
Alex	ASC	action plus				no - most teachers don't know of his diagnosis though it's on his record
Martin	BESD	action plus			ADHD (attachment - psych)	no - psych doesn't believe in his diagnosis, teachers don't understand it
Jimmy	BESD	action plus		in statementing process	very early puberty (SLCD - Developmental Paediatrician)	no - much confusion about what the 'problem' is/what to do. Spent most of year officially or unofficially excluded.
Dawn	MLD	action		action plus	father wants a diagnosis of ADHD (attachment & SLCD -SW & S4S)	no - school thinks badly behaved, not addressing learning/communication needs. Dad thinks ADHD or much else
Leanne	BESD	action plus	in statementing process	statement	ASC	perhaps - although disagreement over diagnosis. Seems to be getting appropriate help after long fight by mum - who doesn't feel supported
Natalie	SLCN	statement				yes - not much data here but has had a statement for a long time so all happy to agree with it

Jake	MLD	action		action plus		no - although involvement with YOT has gotten him more attention
Stacey	Other (Vul)	other'			had been monitored by social workers until April 2007, had been in refuge and out of education for 8 months, school unaware of both.	no - most don't know anything about her difficult background and just see her as rude and badly behaved
George	BESD	action plus	in statementing process	still in statementing process	anxiety and panic attacks, dispraxia. Dyspraxia seems to run in family, has some unusual gene patterning.	no - no agreement over need or what to do.
Jordan	BESD	action				perhaps - seems to have gotten enough help over the years though no professional insight into why
Gary	BESD	action plus			ADHD, ODD (attachment)	no - mum keeps pushing for more medication/firmer guidelines from school
Danny	BESD	action plus	in statementing process	still in statementing process	ADHD	no - not getting the help he needs at all. Rarely in class, often excluded.

Shifting needs Part 2

Young People	Approx age problems started? And was help received early	Professional involvement with child (beyond GP/Teacher)	Social Work Contact?
Alex	In infant school though not given diagnosis until mid junior school. Then appropriate help given	ASD support service check annually, past services Developmental Paediatrician, SLC. Transition work between years 6-7.	No trace
Martin	Mum says from the start. First meetings with CAMHS at 3 1/2, medication started at ?7	CAMHS, inclusion group, TA help in class	No trace
Jimmy	Some difficulty at junior school but mostly managed. He says excluded at end of year 6. Trouble with criminal actions seen as starting August before year 7, when Dad returned home after marital break.	YOT: parole officer, psychiatrist. Family therapy (now finished). Developmental Paediatrician. School family worker, inclusion mentor. Police. PRU part time. Some extra literacy help.	Intervention and child written about

Dawn	Some learning difficulties identified at junior school and managed there. Mum (heavy drinker, possible drugs) left children in care end of summer before year 7. Domestic violence mentioned by SW	Social Work Resource Officer, Community CAMHS, Support for children of alcoholics, school family worker.	Intervention and child written about
Leanne	Had been with CAMHS at end of junior school via family therapy.	CAMHS, Developmental Paediatrician, TA help in class, school family worker. Transfer to 'special' school.	No trace
Natalie	Early diagnosis at infants, work with SLC and statement.	Annual visit with Speech, Language & Communication. TA help in classroom.	Intervention and child written about
Jake	Arrived at secondary with label of MLD, so must have had some diagnosis/help at junior. Perception is that junior school was ok.	YOT: Social Worker. School family worker.	SW received a referral No further action
Stacey	Domestic violence background, sister in jail. Got some councilling at refuge but mum felt at time it was making her more upset	currently none	Intervention but nothing written about the child
George	No early help until end of year 5 when panic attacks started. Mum had asked for help from early in Junior school	CAMHS, TA help in class, school family worker, Developmental Paediatrician, Geneticist, occupational therapist, ed psych. P/T timetable.	SW received a referral No further action
Jordan	Was given help for anger management through CAMHS while at junior school, and a time out card	CAMHS, 'timeout' pass at school which mum says she requested	Intervention but nothing written about the child
Gary	Has been with CAMHS being medicated for ADHD prior to secondary.	CAMHS, TA help in class, school nurses.	Intervention and child written about
Danny	Mum says things changed around 2, after routine inoculations.	CAMHS, TA help in class, Part time timetable, PRU, school family worker. Ed psych at end	Intervention and child written about

Appendix iv. Interview Chart – 'On Needing Need'

	child	parent(s)/carer	Headteacher	Assistant Head	Assistant Head Inclusion, CPO	Deputy Head Behaviour	SENCO	Inclusion Mentor	Lead on Behaviour	Head of Year 7a	Head of Year 7b	Form Tutor 1	Form Tutor 2	Form Tutor 3	Form Tutor 4	Form Tutor 5	Form Tutor 6	Form Tutor 7	Subject Teacher1	Subject Teacher2	Subject Teacher3	Subject Teacher4	Subject Teacher5	Family support worker 1	Family support worker 2	School nurses	community paediatrician	CAMHS psychiatrist A	CAMHS psychiatrist B	YOT Social Worker	YOT Probation officer	Social Work resource officer	Educational Psychologist	Special School Form Tutor
Alex	x	x	x				x		x	x								ft									x							
Martin	x	x		x			x	x	x	x			ft		x				x									x					x	
Jimmy	x	x	x	x	x	x	x	x	x	x	x		ft	ft	x		x		x	x		x			x	x	x						x	x
Dawn	x	x	x	x	x	x	x	x	x		x			ft			ft	x			x	x		x								x	x	
Leanne	x	x		x			x	x	x		x			ft													x	x		x				x
Natalie		x	x	x			x		x		x			x			ft	x																
Jake				x	x	x	x		x	x			ft	ft											x						x	x		
Stacey	x	x	x		x	x	x	x	x		x	ft		ft							x	x												
George	x	x		x	x	x	x	x	x	x		ft			x				x						x			x	x				x	
Jordan	x	x		x	x	x	x		x	x	x						ft																	
Gary					x	x	x	x	x	x			ft		x												x		x					
Danny	x	x	x	x	x	x	x	x	x	x							ft				x	x	x						x				x	

This shows, by child participant, the list of those who spoke about them. It does not show the degree to which they were spoken about. Because Form Tutors are also subject teachers, their relationship within the interview is shown by either an FT to indicate they were a form tutor for this young person, or an x to show that they were in the role of subject teacher.

This pie chart shows the Children's Services practitioners who were interviewed for the project. School staff, including one member from the special school one of the children transferred to part way through the year, made up the bulk of the interviewees, consisting of 22 of the total of 33 participants from Children's Services. This is intended to reflect the universal nature of these services, as the place where, outside of the home, children are most worked with/seen by adults. A second layer of the interviewees were the school nurses and family support workers (4) who had close contact with the school but also with other specialist services, or saw the parents and children outside of school. Neither of these two groups saw themselves as part of the school and were keen that the children knew this, however one of the family support workers did help the school out with 'seclusion' practices in the cases of two of the girls within the study. The remaining 7 interviewees were from the 'top of the triangle' of children's services, specialist practitioners who in some cases (health, including the Ed Psychologist) had seen more than one of the children of the study. The professionals from the Youth Offending Team knew, and commented on, each other's charge, as the boys had been involved in some activities together which were awaiting trial.

Children's Services Practitioners Interviewed

Social Work resource officer, 1
Educational Psychologist, 1
Special School Form Tutor, 1
YOT Probation officer, 1
YOT Social Worker , 1
CAMHS psychiatrists, 2
community paediatrician, 1
School nurses, 2
Family support workers, 2
Subject Teachers, 5
Form Tutors, 7
Heads of Year 7, 2
Lead on Behaviour, 1
Inclusion Mentor, 1
SENCO, 1
School management team, 4

Appendix v. Children's Services Practitioners

Appendix vi. List of Interviewees

Parents/carers and young people;	Professionals/Practitioners of Children's Services
Alex	Headteacher
Martin	Assistant Head
Jimmy	Assistant Head Inclusion, CPO - two
Dawn	interviews
Leanne	Deputy Head Behaviour
Stacey	SENCO
George	Inclusion Mentor
Jordan	Lead on Behaviour
Danny (with mum)	Head of Year 7a
Mum/Dad, Alex	Head of Year 7b
Mum, Martin	Form Tutor 1
Mum/Dad, Jimmy	Form Tutor 2
Dad, Dawn	Form Tutor 3 - two interviews
Mum/Grandmum, Leanne	Form Tutor 4 - two interviews
Mum, Natalie	Form Tutor 5
Mum, Stacey	Form Tutor 6
Mum and Mum/Dad, George (two interviews)	Form Tutor 7
Mum, Jordan	Subject Teacher1
Mum, Danny	Subject Teacher2
	Subject Teacher3
	Subject Teacher4
	Subject Teacher5
	Special School Form Tutor
	Family support worker 1
	Family support worker 2
	School nurses
	community paediatrician
	CAMHS psychiatrist 1
	CAMHS psychiatrist 2
	YOT Social Worker
	YOT Probation officer
	Social Worker
	Educational Psychologist

Appendix vii. Letter of ethical clearance, NHS

NHS

East Kent Local Research Ethics Committee
South East Coast SHA
Preston Hall
Aylesford
Kent
ME20 7NJ

Telephone: 01622 713048
Facsimile: 01622 713168

Ms Letitia F Marrable
Doctoral Student, Social Work & Social Care
University of Sussex
University of Sussex, The Sussex Institute
Falmer, Brighton
BN1 9QQ

05 December 2006

Dear Ms Marrable

Full title of study: Identifying "need" - an exploration of the construction of childrens "additional needs"

REC reference number: 06/Q1803/83

Thank you for your letter of 06 November 2006, responding to the Committee's request for further information on the above research and submitting revised documentation.

The Chair has considered the further information on behalf of the Committee.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA. There is no requirement for [other] Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application		05 September 2006
Investigator CV		05 September 2006
Protocol	2	01 November 2006
Covering Letter		06 September 2006
Covering Letter		06 November 2006

An advisory committee to Kent and Medway Strategic Health Authority

Appendix vii continued.

06/Q1803/83   Page

Letter from Sponsor		05 September 2006
Peer Review		18 May 2006
Compensation Arrangements		24 July 2006
Letter of Invitation to participant	2	16 October 2006
Participant Information Sheet. Parent/Carers	2	01 November 2006
Participant Information Sheet. Information Sheet for Practitioners	2	01 November 2006
Participant Information Sheet. Information Sheet for Young People	2	01 November 2006
Participant Consent Form. Consent Form: Young People	2	01 November 2006
Participant Consent Form. Consent Form for Practitioners	2	01 November 2006
Participant Consent Form. Consent form for parent & guardian	2	01 November 2006
Response to Request for Further Information		06 November 2006
Confirmation of Degree Registration and Approval of Provisional Title of Research Thesis		18 May 2006
Invitation Letter Children/Young People		05 September 2006
Invitation Letter: Parents/Carer's	1	05 September 2006
CV for Barry Luskook		03 August 2006
CV for Dr. Angela Jacklin		03 August 2006

Research governance approval

You should arrange for the R&D department at all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research must obtain final research governance approval before commencing any research procedures. Where a substantive contract is not held with the care organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

Statement of compliance
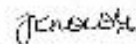
The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

06/Q1803/83	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely

[signature]

Dr. Roger Wheeldon
Chair
(Signed in absence)

Email: Julie.Knowles@nhs.net

Enclosures: Standard approval conditions

Appendix viii: ███████████████ **Council Project Approval/Research**

Governance Proposal Feedback

Project Title: Identifying Need: an exploration of the construction of young people additional needs, University of Sussex

Name of project lead: Tish Marrable

Organisations involved: University of Sussex, LEA, City Council

The above project has been approved with condition that participation is only with informed consent of all parties involved, confidentiality agreed and that staff are made aware that they are not under any obligation to commit to participate.

Please keep me informed if there are any issues in relation to young people included in your research who are receiving services through the City Council.

You may use this approvals statement as support for accessing young people in receipt of Council Social Care Services; however it is not to be used as a means of obtaining access to research subjects through ███████ schools.

Date feedback (email)   24/1/07

Reviewer's name and details   *(Removed for confidentiality in published thesis)*

Please contact the Research & Consultation Team if you have any queries:

████████████

Appendix ix. Invitation Letter for Parents and other Carers

Dear *Parent and other Carers,*

My name is Tish Marrable and I am a researcher from the University of Sussex. I am doing a research project that looks at how children's needs for extra help or support are identified, both at school and outside of it.

I would be very pleased if you and your child would consider being part of this project. The aim of the project is to make the ways in which children are identified clearer, so that people such as teachers, health workers, or social care professionals can work better together to get children the support that they need.

I am working in Southaven High School, and I am contacting a number of families at the school to see if they'd like to take part. It won't take up much of your time, and will give you the chance to talk about your thoughts and views about your child getting some extra help. I would be pleased to meet with you or phone you to give you more information about what I am doing, or if you would prefer to speak first with XXX, the school's Senco, she would be happy to talk to you about it. Her number is xxxxxxxxxx.

I have attached a form so that you can let me know if you are interested in taking part, and enclosed a stamped addressed envelope to send it back to me. I will only be including children and adults where they have told me that they want to take part.

Best wishes,

Tish Marrable   Telephone: 01273 606755 x2212
The Sussex Institute   Email: L.F.Marrable@sussex.ac.uk
University of Sussex
Falmer, Brighton
BN1 9QQ

Reply Form for the 'Identifying Need' Project invitation:

Please use the enclosed stamped addressed envelope for your reply.

Print your name here: ....……………..

Print the name of your child here: ....…………………

Please choose one of these options:

Yes, I am interested in being included in this project with my child. I can choose whether or not I would like to be interviewed about my views at a later date

No, I do not want to take part in this project

If I don't hear from you, I'll take it that it is ok to call you about the project. All views etc. will be kept confidential.

If there is anything else you would like to tell me (such as alternative phone numbers, or questions regarding the project), please use this space:

Thanks for your time and consideration – Tish

Tish Marrable   Telephone: 01273 606755 x2212
The Sussex Institute   Email: L.F.Marrable@sussex.ac.uk
University of Sussex
Falmer, Brighton
BN1 9QQ

Appendix x. Consent Form, Child

Consent Form: Young People

The 'Identifying Need' Project

Thank you for your interest in my project.

This consent form is so that you can let us know which parts of the research you are happy to take part in.

Please print your name here: ....

Please answer the following questions by ticking the boxes where you agree. You can add anything else you would like to say about the questions in the space provided after the tick boxes or at the end.

1. I have read the Information Sheet, or someone has read it with me

> YES ☐

2. I would like to help with the research in these ways:

> To let the researcher sit in on some of the sessions that I am doing, and talk later with some of the adults involved:
>
> YES ☐
>
> To talk with the researcher about how I have got extra support:
>
> YES ☐
>
> To let the researcher see written reports which relate to me:
>
> YES ☐

3. I understand that if I decide to help with the research now I can still change my mind later and stop being involved

YES ☐

4. I understand that anything I say is confidential and will not be discussed with anyone outside the research team, but that if it is about something that puts me or others into danger the researcher must tell someone who can help.

YES ☐

5. I am happy to have the interview recorded so long as this remains confidential. I understand that I can stop the interview at any time I want.

YES ☐

6. I understand that my name will not be used and all other steps possible, such as using made up names for the locations of the research, will be taken to prevent my identity from being made public.

YES ☐

If there is anything you would like to add, please use this space to do so:

Please sign here if you are happy to be involved:

Signature: ....

Please complete this form with the researcher (Tish), *or* you can give the completed copy to the Reception at school who will pass it on.

Researcher contact:

Tish Marrable   Telephone: 01273 606755 x2212
The Sussex Institute   Email: L.F.Marrable@sussex.ac.uk
University of Sussex
Falmer, Brighton
BN1 9QQ

Thank you!

Appendix xi. Parents and Carers consent form

Consent Form: Parent or Guardian

The 'Identifying Need' Project

Many thanks for your interest in this research project. I hope you will decide to take part in the research, but before you make up your mind, do please read the Information Sheet attached to this form.

This consent form is so that you can let us know which parts of the research you are happy to take part in.

Please print your name here: ....

Please print the name of your child here: ....

Please answer the following questions by ticking the boxes where you agree. You can add anything else you would like to say about the questions in the space provided after the tick boxes or at the end.

1. I have read and understood the Information Sheet (You can speak to the researcher first if this would help you decide whether to contribute, contact details are at the end of this consent form)

    YES ☐

2. I would like to help with the research. I understand that the research will take place in several different ways: through the researcher observing some year 7 classes and examples of professional help with my child, through speaking with my child and with me where I would like to be interviewed about my views, and by reading written reports which relate to my child.

    I am happy for my child to take part in the research.

    YES ☐

I would like the opportunity to speak with the researcher about my views, at times that are convenient for me:

YES ☐

3. I understand that if I decide to help with the research now I can still change my mind later and stop being involved

YES ☐

4. I understand that any information I provide is confidential and will not be discussed with anyone outside the research team, but that if it is information that could put me or others into danger the researcher must tell the relevant authorities.

YES ☐

5. I am happy to have interviews recorded on the understanding that all tapes and transcriptions of what I say will only be available to the research team (as above). Any parts of the interviews which are quoted in the project write up will be made anonymous.

YES ☐

6. I understand that my name will not be used and all other steps possible, such as using made up names for the locations of the research, will be taken to prevent my identity from being made public.

YES ☐

If there is anything you would like to add, please use this space to do so:

Please sign here if you are happy to be involved:

Signature: ....

If possible, please provide a contact phone number if you would like to take part in an interview with the researcher:

....

Opting out: If you **do not** wish for yourself or your child to take part in the research, please tick the following box:

No, I do not wish to take part in the research project ☐

Please complete this form with the researcher (Tish), *or* send it to the following address:

Tish Marrable
The Sussex Institute
University of Sussex
Falmer, Brighton
BN1 9QQ

Telephone: 01273 606755 x2212
Email: L.F.Marrable@sussex.ac.uk

Appendix xii: Practitioner Consent form

Consent Form: Practitioners

The 'Identifying Need' Project

Many thanks for your interest in this research project. I hope you will decide to take part in the research, but before you make up your mind, do please read the Information Sheet attached to this form.

This consent form is so that you can let us know which parts of the research you are happy to take part in.

Please print your name: ....

Please print your professional role: ....

and the agency/organisation you work with: ....

Please answer the following questions by ticking the boxes where you agree. You can add anything else you would like to say about the questions in the space provided after the tick boxes or at the end.

1. I have read and understood the Information Sheet (you can call for further information first if this would help you decide whether to contribute, contact details for the researcher are at the end of this consent form)

   YES [ ]

2. I would like to help with the research. I understand that the research will take place in several different ways: through the researcher observing some year 7 classes and examples of professional help with young people with additional needs, through interviews with the young people, parent/carers (where they wish to be involved) and practitioners like myself, and by reading written reports which relate to the young people.

I am happy to take part in an interview with the researcher, at a time that is convenient for me:

YES ☐

3. I understand that if I decide to help with the research now I can still change my mind later and stop being involved

YES ☐

4. I understand that any information I provide is confidential and will not be discussed with anyone outside the research team.

YES ☐

5. I am happy to have interviews recorded on the understanding that all tapes and transcriptions of what I say will only be available to the research team. Any parts of the interviews which are quoted in the project write up will be made anonymous.

YES ☐

6. I understand that my name will not be used and all other steps possible, such as using made up names for the locations of the research, will be taken to prevent my identity from being made public.

YES ☐

If there is anything you would like to add, please use this space to do so:

Please sign here if you are happy to be involved:

Signature: ....

Please provide a contact phone number if you would like to take part in an interview with the researcher: ....

Please complete this form with the researcher (Tish), *or* send it to the following address:

Tish Marrable
The Sussex Institute
University of Sussex
Falmer, Brighton
BN1 9QQ

Telephone: 01273 606755 x2212
Email: L.F.Marrable@sussex.ac.uk

Appendix xiii. Information sheet, child

Information Sheet: Young People

The 'Identifying Needs' Project

Thank you for your interest in my research project. I do hope that you will want to take part.

- This information sheet is to let you know what the research is about.
- It will explain why you have been asked if you want to help out, and how you can help.

If you decide not to take part, that is fine. Your parents or carer will also be asked about whether it is okay for you to help.

What's it all about?

I want to find out how young people get any extra help that they need while they are at school.

- Sometimes the help will take place in the school.
- Sometimes you will need to go to other people outside of the school.
- But it is important that adults know how to find out if young people need some extra help.

What will happen and how you can take part

My sort of research is a way to study a problem to try and find out ways to improve things.

I will study what is going on in three different ways: by watching what goes on, by talking to all the people involved to find out what they think, and by reading anything that has been written down.

- To start with, I will spend some time within your class watching what happens in the classroom.
- The next step is still to watch what goes on but outside of the classroom, when you meet with other adults who want to find out how to help you. Sometimes this is in a meeting with parents there too.
- Then I would like to talk to you about what went on and how you feel about it. I'd like your opinions. I will also talk to your parents if they want to.

Why have you asked me to help?

I would very much like you to take part as I think that you will be able to tell me some of the things that I need to know. It is important that I work with young people in order to make this research really useful, so that it will help other young people too.

The Official Stuff

This information sheet is to help you decide whether you would like to take part in the project or not. There is also a form called a consent form, which makes sure that you really want to take part, and that you know that you can change your mind at any time.

- Anything you tell me will be confidential, which means I will not tell anyone what you said.
- When I do write my report, I will use fake names so no one knows that it was you. The school and area will also have fake names!
- Because I am a student too I have to follow rules. One of these is that if you need to tell me something that is about you being in danger, I have to tell the school so that you get help.

If you would like to ask me any questions about the research, you can get in touch with me either at the University of Sussex, or when I am at the school. Here are my details at the university:

Tish Marrable
The Sussex Institute
University of Sussex
Falmer, Brighton
BN1 9QQ

Telephone: 01273 606755 x2212
Email: L.F.Marrable@sussex.ac.uk

Thank you!

Appendix xiv. Information sheet, parents and carers

Information Sheet:

The 'Identifying Need' Project

Many thanks for your interest in this research project. I do hope that you will decide to take part.

This information sheet is to let you know what the project is about. It will:

- Describe the research project and what I am trying to do
- Tell you what might be involved for you and your child if you take part
- Let you know about confidentiality, consent, and how the final project will be fed back into the community

Please do ask if there is anything that is not clear, or if you would like more information. My contact details are at the end of this sheet.

About the project

The 'Identifying Need' project looks at how children become identified as having 'additional needs'. This means that these children may benefit from getting some extra support, either in the school, or from Children and Family Services outside the school. It will look at children in their first year of secondary school. As some of these children start to become identified as needing some help, the research will follow them through the wider services that they receive in order to get support. Some of the children will already be receiving extra help, and it is hoped that they will also take part in the research. It will also involve talking to the adults who work with

and care for the children, and looking at the supporting work as it is done with them.

The identification of additional need takes place on several different levels:

- There are the events that happen during the day, either at school or at home and elsewhere, which help to let people know that some extra support may be needed.
- There are meetings that take place, and files kept at places like schools. Here the child's needs are discussed or written about by people such as teachers or educational psychologists, and by parents and the children themselves.
- Finally, there are documents that have to be filled out to help the different parts of Children's Services to work together, such as the Common Assessment Framework (known as the CAF form).

What this research project will do is to look at these three levels of identification. The aim of the research is to better understand the ways that these work together so that it can be made clearer and easier for all concerned. It is important that children's additional needs are identified as early as possible, in order that they get the support that they need.

What will happen and how you can take part

The research will take place at three different levels.

To start with, I will spend some time within your child's class as an observer, watching classroom behaviour to see how needs start to emerge, or how more established need continues.

For the second part of the research, I will continue the work of watching, but outside of the classroom environment, as the children receive additional assessment and help from children's professionals. It may, for instance, include attending multi-agency meetings or individual professional assessments with the child and family. At this point I will be talking to children, parents, and practitioners about their experiences of the identification of additional need.

The final part of the research design will involve looking at documents that relate to this group of children, for instance the CAF (Common Assessment Framework) where one has been completed, or files from the school. This will help me to establish how the processes of identification are written about and stored for future reference.

If you and your child have been invited to take part in the research, I would very much like to attend some of the meetings and assessment that you and your child will take part in. I would also like to spend some time talking to you both.

- I will only be observing children and professionals in the second part of the research where parents and other carers have chosen to take part in the research.
- This will only happen after you have been given a consent form to sign to confirm that you are happy to take part.
- The interview should take about an hour of your time.
- I am happy to provide a space for this or to visit you in your home if you prefer.
- I will also be talking with some of the teachers and other adults who work with the children.

Consent, confidentiality, and feeding back

This information sheet is to help you decide whether you would like to take part in the project or not. While I do hope that you decide to help, this decision should be yours alone. You will be asked to sign a consent form if you would like to help, but you are free to change your mind and withdraw from the project at any time.

Please do contact me if I can give you any more information. My contact details are at the end of this information sheet.

All efforts will be made to keep the identities of research participants anonymous, such as using different names of both people and locations. Access to any data collected through observations and interviews will only be available to the chief researcher (myself) and the academic research supervisors on the team.

The results from the project will be fed back into the community through research briefings, seminars to local professionals, and publications. It is intended that these will help practitioners and policy makers in their work with children who need some extra help.

This is a piece of doctoral research, which is funded by the Economic and Social Research Council. I am a research student at the University of Sussex, based in the School of Social Work and Social Care (SWSC). The project is supervised both within SWSC and the School of Education.

If you would like to discuss anything about the research, these are my contact details:

Tish Marrable
The Sussex Institute
University of Sussex
Falmer, Brighton
BN1 9QQ

Telephone: 01273 606755 x2212
Email: L.F.Marrable@sussex.ac.uk

Thank You!

Appendix xv. Information sheet, practitioners

Information Sheet: Practitioners

The 'Identifying Need' Project

Many thanks for your interest in this research project.

This information sheet is to let you know what the project is about. It will:

- Describe the research project and what I am trying to do
- Tell you what might be involved for you if you take part
- Let you know about confidentiality, consent, and how the final project will be fed back into the community

Please do ask if there is anything that is not clear, or if you would like more information. For those of you who have been asked whether they would like to participate in the project because young people that you work with are involved, please do take time to decide whether or not you wish to take part.

About the project

The 'Identifying Need' project will explore the processes involved in the identification of young people with additional needs. It will look at young people in their first, transitional year of secondary school, and follow some of these young people through the wider services that they receive in order to get support. It will also involve talking to and observing the adults who work with, and care for, these young people.

Identification takes place on several different levels.

- At the first level, needs are identified through the day-to-day interactions that take place between adults and young people. This may be through classroom behaviour or at home, or during the assessment and support that a young person receives for additional needs.
- Discussing and writing about 'needs' in formal situations such as school files and meetings forms the second level of identification. This may be from practitioners, from the adults who care for the young person, or from the young person themselves.
- At the last level are the official policy documents that the government decides should help professionals with the process of identification. This includes documents like the Common Assessment Framework (the CAF).

What this research project will do is to look at these three levels of identification. The aim of the research is to better understand the ways that these threefold processes fit together. This will include looking at the implications for service provision to young people and their families that arise from the research. It is vital young people's unmet needs are identified so that they get the support that they need in order to achieve the five outcomes outlined in Every Child Matters.

What will happen and how you can participate

The research will take place at three different levels.

It will start by looking at two mainstream Year 7 classes, as education is the 'universal service' where almost all young people of this age group can be observed by practitioners in order that unmet need can be identified.

I will spend time with each class observing classroom behaviour to explore how needs start to emerge, or how more established need continues. For this part of the research, I will be interviewing some of the young people and some of the teachers and other adults who work with the young people. Sometimes parents and carers will bring needs to the attention of professionals. These parents, and

some other parents from this group, will also be asked if they would like to take part by being interviewed.

For the second part of the research, I will continue observation and interviews with a smaller group of young people and adults. These are the young people from the initial group who have been identified as having needs that require further support, or further assessment, and the adults working with and caring for them. This observation will be outside of the classroom, as the young people receive additional assessment and help. It may, for instance, include attending multi-agency meetings or individual professional assessments with the young person and family.

The final part of the research design will involve looking at documents that relate to this smaller group of young people, for instance the CAF where one has been completed, or files from the school. This will help me to establish how the processes of identification are written about and stored for future reference.

If you have been invited to participate in this study, you will be an adult who is working with young people who are part of the research group.

- Your participation would involve allowing me to observe some of your work with these young people.
- I would also like to talk with you about identifying young people with additional needs. This would take the form of an interview which would take about an hour of your time.

Consent, confidentiality, and feeding back

This information sheet is to help you decide whether you would like to take part in the project or not. While I do hope that you decide to help, this decision should be yours alone. You will be asked to sign a consent form if you would like to help, but you are free to change your mind and withdraw from the project at any time.

Please do contact me if I can give you any more information. My contact details are at the end of this information sheet.

All efforts will be made to keep the identities of research participants anonymous, such as using different names of both people and locations. Access to any data collected through observations and interviews will only be available to the chief researcher (myself) and the academic research supervisors on the team.

The results from the project will be fed back into the community through research briefings, seminars to local professionals, and publications.

This is a piece of doctoral research which is funded by the Economic and Social Research Council. I am a DPhil student at the University of Sussex, based in the School of Social Work and Social Care (SWSC). The project is supervised both within SWSC and the School of Education.

If you would like to discuss anything about the research, these are my contact details:

Tish Marrable
The Sussex Institute
University of Sussex
Falmer, Brighton
BN1 9QQ

Telephone: 01273 606755 x2212
Email: L.F.Marrable@sussex.ac.uk

Thank you!

Appendix xvi. Initial Interview schedule – Child/Young person

Hi .....

A bit about what I'm looking at –. young people getting support if they need it, want to talk about what you think you need, if anything, and what you think about any support you get, or if you'd like some more. Since I'm also looking at how it's decided that one person needs support, and someone else doesn't, I'd like to know what you think about how they decide these things:

And what I'm really interested in is your views about all this, since you are in a really good position to see what's going on, but adults don't always ask young people what they think about what's going on.

I'd like you to know that you can stop the interview at any time, or if a question is too sensitive please do say **no** to it, and that all information will be kept confidential

But: if there is anything that you tell me that makes me worry that you are actually in some sort of danger, I have to tell someone about that.

Also, sometimes doing this sort of talking can bring up stuff that makes you feel upset, and it's important that you can talk to someone about that sort of thing sometimes, so I've brought along a couple of phone numbers of people you can talk to if there is no one close at hand.

Childline

Consent form

1. something introductory – like 'tell me about school, friends, family, outside of school', what's important:
   - is there anything you particularly like in school?
   - Are there things you really don't like?
   - What is it you like most about your friends?
   - What annoys you most
   - What sort of things do you like to do outside of school?
   - What sorts of things do you really not like doing?
   - How about your family, brothers and sisters?

2. *specific incidents* – I've been asking people to think of one or two things that have happened where you think that you've ended up getting extra help, or adults have paid more attention, because of it. Inside of school or outside. *(need to try and think about what parents and profs have said)*
   - Examples:
     i. Starting secondary school – what was it about starting?

      ii.   Having problems with work at school, or with being at school

     iii.   or relationships – maybe you got into a fight with someone or were having some problems with people in your form or outside school

- What happened?
  - o   Is anything still happening because of it?
  - o   Who is helping?
  - o   What do you think they're trying to achieve?

3. Adults like teachers, [family support group] people, counsellors, social workers, the school nurse and doctors all want to think that they are doing their best for you, either in deciding what needs to be done or in putting something that they've decided into practice.

What do you think about the way these adults have worked, either together or with you, in order to try and improve things

- Do you feel that you know what's going on?
- Do you feel listened to, and that your views are taken into account?
- Do you feel that you have any control about what's happening?
- What do you think that they are trying to achieve?
- How do you find multi agency meetings?

Appendix xvii. Initial Interview schedule – Parents/Carers

Blurb: I'm a doctoral student at the Uni of Sussex, looking at how children become identified as having 'needs' for extra support beyond the classroom – what government calls 'additional needs' - how does the government define them:

"Children with additional needs is a broad term used to describe all those children at risk of poor outcomes as defined by the Green Paper, Every Child Matters. (The five Green Paper outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.)

An estimated 20-30 per cent of children have additional needs at some point in their childhood, requiring extra support from education, health or social services. This could be for a limited period, or on a long-term basis.

Key groups include those identified as being 'in need' under the Children Act 1989, those with special educational needs under the Education Act 1996, disabled children, those with mental health difficulties, and others *whose needs may not have been formally identified but who may, nonetheless, be at risk of poor outcomes.*" ECM glossary, my emphasis

So what I've done is first to look at how those needs might be identified in the classroom or in the school generally, since this is the place all children should be seen at some point, and now I've been looking more specifically at the more targeted areas of services that children receive, such as health, social care, CAMHS, YOT etc. And talking to parents and the young people themselves, about what they think about how they get, or don't get, extra support inside and outside of the school.

What I want to talk with you about today is, what's happened so far, how you see your role in this, as a parent, and about specific times that you may have thought that your child needs some extra support in order to be doing well, and about how people outside of the family have helped, or not.

And what I'm really interested in is your views about all this, since you are in the best position to see what's going on…

I'd like you to know that you can stop the interview at any time, or if a question is too sensitive please do say no to it, and that all information will be kept confidential unless it is something that puts the child into danger in any way.

Part 1: Could you tell me when you first thought your child needed some extra help in some part of their life?

Prompts:

- What were they doing?
- At what age did this start?

- Was there a specific trigger to this? Or, why do you think it started?
- Did you notice this first or did it come out at school or outside the home somewhere? Who specifically noticed?
- Feelings about this???? (careful here)
- How has this affected the family?
- was it something that you thought that you should be handling, or did it feel that someone else should be involved in dealing with it?
-

2. Can you think of a specific incident that shows the sort of thing that was a concern?

3 Could you tell me something about the 'help trail'

prompts:

- How did it start?
- Were you happy with what was done?
- Was there anything or anyone that happened that you felt particularly pleased about? or upset about?
- Do you feel that its been successful or unsuccessful so far? In what ways?
- Are there things that you wish had been done differently?
- Are there things that you want to happen now?

4. What do you think about the way professionals have worked, either together or with you, in order to make things better for your child?

- Do you feel that you know what's going on?
- Do you feel listened to, and that your views are taken into account?
- Do you feel that you have any control about what's happening?
- How do you find multi agency meetings?

Appendix xviii. Initial Interview schedule – Practitioners – Education

I'm a doctoral student at the Uni of Sussex, looking at how children become identified as having 'needs' for extra support beyond the classroom – what government calls 'additional needs' - how does the government define them:

"Children with additional needs is a broad term used to describe all those children at risk of poor outcomes as defined by the Green Paper, Every Child Matters. (The five Green Paper outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.)

An estimated 20-30 per cent of children have additional needs at some point in their childhood, requiring extra support from education, health or social services. This could be for a limited period, or on a long-term basis.

Key groups include those identified as being 'in need' under the Children Act 1989, those with special educational needs under the Education Act 1996, disabled children, those with mental health difficulties, and others *whose needs may not have been formally identified but who may, nonetheless, be at risk of poor outcomes.*" ECM glossary, my emphasis

So what I'm doing is seeing first how those needs might be identified in the classroom or in the school generally, since this is the place all children should be seen at some point, and next I'll be taking it into more targeted areas of services that children receive, such as health, social care, CAMHS, etc.

What I want to talk with you about today is how you see your role, what your role is to start with, and about specific incidents that you may have come across in the classroom where you've thought that a child may have extra need for support, and what I'm really interested in is your views about all this, since you are best positioned to have them!

Part 1: Could you tell me what you do here (at the school)

Prompts:

- Clarify role of practitioner - title)
- How long have you been doing this for? (partic roles)
- Because I'm a bit of an outsider to all this, could you tell me what sort of things you do in the role?
- What do you think your role is with children who may have problems that need outside help
- Would you mind telling me about where you fit into the school's arrangements for identifying children with needs for extra support
- In your role, who do you go to if you have a concern about a child? (if they just go down child protection route, emphasise <u>any</u> concern)

2 I'd like to focus now on specific events in the classroom, or in school, where you've thought that a child may have extra support needs.

Could you tell me of a time where something that has happened in class or somewhere in the school, and you've thought - this child needs additional support? do tell me about more than one

prompts:

- o What were they doing?
- o How did that make you feel????
- o did it affect the other children in the class? How?
- o was something you thought you should handle yourself, or did it feel clear that you needed to get someone else involved?
- o Was there anything that happened that you felt particularly pleased about? or upset about?
- o What other sorts of things in the classroom might make you think that a child needs some extra support?

3 Schools have to play a central role in id-ing ad needs as they are the place where almost all children will be seen.

- Do you think there are things that need to change in the classroom or school so that children can be better identified? If so, what, if not, why?

- What role do you think teachers should have in identifying additional needs?

- Are there things that would help you to do this role better?

- Would you welcome being part of a 'team around the child' with some of the children you work with?

Appendix xix. Initial Interview schedule – Practitioners Non Education

Blurb: I'm a doctoral student at the Uni of Sussex, looking at how children become identified as having 'needs' for extra support beyond the classroom – what government calls 'additional needs' - how does the government define them:

"Children with additional needs is a broad term used to describe all those children at risk of poor outcomes as defined by the Green Paper, Every Child Matters. (The five Green Paper outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.)

An estimated 20-30 per cent of children have additional needs at some point in their childhood, requiring extra support from education, health or social services. This could be for a limited period, or on a long-term basis.

Key groups include those identified as being 'in need' under the Children Act 1989, those with special educational needs under the Education Act 1996, disabled children, those with mental health difficulties, and others *whose needs may not have been formally identified but who may, nonetheless, be at risk of poor outcomes.*" ECM glossary, *my emphasis*

So what I'm doing is seeing first how those needs might be identified in the classroom or in the school generally, since this is the place all children should be seen at some point, and then taking it into more targeted areas of services that children receive, such as health, social care, CAMHS, YOT etc.

What I want to talk with you about today is how you see your role, what your role is to start with, and about specific incidents that you may have come across which point to the young person needing this additional support, and what I'm really interested in is your views about all this, since you are in the best position to see what's going on…

Part 1: Could you briefly tell me what you do

Prompts:

- Clarify role of practitioner – (title)
- How long have you been doing this for? (partic roles)
- Because I'm a bit of an outsider to all this, could you tell me what sort of things you do in the role?
- In your role, who do you go to if you have a concern about a child? (if they just go down child protection route, emphasise <u>any</u> concern)
- What happens next?

2 I'd like to focus now on the specific children who have agreed, with their parents, to take part in this study…. *(These are going to be different children with some profs depending on their role)*

I'd like you tell me, if possible, of an occasion with "Johnny" which has particularly triggered the thought or action which has meant that you, or other people thought - this child needs additional support? do tell me about more than one.

- And/Or, what concerns had been expressed to you, and by whom?

prompts:

- What were they doing?

- o was it something that you thought that you should be handling, or did it feel that someone else should be involved in dealing with it?
- o How do you think it affects other children at home or in the school? Family?
- o Was there anything that happened that you felt particularly pleased about? or upset about?
- o How does it make you feel, knowing that this happened?

3 Schools have to play a central role in id-ing ad needs as they are the place where almost all children will be seen.

- Do you think there are things that need to change in the classroom or school so that children can be better identified? If so, what, if not, why?
- What about outside of school, in your role for instance?

- What role do you think teachers should have in identifying additional needs?

- How much should everyday professionals, like teachers, know about young people's circumstances?

- Are there other things that would help you to do this role better?

- How about multi agency work –

  - o How is it being part of a 'team around the child' with some of the children you work with?
  - o How do you think it feels for young people and/or their parents

- What do you think about the introduction of the Common Assessment Framework – do you think it will help?
  - o In what ways
  - o Paperwork?

Appendix xx: Glossary of acronyms/abbreviations

ADHD: Attention Deficit Hyperactivity Disorder

ASC/D: Autistic Spectrum Condition/Disorder

BESD: variously translated as Behavioural Emotional Social Difficulties, Behavioural
Emotional Social Disorder, or Behavioural Emotional Social Development Needs.

CPO: Child Protection Officer (this was the term used at Southaven for their designated
senior member of staff for child protection matters)

ECM: Every Child Matters

MLD: Moderate Learning Difficulties

ODD: Oppositional Defiance Disorder

SEN: Special Educational Needs

SENCO: Special Educational Needs Co-Ordinator

SLC/SLCN: Speech, Language and Communication (Needs)

SPLD: Specific Learning Difficulties (Dyslexia, Dyspraxia etc)

YOT: Youth Offending Team