

**Support and Advocacy Needs on Merseyside for
Parents who Misuse Substances in Respect of
Children's Welfare and Child Protection Concerns**

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**A thesis submitted to the Department of Social
Sciences, Edge Hill University, in fulfilment of
Requirements for the degree of Doctor of Philosophy**

Submitted January, 2014

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Abstract

This thesis explores implications of support and advocacy with substance-misusing women during and after pregnancy in promoting parental involvement and children's welfare within the regulatory child care framework. It is uniquely situated in relation to social construction, juridification of family lifeworlds, relations of power, and theorisation of an enabling process informed by a rights discourse that facilitates communicative action.

Chapter 1 introduces the rationale for this research and contextualises the work of the National Society for the Prevention of Cruelty to Children's (NSPCC) Liverpool Families and Substance Support Team (FaSST) service for substance-misusing parents. It utilises observation evidence, outlining FaSST's relationship to wider professional and agency networks. An expanded overview of chapter organisation makes the distinctiveness of this exploratory research clear; as it relates theory and practice within the previously little researched area of advocacy with substance misusing parents to promote the best interests of children's welfare. Chapter 2 develops issues of social construction, identity, risk and relations of power

affecting substance misusing parents within the modern state. Chapter 3 considers the development of child protection, children's safeguarding, actuarialism and issues of governance. Chapter 4 examines Habermas' theory of communicative action, rights discourses and how support and advocacy might develop.

Remaining chapters examine research fieldwork. Chapter 5 explains the qualitative research design, research method and ethical considerations. Chapter 6 analyses data in terms of governance and risk and tentatively theorises those matters, and chapter 7 analyses data and theorises possibilities for support and advocacy. Chapter 8 formulates conclusions regarding how the FaSST has addressed parents' concerns and promoted involvement in their children's interests within the regulatory child care framework. It theorises support and advocacy in that context, and it identifies implications for its further development.

Key Words:

risk, power, communicative action, rationality, advocacy, substance misuse, parents, children

Acknowledgements

All written material submitted in connection with this thesis is wholly my own work. The co-operation of the National Society for the Prevention of Cruelty to Children (NSPCC) is much appreciated, though nothing in this thesis should be regarded as representing views or policies of the agency. Pauline Doherty, formerly a NSPCC Children's Services Manager who is now at University of Chester helped with initial links to NSPCC. Mary Johnson (now retired), Carol Kennedy and Carolyn Welsh, NSPCC Children's Services Managers, liaised with the researcher. Much valuable advice was provided by Vicki Coppock, Reader in Social Science, Child Studies and Mental Health, Director of Studies; and at crucial points, Professor Mark McGovern, Research Supervisor; as well as by Paul Reynolds, Reader in Sociology and Social Philosophy. Winnie Traynor, founder of Merseyside Family Support Association, has been an inspiration for my interest in support and advocacy.

Chapter 1:

Introduction

This chapter explains the rationale for the research, reviews relevant statistical data, and explains the background to establishment of the National Society for the Prevention of Cruelty to Children's (NSPCC) Liverpool Families and Substance Support Team (FaSST). The FaSST's relationship to wider professional and agency networks is clarified using evidence from observation, discussion, and networking. An expanded overview of chapter organisation makes the distinctiveness of this exploratory research clear; and situates it theoretically within the previously little researched area of advocacy with substance misusing parents in the interests of children's welfare.

This thesis explores implications of support and advocacy with substance-misusing women¹ during pregnancy and after in promoting parental involvement and children's welfare within the regulatory child care framework. The rationale for undertaking the study is to explore potential for advocacy with parents affected by child protection and safeguarding concerns, in particular with substance misusing parents, about which theory development has up to recently been limited. The research is distinctive insofar as it examines uses of advocacy in a field where directly comparable support and advocacy has only just begun to emerge in the UK.

Issues raised in this research relate to children whose parents' circumstances and sometimes lifestyle mean they are especially liable to be

marginalised and disadvantaged as well as to parents concerned. A literature contextualises the research in terms of important developments in sociology and social policy that help to theorise support and advocacy; particularly regarding social construction, communicative rationality, family lifeworlds, hegemony, resistance, habitus², risk and human rights. Use of a qualitative method reflects the exploratory nature of the research. There was relatively little research in this field before the 1990s, and when proposed this research was expected to be unique in seeking to explore implementation of a service incorporating multi-disciplinary support and advocacy with parental substance misusers in the interests of children. The theorisation that forms its background remains unique.

Early in planning and preparing for this research a general research question was formulated to express its purpose. Initially the wording was,

Would it promote parental involvement and children's welfare within the regulatory child care framework if parents on Merseyside who misuse drugs could utilise crisis advocacy?

The question suited a population of men and women, as individual parents or as couples, currently bringing up children or who have sought to do so, while misusing drugs.

However, a more specific population was identified in one agency that was prepared to host the research, consisting primarily of women in pregnancy, following birth or with early years children, for whom a support service was at pilot stage locally that was intended to include advocacy. In terms of 'question-method fit'³ (Punch, 2005), a question was needed that was more

suitable to methods used in theory generation, in a field where theory was largely undeveloped.

In light of both these considerations, the general research question was reformulated as:

What are the implications of crisis advocacy with drug misusing women during pregnancy and after in promoting parental involvement and children's welfare within the regulatory child care framework?

The implicit purpose conveyed would thus be to 'discover' implications rather than to more directly test the value of advocacy. That would reflect an idiographic rather than a nomothetic⁴ view, given that parents as a collectivity would not necessarily benefit identically; implying that the research is more about understanding and interpretation alongside description and explanation (Punch, 2005).

The research question was, finally, modified three ways; first, to refer to 'support and advocacy' rather than solely advocacy, as it was becoming clear that support, *per se*, has been a major element of work being done; and second, because use of any other particular advocacy model could not *a priori* be assumed. Third, it was worded to address 'substance misuse', which would more accurately reflect the range of substances women concerned may have utilised. The final text of the research question is,

What are the implications of support and advocacy with substance misusing women during pregnancy and after in promoting parental involvement and children's welfare within the regulatory child care framework?

It would have been inappropriate to attempt to provide a research hypothesis⁵ insofar as the research was to be qualitative, reflecting that it

was in a relatively unexplored area. The nature of such research means that,

.....not all research questions, or all research projects, require hypotheses. They are particularly relevant to 'why' questions, and perhaps to some 'how' questions, but they are not relevant to 'what' questions. In addition, hypotheses are only relevant when research is about theory testing, and they are not relevant when the concern is with theory development.

(Blaikie, 2000: 27)

Research objectives largely reflect 'what' questions and a concern with early theory development. As modified to reflect changes in the research question, the objectives have become to,

1. find out and contextualise numbers and circumstances of women on Merseyside who misuse substances and numbers and circumstances of children of those mothers,
2. identify and give voice⁶ to common experiences, concerns, fears and hopes of mothers on Merseyside who misuse substances, and where available fathers of children concerned, in respect of their children's welfare,
3. establish what support and advocacy is available on Merseyside that could address common experiences, concerns, fears and hopes of mothers/parents for their children, and
4. explore what support and advocacy services for mothers/parents could do to promote their involvement and the welfare of their children within the regulatory child care framework.

Statistical Representation and Misrepresentation

The context of any evidence gathered, through qualitative, mixed methods or quantitative methods might be defined to some extent by existing statistical information. Indeed, one way to consider how women are represented, not represented or misrepresented is through analysis of

national statistical and survey evidence. Efforts to confront socially constructed views have not always been helped by statistical information, though the critical review of existing, very selective statistical data that follows does give some context to this study. Thus while the reflexive approach in this research necessarily has regard to national data, that data is subject to critical evaluation.

Statistical data tends to expose positivist assumptions that simply reflect existing social constructions (Aarvold, 1998). Such data tends to provide information only on acknowledged substance misuse, underestimating prevalence (Kroll and Taylor, 2003), and prevalence studies and official reports often overlook women (Wright, 2002). UK national statistics on substance use are often patchy and misleading in respect of women, especially women with children (Holland and Ramazanoglu, 1994). Some factors are neglected in national statistics, mothers are misrepresented in national statistics, and there is only restricted statistical data on parenting by drug users (Klee, 2002e).

Estimates of problematic alcohol misuse in UK national statistical reports vary substantially, and they do not inform the issue of problematic mixed drug and alcohol use (see for example, Davies et al, 2009; Davies et al, 2010). Figures underestimate the number of those who successfully become substance free because they monitor substance misuse from treatment data, thereby excluding many who do not enter treatment with agencies (Webb, 2012). Among 1.5m who misuse prescription drugs many are thus likely to be excluded (Behan and Dobbin, 2009). Evidence of 'what

works' is therefore very limited for hard-to-reach groups, including young men, black and ethnic minority groups, and women; and evidence is limited as to how many children might be affected.

An estimated 320,000 of over 51 million people in 2008/9 in England were problem drug users, 260,000 using opiates and 190,000 using cocaine (Davies et al, 2010). In the age range 15 – 64, prevalence was estimated to be 9.79 per 1,000 persons. These overall figures do not include alcohol misuse, which substantially exceeds drug misuse, as a separate category (Advisory Council on the Misuse of Drugs, 2003). In 2009/10 206,889 adults had contact with structured drug treatment in England (119,729 on substitution treatment for heroin) and 6,429 in Wales (1,376 on substitution treatment). That compares with 128,000 persons in treatment for drug disorders in the UK in 2006/7 and 132,000 in 2007/8 (Davies et al, 2009). More younger than older women were in treatment among nearly 400,000 estimated UK drug misusers (Davies et al, 2010)

Women are less likely to present to drug agencies, less likely to inject, more likely to use stimulants, and more likely to misuse legal drugs than men so general statistics have to be treated cautiously in relation to women (Wright, 2002). Wright concludes that women's drug misuse has been increasing as a proportion of substance misusers so gender differences in substance misuse will decline; and children could increasingly be affected by maternal substance misuse.

Hidden Harm (Advisory Council on the Misuse of Drugs, 2003) estimated in 2003 that there were 250,000 to 350,000 children of drug misusing parents

and between 780,000 and 1.3 million children living with adult problem alcohol users in the UK. Also, 42% of persons on the Scottish Drug Misuse Database and 22.7% in Northern Ireland had dependent children aged less than 16 in 2008/9, but the United Kingdom Drug Policy Commission has given no estimate for children in England or Wales. Instead it has estimated that there were 1,443,774 adult family members living with a problematic drug user in the UK (Davies et al, 2010).

National substance misuse statistics also offer limited data on take-up of family services. The UK Report to the European Monitoring Centre for Drugs and Drug Addiction cites a prevalence rate of 5% for problematic drug use among looked after children in 2008/9 (Davies et al, 2010). It does not say how many of their parents or carers are problematic drug users or how many children currently live with problematic drug users. The Report reviews policy on problematic drug use among young people, with an emphasis on schools and on criminal justice issues; but it does not consider policy in relation to parents. It costs a range of provisions related to problematic drug use but provides no estimate of financial costs to Children's Services or to the wider range of agencies involved in children's safeguarding and child protection.

Scotland provides data on matters that are not similarly informed in England. In 2006 – 2007 one third of 12,562 newly referred persons were recorded as having dependent children. There were 572 births where there was evidence of maternal substance use, of which 65% involved opioids

and 53% were recorded as being in the most highly deprived category (Information Services Division Scotland, 2008).

The Scottish Children's Reporter Administration⁷ identified that 66% of a sample of 50 children under two drawn from referrals from five different localities had been exposed to parental drug or alcohol addiction in 2008 - 2009 (Whitehead et al, 2009). Additionally 52% had at least one parent with a mental health problem and 76% had at least one parent with a criminal background (Whitehead et al, 2009). It might be very hard to disaggregate these and other factors to understand how each one has affected children. However, the most common reason for referral to the Children's Reporter for this group was lack of parental care or Schedule 1 offences⁸. Police made 83% of referrals, with fewer, declining numbers of referrals from health staff and social work staff.

Statutory and voluntary agencies record standardised data on the National Drug Treatment Database Management System (NDTMS) (Roxburgh et al, 2011) when substance misusers seek advice or help or when persons with problematic alcohol use are assessed for in-patient detox. Merseyside agencies visited during this research reported that mixed use of alcohol and other drugs is increasingly common. National reporting is only in terms of age, prevalence, drug of use, treatment, treatment outcome, deaths, health and crime.

Prevalence data excludes persons from national statistics who do not present for treatment. It does not pick up on mixed use. Misuse of prescription drugs tends to be excluded, though the All-Party Parliamentary

Group on Involuntary Tranquilliser Addiction estimates that 1.5m persons are affected in the UK (*The Times*, 2013). It is by no means clear that children are less affected when there is problematic alcohol use or mixed substance use than by so-called 'drugs of abuse'.

Alcohol Concern and The Princess Royal Trust for Carers have estimated that among 12.6 million parents and 13.1 million children in the UK, 1 in 13 of adults are alcohol dependent (Shenker, 2008). They estimate that 2.6 million UK might live with a parent who drinks hazardously, 705,000 with one or more alcohol dependent persons (Delargy and Shenker, 2010).

In summary, statistical evidence presents as biased by the weight accorded to problematic drug users and failure to fully account for problematic alcohol users and mixed substance users. While women are categorised in NDTMS, the limited space given to gender means that reports reflect only wider patterns, obscuring differences in men's and women's substance misuse. Data tends to ignore how women's personal and political challenges differ from those of men (Wright, 2002), and it does not illuminate possible impacts on children.

Estimates by Manning et al, published by NSPCC, are more helpful. They estimated in 2009 that 3.3 – 3.5 million UK children under 16 live with at least one binge drinking adult and 978,000 with an adult drug misuser (Manning et al, 2009). Injecting drug misusers were in households with possibly 72,000 under 16s. Possibly half a million children lived with an adult problem drinker who also had a mental health problem.

Based on analysis of data from the National Psychiatric Morbidity Survey, *110,000 children aged under 12 months* were estimated by Manning et al currently to live with a substance misuser, defined as a problem alcohol user (almost 94,000) or a drug misuser (over 50,000), indicating massive overlap between the two categories (Manning, 2011). This represents a particularly vulnerable group, further overlapping mental health disorders, domestic violence or both; which is immediately relevant to this report and to NSPCC's priorities.

Local Statistics and Developments in NSPCC and other Agencies

Discussions in 2004-2005 (see Gantt Chart, Appendix IX) revealed that only NSPCC was developing work locally with substance misusing parents in respect of children's welfare. NSPCC had generated local statistical data for Merseyside in relation to parental substance misuse, particularly regarding substance misusing women who were pregnant or had recently given birth. No examples of such research were found nationally in an initial literature survey, and there was no evidence of systematic research into on-going work in any agency until a report was located about Family First, a pilot operating in Cardiff (Woolfall et al, 2008). There were significant differences⁹ between Family First and NSPCC's service in Liverpool.

An existing report showed that substantial numbers of parents received assistance in northwest England in respect of problem drug use, but advocacy services for them tended to concentrate on difficulties incidental to substance misuse or they worked directly with children and young people

(Big Issue, 1999). A meeting of South Liverpool Drugs Forum¹⁰ (11 November, 2004) noted that substance misuse agencies across Liverpool were working with Sure Start¹¹ and voluntary agencies to promote parenting skills. Work at NSPCC was the only initiative of its type. Much later, in September 2009, a then promising second service was identified and visited, 'Sunnygrove', which was based in a tenanted, rehabilitation setting run by The Big Life Group in Liverpool. It has since closed.

Early discussion with NSPCC clearly established a distinctive focus for potential research that could address circumstances contemporary to that time. NSPCC and other agencies in Liverpool had piloted an assessment model in 2000 with pregnant substance misusing women who gave birth at Liverpool Women's Hospital (Doherty and Johnson, 2000). Women ranged from 17 to 35 years, the majority being poly drug users, all using crack cocaine, none in treatment and none receiving preventative social work services. Only 31% of children born previously remained with their mother; and following case conferences on 47% of newly born children, all were placed on the child protection register and 37% were made subject of a care order. Children of substance misusing women were likely to end up living with extended family or in care.

From 2003 NSPCC formed a partnership with Liverpool Women's Hospital NHS Trust (LWH NHS Trust) and the Liverpool Drug and Alcohol Action Team to develop work with pregnant or post-partum women to encourage take-up of a wider range of services. Meanwhile NDTMS recorded an increase in drug misusers in treatment in Liverpool from 2,310 in 2001/2002

to 2,771 (inc. 815 women) in 2003/2004 (Chandler et al, 2004). That peaked at 5,027 (1,406 women) in 2009/2010 and dropped to 4,919 (1,394 women) in 2010/2011 (National Drug Evidence Centre and National Treatment Agency for Substance Misuse, 2012)¹². NSPCC's FaSST concluded its work by late 2011.

While early NSPCC research could not identify total numbers of children living with parental substance misuse in Liverpool, drug misuse was recorded as a factor in 25% and alcohol misuse in 18% of child protection case conferences. Mental health issues and domestic violence were reported among case conferenced families, respectively, at 12% and 18% (Doherty et al, 2004). Substance misuse and domestic violence often co-present and each can coincide with mental health issues (Kroll and Taylor, 2003). Case conference figures may well underestimate these factors.

A retrospective audit of women using maternity services in Liverpool in 2003/2004 carried out via LWH NHS Trust and the Aintree Centre for Women's Health as part of NSPCC's study identified 41 substance misusing women out of 8,391 giving birth (Doherty et al, 2004). Among them, 59% were poly drug misusers; and with an average age of 28.9 years in a range from 18 to 42, 14 were under 25. Mean average gestation at booking was 19 weeks, with the mode at 21/21+ weeks. Child protection (61%), mental health (40%) and domestic violence (19%) were identified as issues. Over half were involved with Liverpool Social Services (later, with organisational change, Children's Services took on this work) and 81% had other children.

Many women, 61% of whom were in contact with Liverpool Social Services, believed that if the Department received information that they or a partner were misusing drugs any children would be separated permanently from them and removed to care (Doherty et al, 2004). They reported a belief that any mark or injury their child might be found to have would need to be justified. Lack of aftercare and lack of drop-in centres were mentioned as particular needs. Similar findings have been reported in a series of other research-based publications (Big Issue, 1999; Kroll and Taylor, 2003; Buchanan and Corby, 2005).

The NSPCC study concluded that there were few services available to meet identified needs, links between services were often poor, and pregnancy was, “a ‘window of opportunity’ for women to either stop or stabilise their drug use” (Doherty et al, 2004: 40). The possibility of involving women in services was being jeopardised by the stigma women experienced, their fear of child welfare services and their perception that some specialised services were poor. Recommendations included development of a city-wide multi-agency team to work with pregnant women and families affected by substances misuse as well as action to link services together more effectively. The FaSST was funded as a result until early 2012. As such the research spanned the period when work was well established and extended to the end of that period.

The NSPCC FaSST

Pen portraits of substance misusing women and staff members interviewed in this research (Appendix VII) as well as their interview responses have

given a picture of those whom the FaSST dealt with. Three substance misusing women interviewed (see Appendix VII) comprised a 29 year old single woman who had used hard drugs, caring for one child; a similarly aged married woman trying to reduce excessive prescribed drugs, caring for one child; and a grandparent aged 50+ abstinent from heavy, long-term substance misuse for two years, with a substance misusing daughter with 7 children and a daughter with 2 children.

The team more generally dealt with women, and sometimes couples or male single parents, who tended to have misused substances over a long period. Substances used included prescription drugs, alcohol, cannabis, cocaine, heroin or a mixture of substances. Substance misuse varied in intensity, and parents were often actively trying to stabilise or reduce substance misuse, or maintain abstinence, after long periods of dependence or addiction. A significant number had previously had children removed; while some women were pregnant, some were looking after children and some wanted to recover some element of contact or care for children. Percentages were unavailable.

Considered as a particular defined concept of support and advocacy in this thesis, an object of advocacy work of the FaSST, at least implicitly, was to ensure standards of the communicative process in circumstances where one person, enabled by a professional, needed to promote the interests of a dependant other, whose own views might never have been heard fully or directly. While it would not preclude some element of self-interest, it assumed each parent's overriding concern for a child or children.

Support and advocacy for parents in respect of children affected by children's safeguarding and child protection would still be best described in the above terms. That description is particularly significant insofar as juridification¹³ formalises relationships in a family context, meaning for those concerned, "an objectification and removal from the lifeworld¹⁴ of [now] formally regulated social interaction", that affects children, parents, others with parental responsibility, and wider family (Habermas, 1987: 369).

Practitioners were observed spending substantial periods in the office¹⁵, with significant time spent in supervision and the remainder of the time spent in supporting group-based activities and home visits. Office time was spent completing telephone calls, dealing with emails and correspondence and consulting within the FaSST or with the Domestic Violence Team. Staff used telephone contact frequently to speak to substance misusing women engaged with the FaSST in respect of their children or grandchildren. There was regular contact with a number of other agencies.

Staff had particular roles in the Team; but they tended to be involved in both group-based activity and casework, which were each shared widely in the Team. Whether Midwife, social worker or substance misuse worker by background; Practitioners had involvement with families; and those with Midwife or substance misuse backgrounds adapted their roles primarily in terms of additional capacities each had to undertake specific work. Midwives seconded to the FaSST had an expertise and a relationship to NHS colleagues that facilitated work with expectant women, e.g., to encourage engagement with antenatal care. The Practitioner with extended

experience and training for work with substance misusers likewise clearly informed work with young people and work with substance misusing women, e.g., encouraging women to find ways to reward themselves for success that would maintain improved well-being. Group-based work involved every Practitioner in co-leadership; and if one Practitioner was unavailable for a group-based activity another would step into their role.

The Team liaised regularly with other agencies (Appendix VI), including; Children's Services, social housing providers, Addaction¹⁶, SHARP¹⁷, Social Partnership¹⁸, other charities and children's centres. There was often liaison between the FaSST and the Domestic Violence Team. At least one case had Mersey Care¹⁹ involvement in respect of mental health issues. Networking activities reflected what is generally understood about the inter-relationship of substance misuse, domestic violence, mental health, physical health and poverty among women affected by substance misuse.

Such multi-disciplinary teamwork can be structured and managed various ways (Anning et al, 2010). A 'fully managed team' would have a top-down structure with line management from a single source. 'A coordinated team' would have a central coordinator but separate line management for various members. A 'core and extended team' would centre on a larger, fully managed team, whose line manager coordinates its work with other staff who have their own line managers. A 'joint accountability team' would have effectively an 'all-channel' group structure (Guetzknow, 1968), albeit members might be loosely controlled by various line managers.

The FaSST represented very largely a co-ordinated team with elements of joint accountability and strong links with the Domestic Violence Team and a number of agencies outside. The all channel group structure, represented in Figure 1 with fewer persons for simplicity, allowed open communications each way between any two group members. Joint accountability teamwork allowed delegation to individual team members while those who were seconded from other agencies remained accountable to their own agencies.

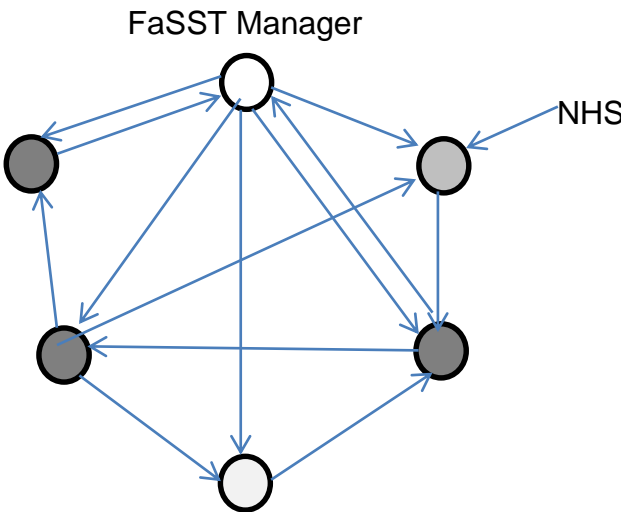


Figure 1: The FaSST as largely a Co-ordinated Team

Group-based activities developed by the FaSST included recruitment, training and on-going support and supervision for volunteers via 'Community Parents'. 'Community Parents' has been a highly successful FaSST initiative, which has offered support from trained volunteers to households in South Liverpool. The location meant the work could particularly engage with black and ethnic communities. In practice it has supported single parents and families where there has been domestic violence, not necessarily families where there is substance misuse.

The length and sophistication of training provided, information packages available to volunteers to help them deal with issues presented and on-going support given by staff reflected development of an effective service model. Additionally some volunteers had moved on to various types of employment, to further education or to degree level professional training.

The Centrality of Habermasian Theory

Anxieties and concerns of parents, examined in terms of risk (Beck et al, 1994) and governance (Parton, 2006), fundamentally relate to problems they experience. Those problems are related in Habermasian terms, to juridification and encroachment on lifeworlds, which lead to distortion, deformation and pathology (Habermas, 1987). Habermas' theory of communicative action thus informs understanding of issues that are likely to present during support and advocacy via parents in children's interests.

The primary aim of support and advocacy via parents is positioned in a human rights discourse that is consistent with Habermas' communicative rationality (Habermas, 1984; Habermas, 1987), ideal communication situation (Habermas, 2001), and recognition of children's own agency (James and James, 2004). Other theorists are brought into discussion wherever that helps to refine arguments. For example, Hobbes, Locke and Mill (Hill and Tisdale, 1997), and Whiteside and Mah (Whiteside and Mah, 2012) are among those cited in chapter 4, which discusses how children's developing capacity can be accommodated in human rights discourse.

Data analysis follows a similar set of themes. Issues of governmentality and risk (Beck, 1992; Parton, 2006) are examined first, based on broader

themes of governance and risk that emerged during interviews, identifying where Habermas, Foucault and Bourdieu are relevant. Advocacy is then examined, based on broader themes of support and beneficial outcomes, in Habermasian theoretical terms. Overall theorisation in chapter 8 unifies the analysis, foregrounding how Habermas' communicative action can inform support and advocacy via parents in the interests of children's welfare.

Chapter Organisation

The rest of this chapter maps the overall chapter organisation of the thesis. Chapters 2 - 4 provide a rounded theorisation, leading to considerations in respect of support and advocacy. Organisation of these chapters reflects the centrality of a series of issues for support and advocacy with substance misusing parents. Those who might be supported are deeply affected by social construction, which also represents and misrepresents them to staff in agencies and to a wider public. It fundamentally affects them in relations of power, and how those are understood would affect the degree of agency parents might hold and how far they might use that at particular points of resistance. Issues are heightened in discourses of risk, which along with social construction have informed democratic welfarism and regulatory regimes that provide the ground on which support and advocacy would have to operate. Habermasian concepts of communicative action and human rights oriented advocacy theory inform how work could be carried out, not least pragmatically and ethically.

Chapter 2 highlights how social constructions of childhood, womanhood and motherhood and considerations of risk developed over time, especially in

respect of pregnant women and mothers. Critical discussion highlights feminist efforts to incorporate Lacan's ideas about language (Morris, 1993), Althusserian ideas about ideology (Coppock et al, 1995; McLaughlin, 2003), Derrida's work on binary oppositions (McLaughlin, 2003), Gramscian ideas on power (Gramsci, 1971), Bourdieu's social theory (Bourdieu, 2010), and Foucauldian concepts of normalisation and moralisation (Ettorre, 2004). Consideration is given to how social construction situates women in particular social spaces and how substance misusing women's lives are made to embody deviance (Ettorre and Riska, 1995). Discussion utilises a range of feminisms – liberal, radical and socialist/Marxist – to critique socially constructed ideas and identify relations of power affecting women within the social system and the state (Bryson, 2003). It highlights essentialist explanation, rights, patriarchalism, responses to essentialism, family, reproduction, sexuality, mothering, and dual systems patriarchalism.

Idealisation of motherhood is contrasted with social construction of women who misuse substances, as women who do not conform to expectations of womanhood, and 'good' mother and 'bad' mother discourses that affect how substance misusing mothers regard themselves. Some post-structuralists avoid defining 'womanhood' as such at all (Alcoff, 1994), and others point to a 'race blindspot' in feminism that has been addressed only recently (Barker-Plummer, 2010). Radical or socialist/Marxist feminist perspectives offer a recent, growing literature on how substance misusing women address social construction of womanhood and motherhood. Foucauldian post-structuralist ideas that developed independently of Marxist ideas address structure, agency and relations of power (Bilton et al, 1996).

The issue of interpretation is considered as a problem in feminist research (Holland and Ramazanoglu, 1994) and in relation to reflexivity (Maynard and Purvis, 1994). Maynard's and Purvis' discussion of 'subjugated knowledges' relates effectively to circumstances of substance using women in children's safeguarding and child protection. That takes on particular significance in discussion of the relations of substance misusing women and mothers to the social system and to the state.

Ulrich Beck's ideas about risk, his critique of post-modernism, and his theory of reflexive modernity are examined. Beck utilises some concepts related to lifeworlds (Beck, 1992; Beck, 1995a) as well as from Habermas' theory of communicative action (Beck, 2000), which raise issues around juridification and the impact of the welfare state on family lifeworlds. Consideration is given to how writers on child protection and safeguarding have picked up such issues (Parton et al, 1997; Kemshall, 2010).

Beck's ideas have been described as post-traditionalist alongside Giddens' ideas on risk (Denney, 2005); post-Marxist insofar as he largely rejects Marxist analysis (Boyne, 2003); and critical-structuralist, "which builds on the Marxist legacy" (Lupton, 1999: 26). Beck's ideas are compared and contrasted with Giddens' conceptualisation of late modernity and Lash's greater stress on cultural and aesthetic aspects of judgement, which emphasises aesthetic and hermeneutic understanding (Beck, 1994b).

Giddens and others inspired New Labour Third Way policies that pick up on some of Beck's ideas (Giddens, 1998). The thesis considers Davies' very strong neo-Gramscian, Marxist political critique of network governance

ideas and Third Way policies (Davies, 2011). Pitfalls are identified of reliance on networks to resolve issues of governmentalism and power.

Chapter 3 examines and analyses the regulatory reform of public welfare that has affected children's services. Regulatory frameworks driven by risk or uncertainty are linked to centralising control of services and distancing of central government from responsibility (Humphrey, 2003) with negative impacts on service quality, professional practice and value conflict.

There is a critique of actuarialism (Kemshall, 2002) and its effect on public services (Denney, 2005). Evidence is cited regarding how assessment frameworks that deal with risk primarily using standardised pro forma documents tend to de-professionalise staff and further disempower parents.

Risk aversion among policy makers and professionals within regulatory frameworks is liable to prejudice the situation of substance misusing parents. It becomes all the more important that substance misusing parents participate positively, assertively and effectively in decision-making about children. The social background, training and expertise of drugs workers, social workers and others working within the broader regulatory framework have all tended to distance staff from service users and other family members (Jackson and Klee, 2002; Kroll and Taylor, 2003; Barnard, 2007). Support and advocacy has to take into account changing regulatory frameworks, how they may impact, points of resistance, and how substance misusing parents experience professionals and services.

Chapter 4 develops Habermas' concepts of lifeworld, juridification and communicative action, which are fundamental to theoretical basis of the

research itself. It considers the broad theoretical foundation Habermas assumes so he can modify functionalist thinking to underpin his sociological analysis (Habermas, 1984; Habermas, 1987). Functionalism emphasises effects of empirical phenomena rather than causes, though functionalism has adapted over time to recognise both conscious and unconscious purposes, as in the differentiation between manifest and latent functions (Coser, 2006). Functionalists also avoid assuming that all phenomena are desirable or more than chance. The chapter develops Habermas' concepts and rights discourse in order to understand issues of rights and advocacy.

Gramscian structuralist ideas that embrace issues of deep structure in Marxist terms address issues of hegemony, ideology and resistance (Bottomore, 2006c). Post-modern²⁰, social constructionist ideas closely associated with variants of feminism; and ideas on relations of power are utilised to develop ideas more specifically around advocacy (Janes, 2002). Those are linked to ideas from Saussure on linguistics and Bourdieu on habitus. Issues of communication and culture²¹ affect parents whose children are subject of assessment, investigation or intervention by agencies (Schirato and Yell, 2000; Smith, 2001; Thompson, 2003). Cultural role behaviours are described in terms of habitus,²² acquired through practice, presenting as "deep and ingrained habits of communication" (Thompson, 2003: 21). Thus emotion, language, jargon and deportment affect people in discussion with professionals.

UK research is considered regarding substance misusing women, showing their concern and desire for help to exercise responsibility regarding their

children (Elliott and Watson, 2000). My MA dissertation looked at similar issues with parents and staff involved in children's safeguarding (Hicks, 2001), finding that parents tend to voice real concern for their children. The majority of lone parents misusing substances are women, so it is vital they have support that is woman-friendly (Welbourne, 2012). If a lone mother is estranged from family there may be no other substance free person to offer support. Theorisation is completed with some indications of how an approach might be developed that can support parents within a discourse that is sensitive to children's as well as to parents' human rights. Tentative ideas are set out about developing a method for support and advocacy.

Chapters 5 - 8 cover research design, data analysis, findings, discussion, conclusions and reflections. These chapters move from methodological to theoretical concerns and return via reflection to methodological concerns.

Chapter 5 explains the research design, which is informed by the responsive interviewing approach (Rubin and Rubin, 2005; Rubin and Rubin, 2012). That draws on ideas from feminist, post-modernist and interpretive constructivist theories²³; hence responsive interviewing and the approach to data analysis resonate well with issues raised by feminists who embrace post-modernist theory and address issues of interpretation.

A major consideration in responsive interviewing is how the researcher's personality and emotions, "affect the conversational exchange.....with gender, ethnicity and social class.....important factors" (Bragason, 2005: 114). Responsive interviewing has been an appropriate approach insofar as this is a relatively new area, hence one without much developed theory,

where the need is for theory generation²⁴ as distinct from theory verification. The approach is thus particularly relevant to interviewing substance misusing women who the literature suggests are likely in any broader sample to present issues in terms of social class, domestic violence, mental health and lifestyle (Kroll and Taylor, 2003).

When interviewing started it seemed likely that parents would have perceptions of risk in relation to children, shaped from contact with, amongst others; media, family, friends and acquaintances. Persons involved in supplying substances might well have reinforced some perceptions, and perception could have been affected also by chance contacts with the general public and by contacts with agencies. However, nothing could be assumed about what parents' would say, nor even that they would be comfortable in speaking openly; emphasising the need for bracketing, sensitive interview practices and constant reflection.

Chapter 6 examines data analysis and research findings, using the research question and research objectives as lenses for looking at data in terms of *broader themes of governance and risk*. Each broader theme is described and defined; and findings are then set out in more detail, contextualised with examples, and theorised.

Data relevant to governance, largely from Practitioners, could reveal how far local authority (LA) children's safeguarding and child protection work reflects juridification, actuarialism, and governmentalism. To the extent that staff moved from the public to the VPI (voluntary, private and independent) sector, data might evidence how network governance affects VPI

organisations. Their experience of VPI work and work with the NSPCC FaSST could particularly inform possibilities for further development.

Interviews might confirm or refute Beck's view of risk; Giddens' and Lash's variants of that view; or Davies' view that social divisions remain central to regulatory reform. Characteristics of substance misusing parents interviewed had to be considered with what staff said about what was happening in work with families and substances.

It would be particularly helpful to see how far statements reflect accurate or inaccurate risk perception, irrational risk perception, and possibilities for positive or negative outcomes. Discussion might thus clarify how far parents' and professionals' perceptions fit in with 'risk society' analysis (Beck, 1992) and how far issues of active trust (Giddens, 1991) and access to socio-technical resources (Lash, 2001) may be important. That would allow conclusions as to whether support and advocacy might help parents more accurately evaluate risk and identify positive and negative outcomes.

Chapter 7 uses the research question and research objectives as lenses to look at data in terms of *broader themes of support and beneficial outcomes*. These broader themes are described, defined and given exemplars; and findings are set out in more detail, contextualised and theorised.

Analysis identifies how far data might be situated in a theoretical context with Habermas, Foucault, Gramsci and Bourdieu that would reflect issues of juridification of family lifeworlds (Habermas, 1987), relations of power (Foucault, 2004), resistance (Gramsci, 1971) and habitus (Bourdieu, 2010). Further consideration is given to how far risk is an important factor.

Analysis considers further the respective explanatory value of Giddens' emphasis on concerns (Giddens, 1991), Lash's focus on socio-technical information (Lash, 2000), Beck's theme of generalised anxiety (Beck, 1992), or Parton's distrust of professionals and agencies (Parton et al, 1997).

Consideration is given to how far responses under the broader themes of support and advocacy might highlight issues in the literature on advocacy. Analysis clarifies how far concepts of dispositional power (Thompson, 2007) inform how services empower or disempower and the role of particular group-based and other approaches in boosting necessary capacities for advocacy. Discussion examines a basis for further theorisation of support and advocacy via parents in the interests of children's welfare.

Chapter 8 reflects on research design, data collection, data analysis and ethical considerations, particularly regarding the efficacy of responsive interviewing. It also considers the importance of reflexivity throughout interviewing, coding and data analysis.

Conclusions and recommendations are formulated around Habermas' ideas, utilising other ideas where that might help develop implications of support and advocacy that promotes communicative action. The need for support and advocacy is endorsed for substance misusing parents, especially women, and others with parental responsibility or a strong connection with particular children. There is an outline of circumstances in which Habermas' and to some extent Bourdieu's ideas would be important.

The exploratory nature of the research allows the final chapter to bring ideas together in new ways and identify new paths to explore. The chapter

concludes by identifying where replication is needed and outstanding issues to be resolved. Some matters are noted that emerged during the research but which exceeded the scope of the thesis or were too late for full consideration. Finally it concludes that there is scope for support and advocacy utilising Habermas' theory of communicative action via parents in children's interests and children's voice within a human rights perspective.

Chapter Summary and Next Chapter

The research question was shaped by the range of opportunities for research, and methodological decisions reflected the need for a question-method fit. The work relates to a national and local statistical base that addresses needs of substance misusing women inadequately. The NSPCC FaSST was the only example found of efforts to integrate support and advocacy with the full range of LA, NHS, voluntary and private provision for women in pregnancy or with young children in the research period. The remaining chapters take a critical view of relevant research and theory; situate the thesis primarily in terms of Habermas' theory of communicative action; link in ideas from Foucault, Gramsci and Bourdieu; and form conclusions about support and advocacy within a human rights perspective.

Chapter 2 begins by critically analysing social constructions of substance misusing parents, in particular examining their many impacts on women, especially mothers. There is reference to risk discourse. Having identified potential for a strengths-based advocacy and support, preliminary implications are identified in a substantive discussion of relations of power.

Chapter 2:

Social Construction, Risk and Relations of Substance Misusing Parents to the State

This chapter draws on insights from childhood studies, feminist perspectives and risk theory to outline how childhood, womanhood and motherhood have been socially constructed and might be affected by risk paradigms. It assesses effects on children and on women and mothers affected by substance misuse and explores issues of identity and relations of children and substance misusing parents to the modern state in the UK. National and international evidence is used to highlight stigmatising provision for substance misusing women. After a discussion of how women view themselves as mothers, relations of power between substance misusing women and the state are critically examined.

Risk theory and social construction each contribute to substance misusing parents' likely experience, perception and anxiety about approaching agencies for help; particularly where there might be children's safeguarding concerns. This chapter therefore considers Beck's theorisation of 'risk society', first described in depth in 1986 (Beck, 1992), reflecting concepts of juridification and encroachment of lifeworlds that Habermas also embraces. Risk theory could be significant for the thesis as a whole, leading to issues of individualisation, risk assessment and actuarialism.

Beck, Giddens and Lash have looked at risk; each taking the theory in a slightly different direction (Beck et al, 1994). Risk theory in social work

relates to managerialism, regulation and governance, which are central in chapter 3 to examining how children's safeguarding and child protection has developed. Beck's, Giddens' and Lash's writings are examined here, along with systems theory and Davies' critique of governance theory built on Beck's and Giddens' ideas. Considered together and with Habermas' theory of communicative action, these might affect the scope of advocacy as discussed in chapter 4. Later this chapter suggests how research findings might relate to issues raised and to potential for support and advocacy.

Social Construction of Childhood

There would be dangers if support and advocacy relied upon and reinforced social constructions of childhood. Social construction tends to naturalise childhood, treats it as universal and offers dubious justification for paternalism and patriarchalism (James and James, 2004). It begs questions of how childhood should be defined in terms of age, dependency and rights. Though each is contested, Aries' account of childhoods from the Middle Ages onward and Hendrick's historical account of UK childhoods provide a basis to understand the, "diverse rather than universal, nature of conceptions of childhood" (James and James, 2004: 13).

In pre-modern periods calamities of every kind were regarded as owing more to divine intervention than individual agency; but by the early modernity that concerned Aries and Hendrick, 'divine acts' had become regarded as less dominant (Beck, 1992). Risk was seen as calculable using probabilistic reasoning and to some degree scientifically and

technically controllable (Lupton, 1999). Childhood was still regarded very differently, however, and somewhat fatalistically.

Childhood as a distinct life stage related only to upper class children in the 15th to 18th centuries, but later extended to all children (Aries, 1962). Upper class girls were, “likely to be kept at home until they were twelve years old and deemed to be adults....adolescent children were treated as adults” (Swabey, 1999: 33). More generally, children and women were regarded as chattel²⁵ in medieval Britain; and rights and protections were quite limited until the late 19th century (Hendrick, 2003). Early childhood death was common into the mid-19th century and overall life expectancy was low (Trantor, 1973) so adult roles could fall relatively early to young people.

In the 1760s Rousseau called for children to be ‘protected’ and segregated from adult life, reflecting his conceptualisation of adolescence; and 17th century Reformation and Enlightenment notions of rationality were at least briefly dominant in Western nations by the 19th century (Aries, 1962). The ‘romantic child’ was thus seen as simple and amusing.

Later, the ‘evangelical child’ was seen as irrational and inherently liable to depravity; hence innately in need of discipline and education (Muncie, 1999). Relatively enlightened, experimental and reformist attempts to ‘rescue’ children and adolescents were driven partly at least by a Christian evangelical drive for moral ‘standards’ (Rogers, 1997). Numerous charitable organisations inspired by Barnardo, Coram and Shaftsbury provided for homeless or at risk young people (Prins, 1982), albeit

colonialism, fear of social disorder and financial strains still meant that many children were resettled abroad up to 1968²⁶.

Children had moved from cottage industries and agriculture into low waged, urban factory production in large numbers (Pinchbeck and Hewitt, 1973), expressed in a concept of the 'factory child'. Meanwhile 19th century social movements highlighted child labour as exploitative and degrading as mechanisation and industrial specialisation reduced demand for children's labour (Goldson, 1997). Apparently humane, progressive Factories Acts soon marginalised and impoverished children.

Children were more dependent on parents than ever before insofar as they contributed little to family income; with increasing numbers of unsupervised street children. The 'delinquent child' emerged (Goldson, 1997; Muncie, 1999), with children's behaviour seen as a problem in its own right.

Compulsory state education to age 13 had institutionalised adolescence from the 1870s (Muncie, 1999), extending dependency on parents. Adolescents were characterised as a social problem by the early 20th century (Pearson, 1983). In 1905 Hall described human development from, "early animal-like primitivism (childhood) through savagery (adolescence) to civilisation (adulthood)" (Muncie, 1999: 68). His central premise that adolescence was pathological, a time of 'storm and stress', has recurred in discourses about youth since (Griffin, 1997).

Criminalisation of children and young people grew in scope and severity in the 19th and early 20th centuries (Muncie, 1999). Young offenders faced the same legislation as adults, and the wide range of old, and new 'adult'

sanctions applied to children included physical punishments and imprisonment. Early 20th century UK policy developed provision for young people at first primarily *within* the criminal justice system. Somewhat later provision moved partly into a system of personal social services, extending to children's welfare and behaviour.

Thus before the 20th century the state had only infrequently dealt with child maltreatment as such; often relying on charities that dealt with 'foundlings', 'vagabonds', children placed by Poor law authorities, children handed over by parents and delinquent children (Hendrick, 2003). There was no specific criminal offence of cruelty to a child until 1889 (Muncie, 1999).

The post-war welfare state, including the Children Act 1948, linked "fiscal and state economic capacities to the government of social life" (Parton, 2006: 19), with social insurance only questioned in the late 20th century with rising neo-liberalism (Arnoldi, 2009). Evolving statistical concepts had come to be applied to population; collective provision was already established; and private insurances were increasingly contingent on state support (Arnoldi, 2009). The welfare state in what Beck calls 'first modernity' gained legitimacy from its capacity to protect people from first order risks²⁷ like obvious neglect, abandonment or illness, regarded as definable via various forms of help (Denney, 2005).

The state gradually displaced voluntary agencies after 1948 in direct provision of residential child care or family placement (Youngusband, 1978). Children were removed from families for a variety of reasons, including neglect, mistreatment and issues of control (Hendrick, 1994).

Nonetheless, parents' anxiety about removal of children owing to child abuse was far less acute in the early post-war period and confidence in professional social work was high (Parton, 2006)²⁸.

A 'welfare model' of youth justice underpinned the Children and Young Persons Act 1969 (Bilton, 1979). Social workers used a range of alternative disposals specifically to avoid prosecution of young people, managed via Supervision and Care Orders. The UK age of criminal responsibility rose to 14, unless a presumption for 10 – 13 year olds of no criminal responsibility could be rebutted where an offence condition was proven. However, organisational change (Forder, 1974), competing priorities (Bilton, 1979), and public perceptions of increased delinquency undermined the welfare model (Pearson, 1983). Low tariff young offenders were drawn into custodial disposals (Muncie and Wetherell, 1997), referred to as, "damning of defendants by social enquiry reports" (Hudson, 1987: 31).

Statistics showing peak offending in adolescence ignored a relatively low proportion of particularly serious youth crime (Pearson, 1983). They gave positivist rationalisation to a 'justice model' that became dominant after the mid-1970s (Hudson, 1987). Age of criminal responsibility was lowered to 10; and in 1994 the national press demonised 10 year olds as 'feral' and 'evil' (Davis, 1997). Thus the situation of children and young people as situated in socially constructed discourses was never safe, with concern for children's welfare appearing relatively late only to be severely compromised by the 1990s. Advocacy based on such discourses would highly prejudice children's interests; ideally it should rather challenge them.

Risk Theory

Beck argues that the welfare state of first modernity that incorporated socially constructed concepts gave way to 'second modernity'²⁹ (Beck, 1992) alongside rising neo-liberalism. What post-modernists see as chaos or lack of pattern, Beck sees as risk and uncertainty (Giddens, 2006). Parents' anxiety and concern grew with changes in the welfare state's treatment of risk (Parton et al, 1997). Many increasingly questioned the calculability of risk, scientific and technical capacities to control it and some welfare state assumptions (Arnoldi, 2009). Second modernity reflects,

.....radicalisation of modernity³⁰, in the degree to which traditional cognitive and physical infrastructure of industrial society melts away and everything is transformed into decisions.

(Beck, 1995a: 128)

At first people lived with risk, still relying on experts; but some threats and dangers became unavoidable second order, often "low probability, high consequence environmental risks" (Doyle, 2007: 9). The inability of politicians, courts, economic systems and scientists to deal with greater, often trans-national, anthropogenic³¹ risks led to a wider cynicism toward experts (Beck, 1995b). Giddens says much the same (Lupton, 1999).

With radical modernisation a gap has grown between quantifiable risk and unquantifiable risk, and risk distribution has displaced social class conflict (Beck, 1992). Risk management in second modernity thus incorporates unseen social considerations and moral judgements. "The post-traditional political economy transports risk into the sphere of outcomes that result from conscious and unconscious collective decisions" (Denney, 2005: 30).

Risk assessment based on technical manageability is narrowly conceived insofar as it excludes ethical and social interests and increasingly meets with uncertainty and incalculable danger (Beck, 1992). It can never wholly reassure the public (Giddens, 1998). Naïve punitive measures to deal with ‘risks’ associated with substance misuse are obvious examples, enforcement presenting as an end-in-itself with little or no sign of progress (Inciardi, 1999; Davenport-Hines, 2001; Booth, 2003).

More generally, contested knowledge fields³² have led to rupture³³ as lay persons have demanded specific responses from experts who lack certainty themselves, leaving a gap between scientific and social rationality (Hanlon, 2010). Beck evidences a growing distrust that people in general have for experts and a contagion of consumer global risk awareness (Beck, 2005). Hanlon argues that lay people and experts overlap in their knowledge, presumably bridging the gap to some extent, with a tendency of service user groups (Beresford, 2000) and kinship foster parents (Broad and Skinner, 2005; Hunt et al, 2008) to agree.

The consequent drop in public confidence in social work has been significant since the 1970s. While inquiries and media activity outlined in chapter 3 might largely account for that; Beck’s risk theory reinforces it in terms of wider anxiety and distrust of professionals and the public sector.

Governments worldwide encourage individual responsibility and distance themselves from risk through regulation and governance, not least in social care (Humphrey, 2003). While Beck regards risk assessment as desirable

and possible in many technical fields, the public often exaggerates fear; and uncertainty regarding some areas of risk.

Within this risk-based regime, security is centred, but paradoxically *insecurity* becomes the preoccupation – for the focus on risk minimisation draws attention to the riskiness of everything and the certainty of nothing.

(O'Malley, 1999: 139).

Expert thinking and public discourse on risk profiling lead to “mathmaticized morality” that is socially constructed³⁴, unobjective, and irreducible to formulae (Beck, 2008). Risk encompasses, “a hidden politics, ethics and morality” (Beck, 2008: 3); and technologised decisions are no less encumbered with those consequences. Chapter 3 analyses how using a risk calculus in social care especially affects those with stigmatised identity.

The scope for substance misusing parents to be sensitised to distrust or fear of children’s social work grew from the 1980s, with a major increase in UK opiate and other substance misuse (Gossop, 2007). Child abuse had become a major driver of LA services, marked by a series of major child abuse inquiries (Parton, 1985). Substance misusing parents soon had as much reason as anyone, more considering their socially constructed identity, to fear social work intrusion and distrust professionals.

Substance users establish their own awareness of contingencies related to longer-term reduction or abstinence, over time, through crises such as overdose or collapse (Heather, 1998). Particular substances or mixes of substances differ; an overdose (hazard) could (possibly) result in illness (danger) and a need for urgent treatment. The response could interrupt chaotic substance use creating a new chance (opportunity) to engage with

services. They may thus be ambivalent about and make decisions in light of contingencies, as well as from a wider range of hazards, e.g., around intervention by agencies they may or may not already be dealing with.

Models of Childhood

Given the impact social construction and risk both have upon children, it is important to consider models of childhood before giving further consideration to parents. Various available models might address each as part of the basis for analysing the role of support and advocacy.

A 'traditional' model of childhood described recently reflects pre-sociological approaches and some early sociological, anthropological and psychological approaches, in terms of a socially developing child (James et al, 1998). It looks, "not.....to what the child *naturally* is, so much as to what society *naturally* demands of the child" (James et al, 1998: 23, emphasis added). Here '*naturally*' conveys that one essentialist view replaces another.

The 'traditional' model, involving transmission of culture from one generation to another, is defined in terms of socialisation and how each child has to adapt to requirements of adult society or interacts with adult society as a transactional negotiation (James et al, 1998). It considers children only broadly under the sociology of the family; reflecting historical, psychological and sociological assumptions that treat dependency as natural (Hendrick, 1990), incorporating a caretaker thesis (Archard, 1993).

James and James map four recent sociological approaches to a **structural-agency dimension**, scaling across poles of '*voluntarism–determinism*, *agency–structure*', and '*different–identity*', and to a **subjective dimension**

across poles of *'particularism–universalism, local–global, and change–continuity'* (James and James, 2004). Each quadrant of the resulting table corresponds to a model for understanding childhood. While viewed as dichotomous themes, these resemble each other more than they differ, providing alternatives to the 'traditional model' (James et al, 1998).

The 'socially constructed' child is more or less structured, temporal, liable to change, local instead of global, and very particularistic (James et al, 1998). Providing a general, enduring category in any society; it is a universal and global conceptualisation, with a recognisable identity; and while variously presented, is not seen as historically invented. Models of the socially constructed child and the social structural child reflect a wider perspective, viewing childhood as structured social space (James and James, 2004).

In a more general discussion, James et al clearly relate childhood as structured space to parental concerns about risk.

Children are now more hemmed in by surveillance and social regulation than ever before. In the risk society.....parents increasingly identify the world outside the home as one from which they must be shielded and in relation to which they must devise strategies of risk reduction.

(James et al, 1998: 7)

The 'tribal' child could potentially be politicised but is to some degree self-defining in their own culture, particularistic and localised (James et al, 1998). The 'minority group' child, "is an embodiment of the empirical and politicised version of the 'social structural child'" (James et al, 1998: 210). It is timeless, and its experience is universal, if differentiated, with children exploited globally and their human rights limited. The tribal child and

minority group child each reflect a contrasting wider perspective of child viewed as social actor (James and James, 2004).

Parental risk concerns could surely also relate to the 'tribal child' and the 'minority group child'. That would imply vulnerability of some children to communitarian cultural pessimism (Beck, 1992).

The four models provide useful standpoints to address childhood at particular times and in defined situations (James and James, 2004), but there can be interplay among these (James et al, 1998). The socially constructed child, particularly, is a strong basis on which to address issues around universalist approaches to children's human rights, insofar as international agreements tend to reflect socially constructed ideas about 'the child', 'childhood' and 'children' (James and James, 2004).

Smith gives extended consideration to various standpoints on childhood in childhood studies, including James' and James' four models; and he finds that despite numerous organising concepts there is little justification for defining childhood as a unified entity (Smith, 2010). It is easier and more constructive to identify generalising features, some external and contingent like developmental pathways imposed by adults and some internal such as how children exercise agency in their social world.

For Smith, childhood is very real; but social construction impacts it a number of ways, giving weight to beliefs and ideologies over concrete, physical qualities of childhood; and tending to assume a persuasive, Gramscian hegemonic authority (Smith, 2010). "[S]ocial constructionism risks abandoning the embodied material child" (James et al, 1998: 28).

Risk theory is also a major feature of Smith's account (Smith, 2010). He notes, "a tendency to alternately conflate and distinguish sharply between children who are 'at risk' of harm and those who pose a risk to the community" (Smith, 2010: 21). The implication is that social construction and risk concerns, represented in popular stereotypes of vulnerable children and threatening youth over more than a century, need to be unpacked.

It can be concluded that,

Childhood as distinct from biological immaturity is neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies.

Childhood is a variable of social analysis. It can never be entirely divorced from other variables such as class, gender, or ethnicity. Comparative and cross-cultural analysis reveals a variety of childhoods rather than a single and universal phenomenon.

(Prout and James, 1990: 8)

Chapter 4 relates social construction to human rights. It looks at related issues, including universalization and children's capacity. It underlines that advocacy with substance misusing parents in the interests of children must involve constant reflection on childhood and on children's rights. It must consider how intervention by empowered (or re-empowered) adults might promote or suppress children's own participation in communicative action.

Social Construction of Womanhood and Motherhood

Work by radical feminists or socialist/radical feminists and others, some with post-modernist viewpoints, reveals features of social construction that particularly affect substance misusing mothers. It deconstructs the lives of substance misusing women, especially as mothers, and problematises

accepted views; which otherwise would tend to prejudice efforts at advocacy via mothers in children's interests. Though challenged by some feminists, social constructionism is embraced by many and partly incorporated by others (McLaughlin, 2003).

The post-modern social constructionist approach and the classical approach are often used together; but the post-modern recognises differences of class, gender, ethnicity and ability that provide contexts for routes of consumption, production and reproduction in which individuals occupy social spaces (Ettorre, 2004). Gender is a process, a part of interaction among all humans, shaping meanings of 'male', 'female', 'masculinity' and 'femininity'. Features of gender as institution constitute, "a stable form of structured inequality.....embedded in culture and as an institution" (Ettorre, 2004: 329). Post-modernists appreciate that women in particular experience a world in which roles as women and as mothers, in terms of which they are judged, are socially constructed (Lewis, 2002).

Without endorsing the extreme relativism of some post-modernism Beck-Gernsheim describes a historically and socially constructed view of women as carers in the 'post-modern family' (Beck-Gernsheim, 2001a). In institutionalised individualisation in late modernity, on-going changes with consequential tensions rebound on society as a whole. Efforts for personal independence in, "*what is considered a normal female biography,*" are both permitted and compelling (Beck-Gernsheim, 2001b: 58, original italic). The challenge is greater for substance misusing women, clearly illustrating how a social problem is constructed (Kroll and Taylor, 2003).

Social construction situates substance misusing women in particular social spaces; and their lives are seen to embody deviance, not normality (Ettore and Riska, 1995). However, illegal drugs can be significant to young women in various ways, with female teens using drugs more than male teens at first but males overtaking females in the mid-teens, and drug use increasingly mirroring gendered patterns of alcohol use (Measham, 2002).

Women's substance misuse falls within everyday cultural practices involving experience of pleasure, in broadened notions of leisure in Western performance culture. Women's substance misuse is part of, "gendering and sexing the body and.....the body as a site of criminalization and medicalisation" (Measham, 2002: 344). Women 'do gender' in various social settings at particular times, utilising drugs in differing ways, e.g., in communal settings, for sociability, to control weight, or to achieve drug induced states within their own boundaries.

The essentialist explanation that ties gender identity to biological sex has become less influential than Sigmund Freud's psychoanalytical model and Jacques Lacan's socio-historical and linguistic explanation (Morris, 1993). Lacan's theory is built on Saussure's view that language provides a signifying structure of differences that produces meaning, a repressive, patriarchal system of language. Thus for Lacan, "As women enter language, learn to name themselves, so they are put in their place within the social order of meaning" (Morris, 1993: 113).

Lacan's approach has been questioned by some feminists and used with reservation by others, but the importance of language in constructions of

womanhood is widely recognised (Morris, 1993). Language is clearly important in discourses based on semiological and structural analysis, specifically in the Althusserian view that ideology governs personal identity and social action, naturalising ways of thinking (Coppock et al, 1995).

Althusser describes the link between words and objects as arbitrary, but the network of signs that constitutes shared meaning fixes meaning; and that in turn influences experience of the world (McLaughlin, 2003). Derrida focuses on deconstructing systems of language, highlighting the importance of binary oppositions in constructing meaning. Social constructions often reflect binary thinking.

Gender as a stable form of structured inequality is a normalising and moralising system³⁵, hence it is a source of social control, which is embedded in culture (Ettorre, 2004). Gender intersects with a range of social divisions; and it is tied into drug using cultures, systems of treatment designed for men, and paternalistic epistemologies.

Substance misuse as 'embodied deviance' involves a number of features; involving self-control of the body, getting drugs, managing use, and maintaining presentation of self (Ettorre, 2004). It involves issues around reproduction, with women seen as "foetal containers" and drug using women as "lethal foetal containers" (Ettorre, 2004: 331), while men are gendered as having more agency than women and as regulating behaviour.

Motherhood was constructed only recently as a naturalised chain of events from conception onwards, and normalised through law, policy and psychology (Smart, 1996). Alternatives to penetrative sex declined as non-

penetrative heterosex and masturbation were discouraged and homosexual activity was pathologised and criminalised. Women's knowledge of early forms of contraception was suppressed and most became isolated from opportunities to share such knowledge. Industrial settings discouraged breast-feeding, which had previously delayed further pregnancy; and termination of pregnancy was criminalised from 1855. Thus conception and childbirth became an expected result of sexual activity. Motherhood became a rite of passage, women's chief vocation, equated with womanhood, and a 'normal', inevitable, hormone driven, maternal instinct that should not be denied (Coppock et al, 1995).

Legally only fatherhood was recognised until recently, leaving some children with no legal parentage (Smart, 1996). The relatively recent recognition of a social and legal institution of motherhood with comparable rights and duties to fatherhood was partly an outcome of 19th Century middle and upper class women whose struggles,

.....constructed an ideology of motherhood that rendered mothers as caring, vital, central actors in the domestic sphere, as well as persons with an identity and source of special knowledge that was essential to the good rearing of a child.

(Smart, 1996: 45)

Philanthropic organisations and emerging professions imposed standards of motherhood on working class women via health education, civil and criminal law, conditional Poor Law reliefs and medicalisation of birth and childcare. Motherhood was constructed as a natural, selfless and altruistic role in a context of heterosexual relationships based on women's capacity in general to bear children; equated with womanhood (Coppock et al, 1995).

Knowledge claims of scientists and other 'experts' that have done much to shape ideas prescriptively into 'normative' behaviour reflect understanding of only some aspects of motherhood, which have become privileged, serving the interests of patriarchy (Foucault, 1972; Nicholson, 1993). Mothering love became idealised within heterosexual marriage, and twentieth century media increasingly promoted 'correct' mothering practices (Smart, 1996). Single motherhood was considered selfish and irresponsible until well into the 20th century (Donzelot and Gordon, 2008). Motherhood became regarded as a cultural boundary between 'good' or 'bad' within what still tends to be a white, middle class, heterosexual standard (Baker and Carson, 1997) that privileges patriarchy and women's financial dependence on men (Silva, 1996b).

Feminists have sought to throw off these social constructions based on biological difference, deconstructing and re-constructing motherhood (Coppock et al, 1995). While liberal feminism has been critiqued for neglecting power; Marxist feminists emphasise class relations and class struggle; and radical feminists concentrate on various ways of freeing motherhood from patriarchy, including efforts to remove fertility and childbirth from male dominated medicine.

Feminist positions often inform one another. Differences in validity of feminist knowledge must be evaluated as with all knowledge (Holland and Ramazanoglu, 1994). "There is no such thing as 'raw' or authentic experience which is unmediated by interpretation" (Maynard and Purvis,

1994: 6). It is easy to forget women's agency and slip into misogyny or argue simplistically about sexism or false consciousness (Ruhl, 1999).

Reflexivity in feminist research raises issues of interpretation (Holland and Ramazanoglu, 1994; Maynard and Purvis, 1994). 'Subjugating knowledges', i.e., 'objective', often masculinist knowledge, may be privileged over women's accounts when choosing and interpreting women's own statements (Holland and Ramazanoglu, 1994). Those can reinforce preconceptions of responsibility and commitment of 'normal' and of substance misusing women to children.

Research and writing by professionals who the state expects to be instruments of moralisation and normalisation, whether or not they maintain feminist perspectives, sometimes reflect subjugating knowledges (Holland and Ramazanoglu, 1994). Reflexivity around subjugating knowledge is vital both in this research and in advocacy, especially when considering active advocacy³⁶. Chapter 5 addresses interpretation as a methodological concern that seeks to challenge social construction of motherhood.

The assumption that nurturing roles are natural only to women is challenged in feminist arguments that, in the absence of an innate capacity to do so, large numbers of women and men do well in parenting (Nicholson, 1993). Nonetheless mothers face admonition and blame and frequently experience guilt. Mother-blaming varies from attributing a source of psychological difficulties to particular mothers to portrayal in popular literature of "the cold, rejecting, neurotic or inadequate mother" (Nicholson, 1993: 203).

Blaming frequently affects discourses on substance misusing families (Klee, 2002a), with a strong focus on the adequacy of substance misusing mothers. The experience of substance misusing mothers is also affected by anticipated or real stigmatisation within services (Barnard, 2007). Support and advocacy with substance misusing women might be more helpful if it is genuinely reflexive about how those offering such help may be influenced by social construction. It will also be helpful if it challenges social construction as a source of judgement on womanhood and motherhood and helps women themselves to challenge its stigmatising impact on services.

Stigmatising Provision

Expectations influence women's decisions about seeking or accepting help and their experience of stigma in services they have contact with. Substance misuse is cited as a factor in child abuse or neglect that leads to public care (e.g., Forrester, 2000; Gorin, 2004), and substantial numbers of parents and children are affected (Audit Commission, 2004). A high proportion of substance misusing mothers are subject also to other factors (Humphreys et al, 2005), which often include domestic violence or mental illness of one or both parents (Kroll and Taylor, 2003).

Writing on families and substance misuse recognises those factors, but women with mental illness may still be publically stigmatised (Corrigan et al, 2009). Those subject to domestic violence may thus be seen by the public and by professionals as irresponsible, irrespective of obstacles to leaving a relationship (Wilson, 1998; Featherstone and Peckover, 2007).

Even for legal substances like alcohol, when use is deemed 'excessive', explanation in dominant discourses tends not to acknowledge it as seeking pleasure but rather as owing to 'slavery of the will', inability to see reality, boredom or other non-pleasurable reasons³⁷ (O'Malley and Valverde, 2004). Parents whose use of drugs is neither legally sanctioned nor socially approved are viewed more critically in society than those using drugs like tobacco despite evidence that tobacco contributes to numerous health problems (Philips and Lawton, 2004; Reid, 2005). Psychiatry classically focuses on disease models of substance misuse (Keene, 2010) using grand theories and narratives that stigmatise and marginalise users (Ettorre, 2004); and moral panics³⁸ are generated by media (Hughes et al, 2006). Rights are treated as dependent on cessation of substance use, and characteristically women users have even fewer rights, particularly when pregnant (Davenport-Hines, 2001).

While specifics of various national or federalised welfare systems are unique, international experience is cautionary and salutary. Genetic research, new screening techniques, actuarialism, and medical interest in monitoring and managing pregnancy tend to legitimate the idea of a foetus as having a separate existence and *in utero* vulnerability (Noble et al, 2000). Related discourse, which is uninformed by more cautious persons who are more knowledgeable about toxicology screening, favours holding women criminally accountable for endangering children in the womb.

A 'prudential' model favoured by middle class movements in the USA regards pregnancy as biological, under individual women's control

throughout and subject to accountability (Noble et al, 2000). It ignores the simultaneously willed and involuntary nature of pregnancy wherein a woman cannot control the entire process; and demands that women are continually vigilant.

.....lack of interest in the biography or motivation of the 'at risk' individual deflects attention away from the socio-economic underpinnings of risk and divorces misfortune from questions of social justice. This leads to the early modern risk strategies of coercion and punishment and the construction of new 'dangerous classes' requiring active surveillance and disciplining.

(Lupton, 1999: 101)

Though drug misusing women, more often subject to domestic and other abuse, might not experience sexual activity, much less conception, willingly (Fenaughty et al, 2001); they are held responsible even before conception.

In a world of individualised risk, if women interiorise even very mildly negative messages from staff in agencies and society in general about responsibilities of pregnant women, it seems even more likely women in pre-natal services will interiorise more judgemental messages.

Although both women and men who abuse drugs may be viewed as immoral, women are also perceived as sexually indiscrete and inadequate caregivers. Thus women who abuse drugs bear three stigmata....that become even more punitive when they abuse drugs during pregnancy.

(Carter, 2002: 301-2).

Insofar as condemnatory prudentialism (Walklate and Mythen, 2010) emphasising risk, personal responsibility and actuarialist³⁹ responses to non-compliance is promoted in the UK, antenatal care for substance misusing women could be undermined, though it has had little impact yet⁴⁰.

Partly from shared negative experience, women can be reluctant to approach health professionals and some report having experienced very condemning responses from health visitors (Klee, 2002a). By contrast, while social workers and drug workers in a Liverpool-based study tended to expect negative attitudes from health professionals, health workers seldom actually expressed judgemental attitudes (Bates et al, 1999). Health visitors and midwives in contact with pregnant substance misusers were reluctant to use safeguarding procedures. In another study, substance misusing mothers with greater levels of drug misuse preferred NHS to LA services for children or mental health (Redelinghuys and Dar, 2008).

A 'Lifetime Use History' was completed via the Birmingham Mother and Baby Team, a base for a range of services, with 24 out of 36 women who met study criteria (Best et al, 2009). Women tended to enter treatment for substance use younger than men but used substances over a longer period. They tended to use heroin less during pregnancy and reductions tended to be gradual through the antenatal period and beyond, with a comparable reduction in cocaine use and a more complicated picture of reduction in crack use. Almost two-thirds of women said that it was pregnancy that encouraged them to seek treatment.

Three Birmingham women expressed concern about involving services. Women tended to present late to antenatal services but benefitted from addiction support services even if still using substances. Fear of labelling, poor childcare facilities and stigma were barriers to engagement. With most

births case conferenced, the authors do not report whether children were removed, remained with mothers or entered kinship placements.

A qualitative study in Ireland for the Audit Commission included 20 women, some in treatment with their children, who again reported a fear that if they contacted services child protection services would be involved and children taken away (European Association for the Treatment of Addiction, 2004). Study recommendations included legal help regarding safeguarding issues and specialist family workers in Tier 2 and Tier 3 services. Pressure to abstain completely was seen as unrealistic for at least some, lower level stabilisation being better; and women wanted crèche facilities along with better publicity for services. Specialist services for families and children had insufficient capacity, and a man with children had found few services for men in his situation. Women favoured one-stop services, along with structured day services, outreach, advocacy and a choice of services.

The 2007 User Satisfaction Survey of Tier 4 Service Users in England (Abdulrahim et al, 2008) involving 1,047 persons, 28.8% women and 14% parents or other carers of children, found little difference in levels of satisfaction. Participants in general and women in particular tended to be positive about services in terms of treatment impact, respect and support; but respondents under age 25, especially those under age 20, reported less satisfaction. With women starting substance use earlier than men (European Monitoring Centre for Drugs and Drug Addiction, 2005), younger participants had lower satisfaction.

Criticism of UK women who use alcohol is unfair because of mixed messages on the threshold of 'safe' alcohol consumption during pregnancy that tend to rely on a poor evidence base (Raymond et al, 2009)⁴¹. The UK government advised from 1 to 2 units once or twice a week until 2007 and complete abstinence subsequently. Numbers of UK women of child-bearing age drinking more than 14 units of alcohol a week have increased recently so many fetuses are exposed to alcohol before pregnancy is confirmed.

A qualitative study explored attitudes to alcohol among 20 pregnant women educated to 'A' level or beyond, the majority university educated, whose capacities and contact with services might be expected to facilitate getting information (Raymond et al, 2009). They were drawn from Children's Centres and other settings not specific to substance misusing women.

None had been advised about alcohol by antenatal services, but some had searched out information. Levels of alcohol use tended to be quite low before pregnancy, but women's very uncertain views of safe consumption levels in pregnancy ranged from 0 to 4 glasses a day⁴². Some voluntarily chose abstinence, some found drinking small quantities personally beneficial during pregnancy, and generally women wanted better information for their decisions. Presumably women want to have sound advice in advance of pregnancy where practicable, and reliable information could encourage women to exercise agency.

The above shows clearly that socially constructed views impact on services, which often are not adapted to women's real needs. Poor experiences resulting from professionals embracing poor understanding or prejudicial

views are shared among women who already feel ambivalent about seeking help and anxious about their reception if they do. Better organised services, specific to substance misusing women could help to reassure women, and any advice needs to be evidence based and readily available. How substance misusing mothers feel about themselves should also be considered both in services generally and in support and advocacy.

Women's Own Discourses on Motherhood

As noted earlier, mothering love became idealised within heterosexual marriage; twentieth century media increasingly promoted 'correct' mothering practices (Smart, 1996); and motherhood became regarded as 'good' or 'bad' within a particular standard (Baker and Carson, 1997). The 'good' or 'bad' mother is sometimes explicit or implicit in the relatively few reports that present substance misusing or recovering mother's own accounts of how they view themselves as mothers.

Litzke's literature survey in the USA identified four studies that looked at substance misusing women's own views of motherhood, including her own research (Litzke, 2005). Only three studies viewed motherhood as separate and distinct from fatherhood and six looked at motherhood interpreted variously as; 'ideal ways of coping', 'failure to cope' or 'seeking parenting skills'. Attending to women's discourses might correct or modify views based on meta-narratives or on feminist deconstructions of those.

Adams et al describe how meta-narratives⁴³ that inform particular views about drug misuse frustrate agreement on a rounded view regarding responses to substance misuse (Adams et al, 2012). In a purely theoretical

discussion; '*realisation*' accounts for how individuals seek to "attain the full potential of what it means to be authentically human", often in 12-step approaches; and '*progress*' emphasises reason and careful observation to reach, "the ultimate goal of an organised, enlightened, and humane society" (Adams et al, 2012: 591), expressed in research driven harm reduction and harm minimisation. '*Emancipation*' assumes that humans make a slow, continuous effort toward living in free and independent societies, giving scope for empowerment and voice of substance misusers. Adams favours inter-narrative coalitions, integrating the best features of these meta-narratives to understand substance misusers and form agency responses.

Only by locating substance using mothers' own discourses on motherhood in greater numbers might it be resolved how far respective meta-narratives relate to experience of motherhood. Litzke interviewed seven women in recovery from substance misuse for her doctoral thesis (Litzke, 2005).

The goal was to understand how the mothers talked about their mothering practices with their own children, their identification as mothers, their connections with their children and how they internalized societal views of them as deviant.

(Litzke, 2008: 1)

Interviews with all seven related to the meta-narrative of 'realisation'.

In Scotland 70 recovering drug misusers were interviewed, 52% female, with researchers concluding that interviewee's narratives reflected characterisations of the recovery process as found in the addiction literature and accounts of recovery by researchers and substance misuse workers (McIntosh et al, 2006). Narratives were viewed as social constructions rather than being intrinsic to the nature of the recovery process.

Narratives reinterpreted user lifestyles, reconstructed a sense of self and constructed a non-user identity; and these themes often reflected interaction with substance misuse workers (McIntosh and McKeganey, 2000). How many volunteers and staff might themselves have been substance misusers is unstated, but commonly a significant proportion would be⁴⁴. Women's narratives showed concerns about children. The authors did not speculate about a meta-narrative of realisation, but what they described compares with Litzke's findings, and they conclude that building a personal narrative is important in the recovery process.

A study in the USA looked at the impact of an 'unfit mother'⁴⁵ label via focus groups with child welfare workers, substance treatment staff and substance misusing mothers, concluding that the label increased shame, guilt and resistance to treatment (Smith, 2006). A strengths and resilience model was recommended, particularly a 'rename, reframe and reclaim' approach based on a bio-psychosocial understanding of addiction (Van Wormer and Davis, 2002). The model is consistent with the 'realisation' narrative.

Social construction involving "normally invisible processes by which social categories become 'fact', 'knowledge' and 'truth'", can result in social phenomena becoming regarded as social problems involving *not just social interaction but also interpretation* of identities (D'Cruz, 2002: 1). D'Cruz notes a common requirement in UK, Australian and USA child welfare services that an identified person be deemed responsible for any maltreatment. Feminists conceptualise this in terms of 'patriarchal mothering', whereby often, in circumstances in which a woman herself is

being abused; she is deemed responsible for maltreatment as part of an 'identity pair' while a man remains invisible.

Aggregated data often describes perpetrators in terms of incidence, dispersion, behaviour, type of maltreatment, and features that include gender, social class, age, race, ethnicity, disability and sexuality (Finkelhor and Hashima, 2001; Pereda et al, 2009). Aggregated 'facts' put forward as 'knowledge' are represented as 'truth', assigning responsibility in terms of patriarchal mothering, shaped partly by women's social interaction and partly by interpretation. Women who experience domestic violence, engage in substance misuse, experience mental distress or face some combination might thus be flagged as posing increased risk of harm to children. They could be subject to surveillance and considered at least complicit in any harm identified. Such assumptions are likely to be internalised.

A Canadian study identified discourses of 25 substance misusing mothers asked to comment on scenarios corresponding to frames of 'rights', 'risks' and 'evidence' (Reid et al, 2008). Women's responses were grouped to reflect discourses of 'bad mother', 'good mother', 'thwarted mother' and 'addicted mother'. Women from varied circumstances talked around all the frames; and significantly, most discussion concerned evidence, especially around '*good mother*' and '*thwarted mother*' (Reid et al, 2008). Cornell has similarly described the 'splitting' of women into 'good girls' and 'bad girls' as a wider, fundamental feminist issue whereby some can 'pass',

.....as 'good girls', implicitly promising to remain a non-disruptive presence within the civilized order of 'man'.

(Cornell, 1995: 77).

A 'thwarted mother' discourse dominated. Researchers concluded that women retain anxiety indefinitely, always fearing that children might be removed. The 'addicted mother' discourse represented substance use as complex and laden with underlying issues. It identified a process of supporting changes in patterns of use by uncovering deeper, often historical experiences and showed a need for a balanced approach that addresses individual issues such as isolation of a young single woman with a baby. The 'bad mother' discourse reflected women's concerns about socially constructed views and media portrayals of substance misusing mothers.

Using participant observation in a residential treatment programme for women and children in the USA, Baker and Carson interviewed 17 self-selected women (Silva, 1996a). Narratives were themed by Baker and Carson as 'good' mother, which they regard as generally comparable to a 'typical' working class model derived from qualitative research, and 'bad' mother. Motherhood was a central part of substance-using mothers' lives. Some treated drug use or misuse itself as evidence of the 'good' mother, for example, when prescribed marijuana helped avoid premature labour⁴⁶ or controlled drug misuse or it kept individuals calm, physically well, able to cope with domestic violence or able to cope with child welfare agencies.

Caution is necessary in accepting researchers' claims to promote women's voice. A study in Finland identified 'responsible motherhood', when women gave accounts of spontaneously approaching child welfare services to give up children to be cared for (Virokannas, 2011). It identified 'bad motherhood' if children were compulsorily removed, 'strategic motherhood'

where women learned to cope, and 'stigmatised motherhood' when women faced stigmatising responses. Identifying 'good' motherhood as voluntary surrender of children by mothers in severe difficulty is enigmatic, at best.

Virokannas defines social construction, "of identity, as a *self-construction* created in situations of interaction and routines of daily life" (Virokannas, 2011: 331, emphasis added). Her apparently unquestioning acceptance of 'responsible motherhood' as presented is consistent with direct interpretation of women's statements; but 19 women involved were in active treatment and 6 others were having in-patient treatment; subject to a very strict, interventionist approach. Virokannas does critique social work responses, suggesting that they, "discard categorical thinking and imposition of negative values" (Virokannas, 2011: 342). Discussion is neither fully contextualised in terms of circumstances that might have shaped women's statements nor related to how Virokannas identified and minimised her own beliefs, attitudes and values.

A number of participants had been in care themselves as children, and some related strategies for dealing with social workers (Virokannas, 2011). Some described fighting back against what they regarded as social workers' stigmatising views. At least one had used "conforming and compliance" as strategies (Virokannas, 2011: 337). Mothers hoping to regain care of children sometimes used a strategy of accepting professional judgements of past or current behaviour. Statements might have reflected awareness of professional views and public condemnation instead of how they or drug misusing mothers generally might speak in less oppressive circumstances.

Much might thus depend on how researchers interview individuals or people in groups and on interviewees' circumstances. Considering how views of childhood, parenthood and motherhood are likely to have been affected by social construction, substance misusing mothers' discourses are understandable. Women's views are influenced in contact with agencies (Keene, 2010). For example, the DiClemente and Prochaska 'Stages of Change' model might have a negative impact insofar as it emphasises internal change over social relationships and social context in substance misuse, treatment and recovery⁴⁷ (Radcliffe, 2011). Radcliffe favours supporting women's efforts to negotiate an identity as a 'normal' mother, which is seen as a strategy mothers use partly to mobilise 'recovery capital'.

Thus only a study of women subject to a severe, interventionist approach found that women saw a 'good' mother as one who gives up a child without being asked. In other studies, women's discourses in varied situations portray concern for children, awareness of how mothers might be better or worse, and ways the system might change to facilitate 'good' mother and avoid generating 'thwarted' mother narratives. A number broadly reflect a meta-narrative of 'realisation' insofar as women's discourses show awareness that they can be better parents, ways to facilitate that and a vision of the future. However, a meta-narrative of 'emancipation' might better serve goals of empowerment and voice (Adams et al, 2012), and combining elements of all three narratives might better facilitate support and advocacy via parents in the interests of children's welfare.

A number of studies suggest that substance misusing women who might sometimes struggle to meet children's needs often think responsibly about parenting, have significant awareness, and show ability to reflect. Comparable responses in interviews in Liverpool with women involved in the relatively much more positive FaSST approach would be significant. A strengths-based model, using reflection on women's own discourses, might help develop personal narratives and enable women to address socially constructed views as well as issues of power to which discussion now turns.

Relations of Power

Relations of power are considered here in terms of functionalist, Habermasian, Foucauldian, traditional revolutionary, Gramscian, and Bourdieuan theory. A theme throughout is how or how far theories that encompass top-down power might nonetheless account for autonomy and emancipatory progress. These are augmented by accounts of power and empowerment highlighted by Thompson.

Parsons and other functionalist, positivist writers who inform understanding of how power operates in child protection tend to address but do not question specific uses of structural power (James et al, 1998; Trodd, 2011). Thus they do not explain how parents, grandparents and other family could resist rather than sustain power relationships.

Functionalist views, like some traditional revolutionary views, emphasise human behaviour as directed by structure rather more than by social action (Haralambos and Holborn, 1995). Effectively power is 'top-down', with little scope to exercise power via individual agency. That limits the explanatory

value of functionalist views for understanding agency in areas like child protection. Furthermore, coercion is frequently exercised in child protection, irrespective that some parents and other family may largely accept or tacitly comply with the legitimated regulatory framework (D'Cruz, 2002).

An emancipatory approach needs to simultaneously preserve autonomy and relations of power, which is attempted both in Habermasian and Foucauldian theories, albeit they have been contested over subjectivation (Allen, 2009). Allen identifies the ground that is disputed between them.

Both Habermas and Foucault offer a one-sided analysis of subjectivation; Habermas stresses communicative, rational, intersubjective aspects and Foucault emphasises its power-ladenness. In contrast to each of them I argue that subjectivation necessarily requires both communicative rationality and power relationships.

(Allen, 2009: 5)

There is only space here to consider first Habermas' and then Foucault's treatment of power before identifying other relevant theories.

Habermas looks at subjectivation in terms of socialisation. In a variation of Kohlberg's levels of moral development (Schuster and Ashburn, 1992), Habermas describes how humans develop cognitively in stages of ego development, reaching the post-conventional period at adolescence (Habermas, 1990b). Habermas regards that this can only occur in asymmetrical relations of authority between child and parent, termed 'authority-governed complementarity', internalised in part through repression and forming the basis of social control (Allen, 2008). Foucauldians have argued that this concept of the 'moralising of society'

by individuation through socialisation (Habermas, 1990c) leaves Habermas without a convincing path to autonomy (Allen, 2008).

Habermas theory to some extent addresses that objection. He regards that it must be possible to establish a moral theory on firm grounds that reconstruct the universal core of moral intuitions, a 'moral point of view', which becomes possible in the post-conventional stage of intellectual development (Habermas, 1990b). He describes a social world of legitimately ordered interactions in part relation along with the objective and subjective worlds, to the lifeworld. (Habermas, 1990c). There is a regulative class of speech acts that has a correspondence to the interactive, to justice and to a particular (i.e., characterisable or specific) attitude. He regards that speech acts cannot simultaneously have the intention of reaching agreement while manifestly exercising causal influence by gratification or threat but does not deny there is influence. That avoids fatalism and determinism, preserving at least some autonomy.

Habermas also describes a reflective relation-to-self whereby,

.....ego can take up a relation to himself by way of a critique of his own statement, his own action, or his own self-presentation.

(Habermas, 1987: 75)

This model of self-criticism can be employed by the ego to relate at any one time as an epistemic, practical or affective subject. The ego is able to learn and already knowledgeable; it is capable of acting with a formed character or superego with reference persons; and it has an exclusive and intuitive domain of subjectivity (Habermas, 1984). The post-conventional person is thus able to join in a discursive formation of moral norms in an

ideal communication community rather than give way uncritically to the dominating influence of subjectivation through socialisation (Habermas, 1990b). It is possible to deliberate and act.

Habermas relates psychic repressive force and normative exercise of power to distorted communication and institutionalised domination (McCarthy, 1978). He acknowledges that he has learned from Hegel's and Marx's concepts of power (Habermas, 1973), and he has long recognised social control exercised by the mass media (Habermas, 1971). These points inform his own and other accounts of relations of power.

Foucault regards that subjectivation results from disciplinary power and normalisation (Allen, 2009). Butler links a Foucauldian perspective on power to subjectivation; whereby people are made, "vulnerable to becoming psychically attached to subordinating modes of identity" (Allen, 2008: 119).

Foucault's views on power have been critiqued as tending to treat individuals as docile bodies, weak in dealing with issues of resistance, and as falling into neo-functionalism insofar as his early theory did not differentiate force from consent (McNay, 1994). However, his later work on governmentality and ethics of the self makes greater differentiation between relations of force and consent, identifying not only state violence but also actions of free individuals, who struggle against subjection (Foucault, 2004). In turn, Butler emphasises signification and re-signification, by which autonomy might be preserved from limits of subjectivation (Butler, 1995a).

Thus while people are subject to technologies of power from outside, they might also exercise power and maintain autonomy and freedom through technologies of self (Foucault, 1988). Foucault describes a “paradox of the relations of capacity and power” (Foucault, 1997b: 317), referring to technologies, disciplines, and normalisation as examples of power.

What is at stake, then, is this: how can the growth of capabilities be disconnected from the intensification of power relations?

(Foucault, 1997b: 317)

Foucault describes pastorship⁴⁸, for example, as exercised by the police, as individualising because its immediate object is the individual and totalising insofar as power is treated as a subjectivising force (Foucault, 2004).

However, while subjectivation helps maintain state domination,,

.....the replacement of the notion of docile bodies with a more active understanding of the subject renders the idea of resistance more plausible.

(McNay, 1994: 123).

Similarly, exercise of technologies of self is evident even in Virokannas’ study, insofar as substance misusing women spoke explicitly of using strategies and tactics in dealing with social workers in respect of children (Virokannas, 2011).

Althusser reveals why those caught up in institutional processes like child protection are particularly likely to need help to resist (Shirato and Yell, 2000). He describes a process of *interpolation*⁴⁹, whereby cultural institutions, like schools, religious groups and family, spread ideology and construct hegemony. It is a small jump, perhaps, to say that child protection policies constitute another institutional framework by which to spread

ideologies about family, patriarchy and care-taking and the hegemony of middle class professional groups.

As a political rationality, 'welfarism' was structured to encourage national growth and well-being through promotion of *social* responsibility and mutuality of *social* risk and premised on notions of *social* solidarity (Parton, 2000: 458). Rationalisation has made western societies increasingly more closely regulated, based on surveillance⁵⁰ via routine administrative welfare practices, health screening and monitoring (Foucault, 1977).

Public sector social work has a legalistic and surveillance role as well as a helping, therapeutic one (Trotter, 1999). Social workers often exert a subjectivising force with inherent purposes of normalisation and moralisation that will only be effective if they are interiorised to each parent's individual consciousness. UK social workers have thus been viewed as agents of social control (Davies, 1994).

Processes of rationalisation⁵¹ and normalisation gain particular significance as features of Foucauldian relations of power for those who may be seen as having a damaged identity. Normalisation has grown out of rationalisation as a, "sense of power being effective by exercising pressure on people to conform to social norms through *self-control*" (Rodger, 1996: 19).

All the agents of power are involved, including schools, Sure Start Centres, NHS and workplaces; with a Foucauldian normalising judgement accorded to various professionals and others (Foucault, 1977). Thus health visitors monitor and construct 'good' and 'bad' habits, tending to merge caring and

controlling functions, described by Abbott and Sapsford as 'policing the family' (Rodger, 1996; Peckover, 2002).

This is what Donzelot has in mind in referring to the Foucauldian notion of tutelage as 'preventive intervention' comprising various elements, including coercive intervention where moralisation and normalisation have not been effective (Parton, 2000). Donzelot refers to Foucault's concept of governmentality as denoting, "the 'conduct of conducts' of men and women, working through their autonomy rather than through coercion even of a subtle kind" (Donzelot and Gordon, 2008: 48).

Foucault regards, as noted before, that power does not flow only from top to bottom, being formed and exercised in myriad power relations at the micro-level of society (Humphries, 1994). That follows equally from the power experienced by child protection workers seeking to balance child protection concerns with partnership with families (Parton et al, 1997). They often rely as much on responses of parents and other family as on employing agencies, substantive legislation or courts. Advocacy might thus help families exercise power positively at the level of agency.

That does not preclude scope for exercising wider advocacy, such as systemic advocacy⁵² or cause advocacy to challenge hegemonic views at the macro level. In a Foucauldian perspective, power and empowerment link with notions of structure and agency that can inform and be informed by issue-based campaigns and research (Humphries, 1994). Protest and renewed social democracy between 1974 and 1979 involved issue based research, publishing and campaigns that were often based on, and drove,

both individual advocacy and test-case litigation (Hendrick, 1994; Brandon and Brandon, 2001). That clearly might be part of a wider strategy for a form of support and advocacy.

Traditional revolutionary perspectives suggest that power is possessed; repressive and flows from a centralised source from top to bottom (Humphries, 1994: 186). Marx and Engels saw power as concentrated among those holding economic control via ownership of the means of production (Haralambos and Holborn, 1995). They regarded exploitative use of power as coercion; with acceptance by the subject class of ruling class power amounting to a 'false consciousness' produced by a capitalist process of legitimisation.

Gramsci developed a helpful view within Western Marxism, in which power operates both bottom-up and top-down, which is not inconsistent with Foucault's later ideas on governmentality and ethics of the self. Gramsci separated 'private' or 'civil society' from the 'base' of 'economy' and allocated it with 'political society' or the 'state' or 'juridical government' as part of 'superstructure' (Kumar, 2006). Not only is civil society part of the state as a whole, it is part of a dialectic of coercion-consent (Davies, 2011).

On one hand, in Gramsci's notion of hegemony, power is exercised as direct domination through the State. On the other hand, his notion of hegemony is dependent on 'civil society'⁵³. It assumes that people concede power or control to a dominant group, which holds its position owing to historical prestige when others are convinced that their interests are best

served by the dominant group being in power or that it is 'naturally' superior (Gramsci, 1971; Bellamy, 1994).

Historically the dominant group has prestige because of its position and function in the world of production, and intellectuals act as its functionaries (Gramsci, 1971). Ideology is produced by cultural institutions, some more powerful than others; naturalising meanings and hence hegemony; and the state apparatus enforces discipline in groups that do not actively or passively consent. Nonetheless, the power of the state itself must be understood as "force plus consent" (Sassoon, 2006: 265).

Volosinov suggests that ideology is produced concurrently with signs within cultures⁵⁴ and he describes a connection between ideology and language (Shirato and Yell, 2000). That connection is important to analysing advocacy in this thesis, which is closely concerned with resistance to state efforts to control the private in settings where language is a central feature.

The 'legitimate' focus of child protection has tended to be particular working class women, children and families, who once having been identified via safeguarding procedures, are assigned a damaged identity (Rodger, 1996). Furthermore, the habitus of those concerned may predispose at least partly to accepting that identity, even if it feels unfair in their situation; or it may underlie an emotional response that is self-defeating. Advocacy might thus need to highlight where the system is unfair to expose false consciousness⁵⁵, and to overcome, "the opacity and inertia that stem from the embedding of social structures in bodies" (Bourdieu, 2001: 40).

Parents might then be enabled to make pragmatic responses in the interests of children's welfare.

Bourdieu's view of power relations reflects how cultural capital, symbolic capital, inculcated dispositions and habitus operate within particular fields and in settings in which individuals are positioned in social space (Bourdieu, 1991; Bourdieu, 2010). The impact of many parents' relative lack of social capital⁵⁶ and linguistic habitus compounds the power imbalance among parents, professionals, agencies and courts in child protection investigations and processes (Prosser, 1995). Bourdieu's concepts are developed further in chapters 4, 6, 7 and 8 to address circumstances of substance misusing parents drawn into children's safeguarding that involve inter-professional practice in case conferences, courts and similar settings.

Thompson PCS model explains how power manifests in discrimination at personal, cultural and structural levels (Thompson, 1998). The personal involves the individual level of thoughts, feelings and actions; the cultural relates to patterns across social groups; and the structural encompasses wider social, political and economic factors (Thompson, 1997). While useful for examining discrimination, these levels are insufficient for fully understanding wider possibilities for empowerment and emancipation,

Lukes' three-dimensional view of power⁵⁷ considers decisions where there is conflict, agendas setting for decision-making, and the social context of domination; "where all – dominant and dominated alike – are subject to the same power relations and moral responsibility" (Dowding, 2006: 136).

Four species of power operate in Lukes' three dimensional model and fit a

dispositional model, helping reveal where empowerment and emancipatory action may be possible (Thompson, 2010)⁵⁸. Disposition in the sense referred to here is, “a capability we have”, which can be used to conceptualise power (Thompson, 2007: 8).

Dispositions are properties that refer to types of causal relations that specify how a system will behave in certain relations.

(Vanderbeeken and Weber, 2002: 43).

The four species of power involve ‘power to’ (outcome power) and ‘power with’ (collective power), ‘power over’ (social power) and ‘power from within’ (personal, inner resources). They might be relevant to a number of the interview responses addressed in chapters 6 and 7, if so, helping identify scope for advocacy leading to empowerment and emancipatory action.

Empowerment takes place within one or more of four spheres or domains; personal/individual, family/group/team, organisation and community (Thompson, 2007). Any or all might be significant in parent’s interview responses, cutting across the PCS model and four species of dispositional power.

A recovery model incorporating the idea of agency and ‘working with’ (Thompson, 2010) first emerged via a service user perspective for a civil rights agenda (Paylor et al, 2012). It clearly goes beyond integration as,

.....the emergence of the individual as holding personal agency, and presents an alternative from which to articulate experiences of ‘recovery’ *in* drug misuse as opposed to ‘recovery’ *from* drug use; to talk of processes in ‘recovery’ (as opposed to outcomes) and to engage the politics of drug treatment provision.

(Paylor et al, 2012: 83)

Recovery in this sense might be seen in some responses, and to that extent it would provide one more way to identify scope for active advocacy and wider empowerment.

This view of recovery is also seen in mental health, where Webber warns that a recovery agenda geared to making people less dependent on services might deny continuing needs (Webber, 2011). However, Prior argues for a right to refuse or to accept services (Prior, 1999); and others suggest that professionals 'give' mental health service users a voice to argue for continued, appropriate facilities (Nathan and Webber, 2010).

In fact, all service users should be enabled, more precisely, to 'come to voice' (Boylan and Dalrymple, 2009). Parental substance misusers might likewise come to voice regarding social construction (Parton, 2006), juridification of the life-world of families (Habermas, 1987) and rights to continued, appropriate services.

Chapter Summary and Next Chapter

Understanding the social construction of childhood is vital to ensure that support via parents in the interests of children does not lose sight of its ultimate goal of children's welfare. Universalist children's rights approaches must be addressed critically to avoid reproducing homogeneous images of childhood, a caretaker thesis and hegemonic authority. The impact of risk theory has also to be considered in making the case for advocacy.

Social constructions of womanhood and motherhood must be understood to support substance misusing mothers in dealing with unrealistic expectations

of motherhood and the stereotyping, stigma and fear of losing children; which follow from demands for conformity with idealised motherhood. Understanding and reflecting on meta-narratives as they relate to women substance misusers' is essential, including their own discourses as mothers in treatment and in recovery. Relations of power in child protection underscore complexities in enabling women to exercise agency and to be empowered and in how advocacy in behalf of or by women themselves might challenge at the macro level.

Chapter 3 examines and analyses the development of concepts and services for child protection and children's safeguarding. These are related further to Beck's discourse on risk and lifeworld, particularly in relation to substance misusing parents. Ideas on network governance and governance theory are developed further in terms of Third Way modernisation, the current transformation agenda and Davies' critique of network governance. The impact of Information Communications Technology (ICT) is examined as it affects children's safeguarding and child protection but it is also addressed as potentially a countervailing tool in support and advocacy.

Chapter 3:

Child Welfare, Actuarialism and Governance

Chapter 2 outlined how socially constructed views in public and professional domains contribute to substance misusing parents' anxiety about becoming known to agencies. Concerns felt by substance misusing parents about approaching agencies for help arise from the impact of social construction in a context of increased risk or uncertainty in child welfare. Clearly, being conscious of risk to themselves or to children might underlie any ambivalence about seeking help.

Parents have more reason for anxiety in a regulatory state driven procedurally toward intrusion and intervention in family life and reliance on actuarial risk assessment by a risk orientation. This chapter explains changes in governance in terms of managerialism, actuarial assessment, surveillance and regulatory frameworks that put pressure on agencies and professionals and might compound parents' anxieties.

UK Concerns about Children's Welfare

The Monkton Inquiry Report into the death of Denis O'Neill⁵⁹, The Care of Children Committee Report (Curtis Report) into child care, and the poor state of children evacuated from urban centres highlighted children's suffering in the 1940s (Butler and Drakeford, 2005). The Children Act 1948 (CA 1948) and Children's Departments reflected wider, "growth and rationalisation of social interventions associated with establishment of welfarism" (Parton et al, 1997: 20). The welfare state's capacity to protect

people from definable risks like obvious neglect, abandonment or illness gave the CA 1948 legitimacy (Denney, 2005).

The CA 1948 established “rights of support and security, of health and happiness, and of development and fulfilment” (Pinchbeck and Hewitt, 1973: 545). Apparently *benign*,⁶⁰ maternalistic⁶¹ casework with clients viewed as similar to their *helpers* (Parton et al, 1997) characterised the new institutional framework, but childcare would from the 1970s become more interventionist and less trusted.

New professions utilising scientific knowledge progressively engaged in production of welfare (Pinker, 1995); while Children’s Department staff increasingly trained in social work (Younghusband, 1978). Services promoted social responsibility and mutuality of social risk based on social solidarity, combining state financial power, bureaucratic capacity and planning functions (Parton et al, 1997); without fully addressing inequalities affecting women, black and ethnic minorities or disabled persons (Ferge, 2006).

The Children’s Department was responsible for children; whether received into care, compulsorily institutionalised under earlier legislation, or privately fostered. Child protection primarily affected private fostering (Younghusband, 1978); and overworked staff in fragmented services felt powerless to act, lacking consensus on when to intervene even after the Children and Young Persons (Amendment) Act 1952, which required investigation where neglect was alleged.

The Children Act 1963 legally sanctioned preventative work including assistance in kind⁶² or in cash; created a duty to “advise, guide and assist”; and advice centres to encourage parents to seek help (Younghusband, 1978). It also extended grounds to remove parental rights once children entered care, but, a wider issue was emerging,

Long dormant child abuse concerns had re-emerged when radiological research in the USA identified an association⁶³ between skeletal lesions and parental mistreatment (Behlmer, 1982)⁶⁴. By 1962, Kempe and colleagues described a model of ‘battered child syndrome’ (Radbill, 1974), described by Griffiths and Moynihan in terms of the ‘battered baby’ in a 1963 UK publication (Jones et al, 1987). An editorial in the journal that carried Kempe’s article “The Battered Child Syndrome” commented that,

It is likely that the battered child syndrome will be found to be a more frequent cause of death than such well recognized and more thoroughly studied diseases as leukaemia, cystic fibrosis, and muscular dystrophy and it may well rank with automobile accidents and the toxic and infectious encephalides as causes of acquired disturbances in the central nervous system.

(Editor, 1962: 42)

This disease or health model⁶⁵ (Parton, 1985) compared with 19th century public health discourse on communicable diseases⁶⁶ (Parton et al, 1997). A wider harm paradigm⁶⁷ may have been more apt (Parton et al, 1997).

Establishment of Social Services Departments⁶⁸ from 1974 was, “the high point of.....optimistic growth and institutionalisation of social work in the context of welfarism” (Parton et al, 1997: 21). Social work practice readily embraced sociological and psychological approaches.

Meanwhile the disease model in the 1970s and 1980s re-emphasised the body's importance, in both physical and sexual senses, over the mind (Hendrick, 1994), reflecting a mind-body dualism (Helman, 1994),

The *political* meaning invested in *abused* children was one of the principle reasons why the 1970s and 1980s saw a shift back to a relatively straightforward interest in bodies as opposed either to minds or the mind-body unity.

(Hendrick, 1994: 7)

DHSS memoranda described child abuse as a 'clinical condition', detailing "incidence, aetiology, clinical picture and management" (Parton et al, 1997: 24). As a "medical reality", official guidance encouraged diagnosis, treatment and prevention when particular instances were "discovered" (Parton et al, 1997: 23). Growth of individualised, therapeutic responses to social problems, medicalisation of child abuse and steady therapeutic inflation shifted thresholds of 'normality'. Once enough was known 'child battering' would be controlled or eradicated (Parton et al, 1997).

Maria Colwell's death⁶⁹ ignited moral panic. A post-Inquiry memorandum in 1974 required case conferences, Area Review Committees and Registers to manage child abuse (Parton et al, 1997). 'Risk' entered official child abuse discourse, and immediate hospital admission was deemed essential on initial discovery of signs of abuse. The *battered baby* was seen as the focus, with social workers expected to find *signs* of abuse.

Children Act 1975 provisions were less sympathetic to 'natural' family (Hendrick, 1994). Doctors, hospital social workers and Social Services Departments, became the "locus of power and conduits of decision-making"

(Parton et al, 1997: 25). Social workers operated in a legislative and case law context; and though secondary, courts gave a mandate.

Lack of definition facilitated 'diagnostic inflation',⁷⁰ which affected research in the 1960s, 1970s and beyond (Parton et al, 1997). Research, "used variable and often vague definitions of abuse," and "rarely used any matched control groups" (Parton et al, 1997: 51). Consequently "findings have proved inconsistent and often contradictory" (Parton et al, 1997: 52).

Competing factors defined the ground of child abuse (Forder, 1974; Parton et al, 1997). Forms of democratic welfare governance were being eroded in many OECD countries by the late 1970s (Jarvis, 2009). Both New Right and New Left UK politicians were critical of professional power (Beresford, 2000). The women's movement recognised family violence, highlighted sexual abuse and questioned the 'blood-tie'. A movement grew for children's 'rights', separate from other family members' 'rights'. The Children's Legal Centre, Justice for Children, Family Rights Group (FRG) and Parents Against Injustice (PAIN) emerged (Parton et al, 1997); and more than 30 inquiries critiqued work at inter-agency, agency and case level leading into the mid-1980s (Parton et al, 1997).

Publicity from inquiries and various campaigns will have raised substance misusing parents' anxieties about LA involvement as it did with other parents. Meantime, a 1968 publication projected a problem for children of 1960s parentage in the USA (Weston, 1968), and research followed there in the 1970s (Black and Mayer, 1980). Early UK 'child abuse' literature remained silent on the issue (Carter, 1974; Department of Health, 1975);

but drug misuse gained UK attention in the 1980s (Jones et al, 1987) with the major increase in opiate addictions (Gossop, 2007).

A 1980 DHSS circular (Department of Health and Social Security, 1980) sought to broaden and refine the Register system and officially defined '*child abuse*'. With faith in existing solutions waning (Parton et al, 1997), medical examination combined with social assessment in child abuse 'diagnoses'; and risk assessment was increasingly focused on more serious risks, rationing services and managing accountability (Kemshall et al, 1997).

The 1985 Jasmine Beckford Report⁷¹ criticised social workers' non-use of 'predictive' research (Parton et al, 1997). LA legal departments, police and the Crown Prosecution Service were accorded stronger influence on decision-making. Social workers used statutory authority more readily to intervene; while lawyers and courts evaluated intervention.

The Cleveland Inquiry was the first to consider sexual abuse⁷²; and doctors' use of 'medical science'⁷³ was criticised (Parton et al, 1997). The Cleveland Report (Butler-Sloss, 1988) commented on massive 'diagnostic inflation' that incorporated far more signs, behaviours and contexts than Kempe et al had identified in 1962. It challenged the medico-social approach to child abuse (Parton et al, 1997), questioning sexual abuse statistics since claims varied enormously with definitions used (Butler-Sloss, 1988). Child protection was balanced with safeguarding, "the privacy of the family and the rights and responsibilities of parents" (Parton et al, 1997: 29).

Cleveland elevated the courts' importance and shifted focus from child abuse to child protection; as *identifying child abuse* gave way to fine tuning

systems of child protection (Parton et al, 1997). Alongside draft *Working Together* guidance, it sought to *prevent child abuse* without clinically defining it; balancing child protection with rights and interests of parents, hence with the privacy and sanctity of families (Department of Health and Social Security, 1986; Parton, 1997).

Final *Working Together* guidance for all agencies dealing with child protection in England (*Department of Health and Social Security, 1988*) mentioned child abuse twice, in semi-quotes, within a legalistic discourse (Parton et al, 1997). There was no suggestion “that child abuse might be identified by physical signs on the child’s body” (Parton et al, 1997: 34). Case conferences, Registers and Area Review Committees would manage ‘child protection’ (Parton et al, 1997).

The Children Act 1989 (CA 1989) strengthened the welfare principle and widened the concept of family (Brayne and Carr, 2010). It established a concept of parental responsibility that neither gave *a priori* rights nor was necessarily exclusive to one person (Brayne and Carr, 2010), and it encouraged partnership among agencies and anyone with parental responsibility (Jordan, 2001).

The CA 1989 altered risk criteria, making ‘high risk’ central (Parton et al, 1997). Criteria for investigation, emergency protection orders, supervision orders and care orders became, “that the child concerned is suffering, or is likely to suffer significant harm” (e. g., in s.31(2)(a), CA 1989). Bifurcating risk, the Act favoured reduced intervention for ‘low risk’ and stronger

intervention⁷⁴ for 'high risk' (Parton et al, 1997). The word 'investigate' annotated to s.47, CA 1989 emphasised legal and judicial decision-making.

Protecting Children: A Guide for Social Workers Carrying Out a Comprehensive Assessment (Department of Health, 1988), set out a social assessment requiring social workers to consider if the family was safe for the child, could be made safe, or was so dangerous that alternatives were needed (Parton et al, 1997). Social workers as case managers would not provide counselling or therapeutic work (Parton et al, 1997).

Public confidence would be served by limiting agencies to protecting children from significant harm, "based on a careful and thorough analysis of current risk" (Home Office et al, 1991: para. 664). However, it was by no means clear after numerous inquiries and media reports over decades that the public in general or substance misusing parents in particular, were reassured or ever would easily engage with social workers.

Research into children's placements meanwhile showed that parents' participation in decision-making enhances children's welfare, irrespective of whether children might return, bolstering arguments for partnership (Aldgate, 2001). Support is important to those who, like many substance misusing parents, are separated from children but anxious about involvement in decision-making.

Working Together (Home Office et al, 1991) stressed partnership with families, the legal framework and protecting 'at risk' children (Parton et al, 1997). It dropped the category 'high risk' from child protection registers, implying that 'high risk' was the signifier⁷⁵ for all categories of registerable

child abuse (Parton et al, 1997). Local government was anyway funded only sufficiently to protect the most vulnerable children after 1991.

Preventative work was barely funded. In 1997, Parton et al concluded that,

What is considered child abuse for the purposes of child protection policy and practice is much better characterised as a product of social negotiation between different values and beliefs, different social norms and professional knowledges and perspectives about children, child development and parenting. Far from being a medico-social reality, it is a phenomenon where moral reasoning and moral judgements are central.

(Parton et al, 1997: 67)

Such 'social negotiation' prejudices parental involvement, often negatively labelled as 'abusive' or 'neglectful'. Family support might help parents understand children's developmental needs or attain parenting skills; but advocacy could be needed for children 'in need' to be offered such help before reaching a tertiary rather than a secondary stage⁷⁶.

Other guidance raised "the threshold for identifying what constitutes significant harm", described as "the ratchet of legalism" (Parton et al, 1997: 40). Local Safeguarding Children Boards now incorporated substance misusing parents at higher levels of their published guidance on the threshold criteria for child protection (e.g., Liverpool Safeguarding Children Board, 2007). Henceforth, where a substance misusing parent might not conform to expectations, they could immediately face re- assessment.

An initially and apparently benign statistical risk concept associated with "hazards, dangers, exposure, harm and loss" (Parton, 2001: 62)⁷⁷; ensured defensible decision-making, forensically denoting subjective responsibility

for consequences of actions (Parton, 2001). Workers were expected to estimate what was *likely*, again prioritising *high risk* (Parton, 2001).

Working Together and the *Framework for Assessment* each identify equal opportunity as vital, embracing cultural and ethnic factors and envisaging sensitive and inclusive practice (Dutt, 2001). Affected persons, including substance misusing parents, experience layers of stigma; but there was no recommendation for advocates from black or ethnic communities despite the Family Rights Group's Black and Ethnic Minority Advice Agencies Project research (Family Rights Group, 2001).

The *Framework of Assessment* (Department of Health, 2000b) reflects implications of *Quality Protects*⁷⁸ (Department for Health, 1999), noting that, "Use of mediation may be helpful in assisting professionals and families to work together" (Department of Health, 2000b: 13). It does not identify strengths models of family work⁷⁹, which would reflect feminist or black perspectives, though it does admonish workers to build on strengths and "adopt a 'rule of optimism'"⁸⁰ (Department of Health, 2000b: 14).

After *The Victoria Climbié Report* (Laming, 2003), *Every Child Matters* (Treasury, 2003), emphasised prevention even more. Laming identified failures attributed to Victoria being treated as a 'child in need' rather than an 'abused child', implying that earlier, more strenuous intervention might avoid failures. Stress on positive prevention and early intervention displaced protection on the policy agenda, conceptualised as 'safeguarding', thus creating, "the Preventive State" (Parton, 2006: 6).

Post-Climbié surveillance of parents and children and state intervention in parenting increased (Frost and Parton, 2009). The response to Peter Connolly's death in 2008 focused discussion back on protection. Soon after the Serious Case Inquiry concluded, Safeguarding Children Boards were reminded of their brief to protect children.

Problematics of Defining Risk of Harm

Promises by scientists, various enterprises and governments to ensure security for populations are ironic⁸¹ (Beck, 2008). As those who make decisions wield power, define risk for others and minimise risk for themselves⁸², failures further undermine our trust in all experts (Arnoldi, 2009). Insofar as findings of riskiness may be highly prejudicial and at the same time unsafe, interest has grown in the challenges of accuracy, ethics, privacy and data protection (Rafferty and Steyaert, 2009). Glastonbury and Lamendola have called for a 'Bill of Rights for the Information Age' to protect individuals and families (Rafferty, 1997).

Not surprisingly, a public that has had inflated views of social workers' ability to identify risk of significant harm to children has become anxious when they have not done so, irrespective that identifying risk prospectively is extremely inexact (Parton, 2006). Critical discourse on actuarial risk assessment has grown recently.

Even knowing which parents are more likely to maltreat children, or the likely victims; the "why, when, how often and with what degree of certainty" remain unclear (Parton et al, 1997: 55). Characteristics associated with physical abuse and neglect differ from those associated with sexual abuse,

e.g., social class differences being evident in physical abuse and neglect but not sexual abuse (Parton et al, 1997).

Structural inequality complicates family work, particularly affecting women. Women's family roles remain dependent on social processes and structures, and relations of unwaged domestic responsibility and waged work are reversed in the double burden carried by women (Jackson, 1997). However, new reproductive technologies re-emphasise traditional motherhood and femininity, a mixed blessing for the non-conforming (Hanmer, 1997), with equivocal effects (Beck-Gernsheim, 2001b).

Institutional and other forms of racism also layer with sexism, familism and other factors, particularly impacting on black and ethnic children and families; and professionals struggle to respond appropriately to concerns about them (Laming, 2003). Difference, e.g., in 'race', religion or heritage may be pathologised, insofar as people present in unfamiliar ways to professionals educated within regimes of truth that reflect white, Christian Euro-centric experience (Abney, 1996; Skellington, 1996). Singh and Pradeep confirm how drug misuse services pathologise UK Asian communities (Singh and Passi, 1997).

Myths persist from a poor research base in much child protection work (Lorandos and Campbell, 1995). That has been evident in debates about ritual abuse (Scott, 2001), fabricated illness⁸³ (Meadow, 1977; Coghlan, 2005) and shaken baby syndrome⁸⁴ (Dent, 2004), associated with 'definitional fallacy' (Dingwall, 1989).

'Definitional fallacy' often reflects 'statistical fallacy, which relates to validity, in which sensitivity and specificity of measurements operate inversely (Dingwall, 1989). It featured in Browne's study of health visitor assessments that followed 14,252 births, identifying 964 'high risk' cases for child abuse based on a checklist, with only 72 manifesting abuse within 5 years, a third of them rated low risk (Parton et al, 1997). Definitional fallacy leads to damaging intervention, the system itself causing distress.

At best, high levels of 'false positives' and 'false negatives' bring into question the efficacy of actuarial methods; raising ethical as well as methodological concerns (Taylor, 2008). Particularly insofar as the circumstances in which adverse events occur differ from instance to instance, the less often an event occurs the more difficult it is to predict, (Munro, 2004b). Insofar as the public is becoming generally less tolerant of 'false positives' and 'false negatives' (Arnoldi, 2009), public trust of professional decision-making in children's safeguarding must be affected.

Weak definition leads to 'diagnostic inflation', a fallacy that affects efforts to identify 'predictive' factors (Parton et al, 1997). Diagnostic inflation does not go away with probabilistic risk assessment, resonating with McKnight's argument that society increasingly views commonly occurring events as evidence of something to be treated (McKnight, 1980)⁸⁵. Therapeutic responses thus threaten to displace existing social responses to life events; and in child protection provide a pretext for juridification to penetrate lifeworld (Habermas, 1987).

Research still searches for risk factors; and interactive models have moved beyond purely individualistic factors and characteristics, viewing child abuse in family, community and societal contexts (Parton et al, 1997).

Interactive models generally build on a probabilistic⁸⁶ risk assessment process, assuming that child abuse occurs when multiple risk factors outweigh protective compensatory factors - some of which may be enduring and others transient.

(Parton et al, 1997: 55)

Especially in these wider contexts, perhaps more than ever, “.....much of our experience is better characterized as uncertainty” (Parton, 1998: 23).

Myths regarding dangers from parental drug misuse to children operate diachronically⁸⁷. Efforts to identify ‘predictive factors’ regularly implicate drug or alcohol misuse despite questions about evidence (National Clearing House on Child Abuse and Neglect Information, 2004). Longer term effects of crack cocaine on babies, for example, are now thought to be far less serious than previously (Brown, 2001). Substance misusing mothers are nonetheless liable to be considered especially deviant, pathologised and subject to social work attention (Bates et al, 1999).

Even evidence of progress in UK social work’s response to abuse has been challenged. Pritchard has sought to answer criticism, highlighting a 61% improvement in homicide figures for infants in England and Wales between 1973 and 1988 and comparable progress in Scotland (Pritchard, 1992). However, Creighton suggests the apparent reduction is an artefact of differential recording of causes of death (Creighton, 1993; Creighton, 2001).

Pritchard still contends that social workers have done well (Pritchard, 1993). His more recent paper using World Health Organisation data compared 'child-abuse-related deaths' in England and Wales with totals in other major developed countries (Pritchard and Williams, 2009). Deaths appear much reduced, consistent with relatively good progress; but lack of shared definition affects international comparisons. Pritchard's statistics do not address harm that looked after children might be suffering or be likely to suffer; and they are hardly proof of concept for actuarial risk assessment.

Governmentality and Regulatory Frameworks

'Reflexive modernity' largely coincides with efforts to define child abuse. Risk problematics have meantime become entrenched in changes to governmentality via a growing regulatory framework that has concurrently introduced other dangers for families (Parton, 2006).

Various authors have considered the regulatory child welfare framework (Garland and Sparks, 2000; Kemshall, 2002; Daly, 2003; Humphrey, 2003), critically analysing it in relation to children's safeguarding (Fox-Harding, 1996; Parton et al, 1997; King, 1999; Corby, 2002; Jones, 2002). Administrative, medical and judicial control have, successively, dominated child protection decision making (Behlmer, 1982).

Jessop provides a regulationist analysis of three broad trends in the organisation of state institutions (Jessop, 1997). First, denationalisation of the state organises functions at trans-local, subnational, national, and supranational levels. Second, destatisation of politics relies considerably on other agencies, though meta-governance preserves considerable state

control. Third, internationalisation of policy regimes means the national economy may be less important than international competitiveness.

New Labour's regulatory reform of public welfare is illustrative. It distanced government from responsibility via subsidiarity⁸⁸, and centralised control of services (Humphrey, 2003). Implemented alongside voluntary, partial incorporation into UK legislation of the European Convention on Human Rights, it shaped welfare objectives to suit international competitiveness. Education and child welfare services became more diverse yet more closely regulated, treating children as the nation's future and preparing even the youngest for employment and citizenship (Williams, 2005).

Regulatory reform utilised network governance⁸⁹. For Giddens, "networks are comprised of autotelic⁹⁰ personalities or empowered individuals" (Davies, 2011: 70). That is consistent with his concept of late modernity, Beck's new modernity and New Labour's approach to governmentality, which emphasise individualisation whereby people are, "authors of their personal biographies for the first time" (Davies, 2011: 48)⁹¹.

Foucault describes governmentality as production of "informal rules for the 'conduct of conduct'", whereby networks are a medium by which social control traps the individual (Davies, 2011: 70). However, Foucauldian accounts cite bio-power rather than legal institutions as the main instrument of governance. Bio-power exists insofar as people conform within a world of constantly shifting force relations, coming from all sections in society (Jessop, 2007). Government can be understood as the, "strategic codification of power relations" (Jessop, 2007: 39).

With behaviour affected by social hegemonies and hegemonic effects, state sovereignty embodied in law and government institutions is exercised only when conformity breaks down. Thus, “actors are complicit in their own subjection to rules, norms and practices” (Davies, 2011: 70); manifested in neo-liberal government by regulation, layers of government, creation of numerous quangos and target/choice driven policies.

Governmentalism relies heavily on technology, which is not necessarily objective, empowering or democratic (Feenberg, 1991; Sassen, 2006). Technology is socially relative, affected by particular interests and ideologies, and biased; and it extends control over entire societies in capitalist and socialist systems alike as technology and management reach all sectors of social life (Feenberg, 1991). It is desirable that technology itself be democratised. “[D]emocratic transformation from below can shorten feedback loops from damaged human lives and nature and guide a radical reform” (Feenberg, 1991: 49).

Using technologies, the state increasingly intrudes in and seeks to influence majority family life (Parton, 2009b), which largely conforms to social hegemonies. Parental substance misusers are likely to be located differently in relation to others in society, and particularly if they are considered unconfoming, direct intervention in their families is more likely.

The regulatory approach reaches beyond children’s services. Parental substance misusers are ambivalent about contact with agencies; and drug agency workers are uncertain about referral to child welfare services in case parents disengage from services vital to themselves and their children

(Bates et al, 1999). Substance misuse agencies have an indirect regulatory role affecting children's welfare through children's safeguarding protocols, involvement in work with drug misusers subject to Drug Rehabilitation Requirements and with those who experience mental distress⁹².

Child protection discourse encompasses a *family support* position that favours material and social support, a *laissez faire* position that is interventionist only if unavoidable, a *children's rights* position that prioritises interests of children, and a *protectionist* position that favours prompt intervention (Fox-Harding, 1989). Regulatory reform and actuarial treatment of risk encourage defensive, protectionist social work in children's safeguarding (Parton, 2006). The pre-emptive approach associated with the protectionist position can be prejudicial to parents and children.

Regulation thus introduces value conflict and displaces efforts to provide quality services (Humphrey, 2003). Similar issues apply to organisational responses to risk occurrences (Kemshall et al, 1997); a tendency to approach risk actuarially in social policy (Kemshall, 2002); and the impact of performance indicators and measurement on, "individual autonomy, discretion and innovation" (Tilbury, 2004: 228). Humphrey, Kemshall et al, and Tilbury see this as resulting from efforts to address anxieties about risk.

Research done by Spratt and Callan in the late 1990s (Spratt, 2000; Spratt, 2001; Spratt and Callan, 2004) reinforces that view. Their early work found that a child protection stance was often taken where a child welfare stance would have been more satisfactory.

They later examined parents' experiences of child welfare interventions as compared with and contrasted to child protection investigations (Spratt and Callan, 2004). Social workers were asked,

.....was their first priority to identify and meet needs, or identify and manage risks, or had they another priority?'.....It was apparent that social workers had a conscious priority to identify and manage risks.....

(Spratt, 2001: 945)

Staff acknowledged risk as uppermost in their thinking; yet despite variation in parents' experiences of involvement, parents did not generally notice levels of covert surveillance and engagement. In a minority of cases, social workers used overt surveillance and low engagement, which tended to be reflected in parents' reported experience. Covert surveillance and high engagement were more in keeping with extant government policy. Overt surveillance and low engagement replicated elements of child protection investigation, leading to greater estrangement from social workers.

Calling the move from child protection to child welfare the 'refocusing debate', they argue that the changes are,

.....more likely to be explained by structural accounts emphasising the evolving nature of the relationship between the state and the family in social and economic contexts, than by a search for defining indicators of pathology.

(Spratt and Callan, 2004: 202)

Major UK policy documents use a rhetoric of partnership, voluntarism and empowerment; yet structural issues are tackled only as technical problems (Spratt and Callan, 2004). 'Measures of governance' look at quality and performance by measuring input and output, not only ascertaining how far declared targets are met; but also creating new, implicit targets.

Social workers are governed by “ideas of practice” rather than “ideals of practice” (Spratt and Callan, 2004: 220)⁹³ arising from measures of governance and selective use of research findings that bolster messages of governance. A “measure of governance becomes an instrument of governance” (Spratt and Callan, 2004: 207).

Covert surveillance and high engagement became more consistent with official discourse in a ‘refocusing’ debate, while extant concern with child protection diminished in both official discourse and parents’ perceptions of how the majority of social workers work (Spratt and Callan, 2004). The smaller number of social workers showing more obvious child protection concerns often disengaged early if concerns did not bear out. In limiting numbers on child protection registers and meeting other performance indicators, many but not all staff adhered to partnership messages in the language of governance⁹⁴, a cautiously optimistic conclusion.

Studies exploring possibilities of agency within relationships redefined in terms of welfare rather than child protection do not address effects on parents who are anyway more likely to be particularly stigmatised as ‘immoral’, ‘chaotic’ or ‘risky’. For example, they disregard substance misusing parents.

Managerialism, Performance Measurement and the Death of Peter Connolly

After the Fulton Committee reported in 1968, the Civil Service used consultants with extended private sector experience and computers, exchanging consultants and civil servants on secondment (Saint-Martin,

1998). A 'consultocracy' emerged as a 'power loop' of industry and influential public policy positions reaching into the Cabinet Office (Horrocks, 2009), which favoured e-government, using individual workstations and personal computers. E-government became, "the medium through which interaction between states and citizens takes place" (Horrocks, 2009: 111).

The New Right in 1979 favoured privatisation and 'new public management' or 'new managerialism' (Saint-Martin, 1998), which New Labour embraced by 1997 alongside increased e-government. New managerialism removed middle tiers of organisations and redistributed authority through electronic processing of information (Sapey, 1997).

E-government represented a new phase of applying information technology to 'improve' government; the first being automation, then privatisation and reinvention, and finally 'digital democracy'⁹⁵ (Starr, 2009). The subsequent Coalition administration would endorse e-government, though some systems changed. Practice thus incorporates Internet and communication technology (ICT) to manage issues of law, regulation and governance, which extend into children's safeguarding and child protection. Parental substance misusers involved in child welfare services are knowingly or unknowingly affected, at least indirectly, by new managerialism's performance culture.

Under the Children Act 2004 (CA 2004) LAs were expected to use ICT to link organisations and staff from education, health and personal social services; integrate education and social services provision under a Director of Children's Services, and share arrangements under s.12 for child care

assessment (Brammer, 2007). Each LA was required to have the shared electronic database, ContactPoint, as a retrievable record system for all children (Department of Health, 2003: 945; Martin, 2004) as well as the Integrated Children's System (ICS)⁹⁶. ContactPoint, ICS and the Common Assessment Framework⁹⁷ incorporated databases using Framework for Assessment (Department of Health, 2000c) domains, reflecting New Labour's *Every Child Matters* five outcomes (Treasury, 2003).

Performance measurements in UK, Australian and USA child welfare services express socially constructed ideas, frame policy issues, limit or widen practitioners' options, impose standards, and affect discourse (Tilbury, 2004). Performance measurement is fundamentally intended to address issues of efficiency and effectiveness, emphasising resource management over quality of professional practice (Parton, 2006). It also raises issues about actuarial risk and declining trust.

Measurement is inherently reductionist, functioning ideologically (Tilbury, 2004). Audit terminology promoted by the 1980s 'Excellence Studies' and by the Audit Commission for England and Wales was part of a 'reinvention of welfare' and its subsequent reconstruction, a major neo-liberal political project (Thompson, 2010). Insufficient on its own to improve practice or outcomes, measurement should be opened up to a critical discussion that acknowledges values, viewpoints, etc.

Performance assessment has taken many forms in recent decades. For example, at one point it included Star Rating, Joint Area Review by the Office for Standards in Education (Ofsted), and Annual Performance

Assessment of Children's Services by the Commission for Social Care Inspection. The Care Quality Commission and various inspectorates have been involved at different times.

Peter Connolly's⁹⁸ death in Haringey in 2007 renewed pressure on the regulatory framework itself (Garrett, 2009). Aggregated information reported by Haringay proved unreliable; Ofsted's inspection system came under early scrutiny; and Ofsted was pressured by the Children's Secretary to alter its report after the criminal case (Broadhurst et al, 2010). New arrangements to provide a Comprehensive Area Review combining information from various inspectorates across a number of agencies had missed failures in internal governance of Haringey Children's Services Department, NHS services, police, and beyond.

The Munro Review: Final Report A Child-Centred System (Final Report) found that regulatory failure around his death came partly from over-reliance on assumed accuracy of internal performance data (Munro, 2011b), an 'upstream systemic factor'. Social workers had struggled to adhere to procedural requirements under problematic working conditions, poor decision-making and unsatisfactory human outcomes, yet aggregated data indicated Haringey's ailing service was performing satisfactorily or better (Garrett, 2009).

Since April 2009 child protection and other services have faced a Comprehensive Area Assessment (CAA) and 'narrative judgement' that green flags innovation or notable practice, red flags need for improvement, or awards no flag (Gulland, 2008). Ofsted's 'Performance Profile' is

informed by inspections, performance against five *Every Child Matters* (Treasury, 2003) outcomes⁹⁹ and annual rating of LA children's services.

Periodic inspection of council services has mostly ceased, but CAA concerns can still trigger inspection. LAs and their partners anyway face a three yearly inspection regarding Looked-After Children and children's safeguarding; and Serious Case Reviews may be called for any possibly crucial failure, e.g., death or serious injury to a child.

The *Final Report* recommended using systems theory to learn from Serious Case Reviews in England (Munro, 2011b). Systems theory informs an approach developed variously in UK medical practice, for air accident investigation (Reason, 1990), and via the General Social Care Council¹⁰⁰ and the Social Care Institute of Excellence¹⁰¹ (Fish et al, 2008) to deal with risk where human, organisational and technological factors interact. It cannot exonerate staff for active failures but can identify more factors. In the form of the Generic Error Modelling System (GEMS), the system highlights 'upstream systemic factors' and 'latent conditions' that might otherwise be missed as well as 'active failures' by staff¹⁰² (Reason, 2000), not least in interfaces between staff and new technologies.

A confidential reporting system for risky incidents could complement any such system (Beatty, 1995). Any such system might highlight near misses and false positives as much as false negatives and actual adverse outcomes in identifying and acting on assessments of risk. It might thus expose poor predictive capacities of risk assessments in respect of substance misusing parents. Bringing many more incidents into

consideration might well implicate nationally determined risk assessments given that accurate risk assessment derives from a deeper, more coherent understanding of risk (Mythen and Walklate, 2006).

Impact of ICS on Partnership Working

Assessment, performance assessment, audit and surveillance of everyday practice still rely on the ICS (Green, 2009). Performance indicators are,

“.....closely interrelated with the rise of managerialism and an audit culture whereby an attempt is made to formalise and regularise organizational decision-making, and which Webb.....has discussed in terms of the emergence of ‘technologies of care’.

(Parton, 2009a: 718)

Measures themselves are often output measures rather than user outcome measures; and particular input measures are used, with process measures less used (Munro, 2004a). They tend to reflect ‘what can be’ more than ‘what ought to be’ counted (Munro, 2004a; Tilbury, 2004; Ayre and Preston-Shoot, 2010).

At best measurement reflects assumptions about best practice (Tilbury, 2004), irrespective of individual children’s or particular families’ needs (Munro, 2004a). ICS monitors how many reports are shared with parents, encouraging a fundamental aspect of partnership working¹⁰³, an underlying principle of the CA 1989. However, some Practitioners felt the system, “was unable to provide family friendly documentation” (Cleaver et al, 2008: 3), which is essential to that work. Facilities were poorly developed for linking data with records dealing with chronology or core assessment.

Working to performance measures, particularly as incorporated into 'blame prevention engineering' via 'protocolisation'¹⁰⁴, has perverse effects (Munro, 2004a). In a 2009 survey of 1,153 social workers, direct service user contact was down to 26% of staff time (Baginsky et al, 2010). Abandoning ICS was the main thing staff felt could make a positive difference.

New requirements on agencies are significant but sometimes ineffective (Broadhurst et al, 2010). Pursuit of targets under managerialist regimes excludes both social workers and service users from human agency in decision making (Green, 2009). Where managerialism and resultant de-professionalisation delimit responsibility, choice and judgement of social workers; the result can be rushed or unethical decisions, losing sight of the ends¹⁰⁵ of social work practice, with less regard to wishes, feelings and understandings of children, parents and others. Partnership working is thus jeopardised a number of ways.

Realities of Digitised Assessment

There are many more immediate effects of using ICT for interconnected database applications such as ICS, Common Assessment Framework and ContactPoint. ICT links agencies and professionals; hence substance misusing parents known to one agency are more readily visible to others, including child welfare agencies (Easton et al, 2010). Statistics from child care agencies already show a significant incidence of drug misuse among parents they work with (Kroll and Taylor, 2003). If approaching most any agency for help with particular matters might alert other agencies, then as

word spreads among potential service users it could well increase distrust and reluctance to seek help.

Children have expressed concern about ContactPoint's potential to incorporate more sensitive case material and identified, "security, data quality, access and privacy issues" (Peckover et al, 2009: 138). Davies and Duckett describe the various initiatives as "an unprecedented and unwarranted invasion of children's and families' privacy" (Department of Health, 2000b: p. ix).

Substance misusing parents who are already ambivalent about approaching even substance misuse agencies for fear of stigma or of being forced to accept social work intervention are unlikely to feel encouraged insofar as they learn of these problems. Support and advocacy might offer vital reassurance, provided that can in all honesty be provided. Interviews in this research might highlight the issue.

Various problems might undermine the efficacy of digitised assessment. ICS sometimes constrains the information sharing it is supposed to promote (Peckover et al, 2009). For example, inflexibility means ICS can lack appropriate categories to record how cases are dealt with (Wastell et al, 2008). Once data has been entered into some ICS databases, it cannot be removed or altered (Bostock et al, 2005). One ICS form prompts staff to tick a box to signify 'problem drinking', without anywhere for clarification (Shaw et al, 2009), which is at best useless and at worst prejudicial.

Workload implications increase with each decision point; and decisions made affect the number of targets and the timetable for action, driving the

risk threshold itself to a higher level (Broadhurst et al, 2010). Initially a decision is required within 24 hours, but ICS does not necessarily have a clear threshold for decisions to log a contact without accepting it as a referral (Wastell et al, 2008). A case that is unresolved in one day requires an initial assessment in 7 days, including time spent with the child independently of family or carers (Broadhurst et al, 2010). That could lead after 7 days, much as before, to having to undertake core assessment or pursue inquiries under s.47 (Wastell et al, 2008; Broadhurst et al, 2010). False negatives or false positives are inevitable; involving more families in even initial assessments could throw them into crisis (Parton et al, 1997).

Decisions were taken with little information in many cases in one LA (Wastell et al, 2008). New decision making heuristics emerged so referrals could be deferred for more information or signposted (Broadhurst et al, 2010). 'NFA' was entered while keeping cases under review. Such pragmatic devices can be regarded as forms of 'soft defection' from protocols, serving as much to perpetuate the system as to undermine it (Bewley-Taylor and Hallam, 2008). With others they contribute to active dissension in some agencies and staff; hence to regime weakening.

Reliance on outcome data that is easier to measure using ICT can also lead to complacency in closing cases when very little is known about them (Broadhurst et al, 2010). Any resulting harm to children could all too easily and unfairly be blamed on individual staff or managers.

Elsewhere, anonymous referrals were often recorded 'NFA' and treated as malicious if they could not be investigated (White et al, 2008). Efforts to contact families or visit children could be dropped despite real problems.

.....if you don't get access to the house, or the parents refuse for you to see the child, then you exceed the seven days and there's nowhere [the system] actually asks why. There is no 'free text' box so you can type: "we missed this because we did several home visits and got no access"...

(White et al, 2008: 22)

History warns about dropping enquiries. At Christmas 1977 Liverpool social workers persisted when Darryn Clarke remained undiscovered after anonymous referrals and family referrals, eventually finding him fatally injured (May, 1978). An independent inquiry was rightly critical of errors (Stevenson, 1989), but under protocols associated with ICS staff might legitimately treated the case as 'malicious', as some thought at the time, and stopped their efforts earlier.

ICS does not always drive inter-agency practice as expected. Both the Common Assessment Framework and ICS record much information but sharing it in inter-professional practice requires computer access, particular skills and staff time (Easton et al, 2010). There can be delays in gaining computer or network access, unfamiliarity or discomfort with ICT, or problems with passwords or security questions (Peckover et al, 2008).

In one large study across five LAs, "Many families experienced a combination of domestic violence, parental alcohol misuse, drug misuse, mental illness and learning disability" (Cleaver et al, 2006: 5). However, differing thresholds for adult mental health, children, substance misuse, and

domestic violence services contradicted managers' claims of high interagency collaboration. Substance misuse services and mental health services each attended child protection case conferences in only a small proportion of cases, despite more frequent involvement.

The Social Work Task Force set up in the wake of Peter Connolly's death ultimately requested suspension of ICS as mainly compliance monitoring and not an effective support for frontline practice (Social Work Task Force, 2009; Luckock, 2010). Various evaluative studies linked to implementation had started "a paradigm¹⁰⁶ war over social work practice and the operational practice that might facilitate its improvement" (Luckock, 2010: 108). Problems reviewed above were to be addressed, while ContactPoint was being discontinued and the Common Assessment Framework remains. Thus soft defection, having led to normative attrition as active dissension emerged and to regime weakening, is being succeeded by regime change (Bewley-Taylor and Hallam, 2008).

Fundamental Concerns with Wider ICT Solutions

More fundamental concerns affect ICT solutions. A Social Care Institute of Excellence study highlights how computerised forms for initial assessment, core assessment, Common Assessment Framework, and ICS result in a resource-demand mismatch and affect family-professional interactions, identifying underlying patterns of difficulty in routine practice (Fish et al, 2008). Very specific, often closed questions that facilitate form completion atomise the individual, family and environment. Software applications are

more suited to a questioning model or a procedural model and unsuited to the potentially empowering exchange model¹⁰⁷.

Database assessment and recording systems involve moral decisions. A decision about completing an instrument raises issues of accountability, individual competence, relevant knowledge and moral judgements that operate in institutional contexts (White et al, 2009). The reliability and validity of information gathered via the Common Assessment Framework has not been established (Sheppard, 2010); hence scope for moral judgement in individual cases is particularly significant. While citing many real or potential benefits of the Framework¹⁰⁸, one research team caution for it to be used within a solution-focused approach, “so parents understand the process is not about blaming them.....” (Easton et al, 2010: xiii).

Separating information from context in the Common Assessment Framework, ICS, and other instruments and records could still elicit moral judgement (Peckover et al, 2008), for example; when a ‘tick’ shows Youth Offending Team (YOT) involvement. A tick might be understood by staff unfamiliar with the case to denote offending behaviour, though YOTs undertake preventative work with non-offenders.

Dangers of generating information without knowledge in its fullest sense would seem obvious when dealing with individuals or groups with lower status, semblance of risk potential or living with severe stigma (Rose, 2000). Particular content can be magnified in the Common Assessment Framework where, “alleged fact, professional opinion, hunches, suspicions

and other *ad hominem* assertions.....mingle or dominate a commentary driven from some occupational position” (Pithouse et al, 2009: 607).

The nature of the medium itself is another issue. Form completion has, “reportorial expectations assumed to underlie acceptable organizational description” (Gubrium et al, 1989: 197). There are, paraphrasing Gubrium et al, ‘descriptive tyrannies’ of ‘people forms’, and a, “descriptive tyranny of the Common Assessment Framework”, which describes or categorises people and asks questions that require, “rational, moral and artful capacities of form-completers” (White et al, 2009: 1203).

Decontextualised information on electronic databases can facilitate false positives, false negatives, unsafe categorisation, social constructions and judgementalism; without resolving problems of interdisciplinary practice. Information sharing is neither always complete nor inevitably benign in its impact. ICT can dehumanise service users and deprofessionalise caring work. Direct contact between social workers and children and families may be secondary to gathering, inputting and processing information; and information overload is not uncommon (Parton, 2009a).

How computers organise and access data “has become the privileged form of cultural expression” (Parton, 2009a: 718). The medium is a ‘cultural environment’ that in itself generates informational content (Aas, 2004). Connections of cause and effect are lost, and key elements of people’s narratives lose associations with past, present or future. Database replaces narrative as a dominant form of cultural expression. Form structure upsets

sequence and narrative flow so Common Assessment Framework records are often challenging to read and interpret (Peckover et al, 2009).

Social work itself suffers insofar as knowledge becomes defined primarily by how information is gathered, stored, manipulated, shared and used (Sapey, 1997). Knowledge and information can be contrasted (Parton, 2009a). While knowledge has to be understood, it is not objectified and it is associated with ideas; information is objectified and more or less decontextualised and disembodied (Aas, 2004). Stated more generally,

.....informational (knowledge stripped of its context, compressed and unitized for manipulation in ICTs) has taken prominence over the social (knowledge with more discursive properties of narrative that denote context and voice).....

(Pithouse et al, 2009: 603).

Staff re-work data in electronic systems to gain advantage, moderate or subvert the technology, find new solutions, or create new ways to complete their work. Electronic media are, “hostage to unintended consequences and the phenomenological realities of an embodied, uncertain and always contingent world of practice” (Pithouse et al, 2009: 604).

While technology can be subverted by data holders and data users, it inevitably tends to disembody data subjects. Identity itself is altered from having a unique biography and internal development to being a collection of identifiers that are reducible to binary form (Aas, 2004). Database planning requires that ‘entities’ are defined, which require ‘unique identifiers’, such as exclusive use of a particular name, number or set of characteristics.

The self is disembodied, and biometric software transforms the body into a password (Aas, 2006). Biometric software need only process the spacing of eyes to confirm user identity. Casual callers to most organisations are compelled to prove a particular digitised identity before being permitted to ask a question or offer information. While the corporeal person trying to speak is treated with suspicion or as invalid, a discourse is being initiated among databases by their digitised self (Aas, 2006).

Database rules are central to the nature of information collected and the constitution of identity (Aas, 2004). All is fitted to the ontology of a digitising system, literally a different nature of reality. Vertical and horizontal fields without internal development divide superficial, disembodied information, virtually disallowing full explanation or understanding (Parton, 2009a).

Parents and children become 'data doubles' with 'virtual identities', effectively 'virtual parents' and 'virtual children', subject to surveillance (Aas, 2004; 2006). Children became 'electronic children' in relation to ContactPoint; and they too, regard such systems as having potential to be positive or negative (Peckover et al, 2009). The British Association for Adoption and Fostering has described ContactPoint as "the 'virtual tagging' of children" (as quoted in Garrett, 2005: 536).

Electronic systems often complicate getting consent from various parties as information is gathered at different locations and times (Peckover et al, 2009: see also Pithouse et al, 2009). Giddens' concept of 'distantiation' of time and space, where 're-imbedding' constitutes a process of checking in

periodically to maintain trust, suggests that such problems could increase (Giddens, 1990) and might in themselves have to be targets for advocacy.

Alongside abolition of a shared workplace in social work, hotdesking, home working, and arms-length supervision; there are fewer opportunities to evaluate and reflect with colleagues in a team-based setting. Professionals are literally distanced from supportive organisation (Giddens, 1991). Opportunities will diminish to recognise neo-liberal constructions about riskiness of individuals, prejudicial stereotypes and the ideological atmosphere in which work is done unless staff can utilise new ways to enter into discussion. Advocacy could initiate and inform such discussion.

Knowledge Society and Empowering Potentials of ICT

ICT has increased scope to empower using more visionary approaches. The insight it is used with is what matters. That may depend on resolving, for example, claims to establish digital democracy and overcoming objections based on the concept of a 'knowledge society'.

Digital democracy (Starr, 2009) assumes an achievable ideal of a well-informed, responsible citizen. That begs the question of how persons or organisations fare without efficient access to relevant technologies, sufficient IT competence, or a predisposition to use web-based or similar electronic media content to highlight more 'serious' information or events.

There is a contradictory dynamic in 'knowledge society' whereby as quantities of information available increase exponentially, observed public knowledge is exceptional as compared to ignorance (Ungar, 2008). A

knowledge-ignorance paradox affects individuals, including experts, and organisations in, “the cultural and institutional production of ignorance” (Ungar, 2008: 301). Deficits are most significant in terms of functional knowledge. People in any walk of life might need help to be well informed, responsible citizens.

Knowledge society is a concept intended, like risk society and globalisation, to embrace a major shift in societies, warning against glossing over, “a persistent underflow of ignorance” (Ungar, 2008: 301)¹⁰⁹. Both ignorance and knowledge are socially constructed and negotiated (Smithson, 1985). In a constructionist approach, ignorance would not be recognised without concerted claims making (Ungar, 2008).

The knowledge economy features specialisation, professionals and experts (Ungar, 2008); yet even experts tend to have narrow fields of knowledge in a bounded rationality, and ‘entry costs’ to new knowledge rise with barriers of speech and language (Ungar, 2008). The Internet does at least make much knowledge available. Support and advocacy that recognises the challenge of knowledge society for special areas of knowledge might make digital democracy more real by identifying and using on-line sources to help challenge policy and practice or involving parents in doing so.

Parents who fear stigmatisation in face-to-face services might prefer using the new media, especially if it can be done confidentially, anonymously and with password protection using encrypted data. Children might find the new media less inhibiting than talking face-to-face with an adult (Sapey, 1997), though capitalising on that would require a top-down change in how

systems are designed and computers controlled in LAs. Parents and children would need access to specialised information.

ICT could give children and parents opportunities to participate, exercise agency and retain confidentiality (Parton, 2009a). Communication technologies can be used for re-contextualisation (Feenberg, 1991). Interactive media vary in their requirements on participants; and ICT is more socially sensitive than electronic mass media, which is more sensitive than print media (Rasmussen, 1997). As children, and increasingly parents, are socialised in an interactive media world, they might use that positively.

Activists already network (Sassen, 2006). Internet communications amplify possibilities of networking, and for many subordinated people ICT provides opportunities for micro resistance¹¹⁰ (Feenberg, 1991). Opening IT systems, various communication technologies, and their governance to participation could restore agency, shorten feedback loops and facilitate democratisation.

Technology could help high threshold families in children's safeguarding to build and maintain social networks, which some recent research (Sheppard, 2009) associates with better outcomes. Substance misusing women might network, raise consciousness, acquire expertise and reduce social exclusion using the Internet. Access to networks from which they tend to be socially excluded would be conducive as a social process for avoiding relapse during recovery (Keene, 2010). Email, blogs, Facebook, Twitter, podcasts, electronic diaries and texts all have potential. Advice may be

needed on anonymisation and personal safety. Women's Aid and Childline websites already stop unwanted third party tracking to promote safety.

In actor network theory, Castells (2007) identifies a 'rise of mass self-communication' and scope for 'counter-power' via autonomous communication networks. Power might thus more nearly be equalised between women and men, women and professionals, and women and wider populations.

Agencies could also improve services via more creative use of ICT. Interactive media could promote learning or gain service user evaluation on contact and service provision. ICT could assist in monitoring risk of differential take-up or service provision and work assertively¹¹¹ to engage those who are under-represented or poorly served (Garrett, 2005).

Clearly substance misusing parents will vary in access to new technologies and to IT skills, and not all those with access will be disposed to use such technologies in ways that promote social participation. Though the 'digital divide' is narrowing in general, many whom social work intervention could benefit have poor access and limited familiarity; and more importantly, they differ in how they access and use the Internet (Steyaert and Gould, 2009). Besides the medium itself, information behaviour can drive social exclusion.

It will be useful to 'listen' to parents as well as staff for evidence of how ICT informs any concerns or anxieties, and to be alert to how it may have scope to empower. It could be significant if substance misusing parents are using ICT or at least have an inclination to use it. It might be that ICT and other media could be utilised creatively as part of support and advocacy.

Chapter Summary and Next Chapter

Issues have been identified around how UK children's services developed concepts of harm from post Second World War welfarism through Kempe's work on child battering to the present to explain concerns felt by substance misusing parents about approaching agencies. Since the 1970s a series of critiques and movements have challenged successive orthodoxies alongside a very public series of troubling inquiries and reports. At a deeper level concerns include penetration of lifeworld by juridification, individualisation, and the impact on families more generally of risk discourses that might apply particularly to substance misusing parents.

Discourses from Beck, Giddens and Lash generally cite increased risk awareness, distrust or anxiety across society, which is particularly likely to affect some groups, among them substance misusing parents. They also recognise new forms of institutionalised individualisation.

If substance misusing parents are to be encouraged, as people in general increasingly are, to act responsibly for their own safety and for the safety of children, it is important that services are friendly and accessible. That is equally true for substance misuse treatment, early years, support and advocacy or other services. Interviews at the FaSST might highlight parents' experiences of risk and how far public exposure of failure reinforces fear of agency involvement.

Unsatisfactory attempts to incorporate ICT applications into child protection governance also help explain parents' anxieties and concerns. New managerialism, government by regulation, surveillance and reliance on IT

solutions that incorporate risk assessment introduced new risks into children's safeguarding. A strong case has been made that substance misusing parents and children might nonetheless be able to benefit from using ICT themselves in conjunction with support and advocacy.

Chapter 4 turns to Habermas' theory of communicative action, the importance of wider participation and how that could contribute to support and advocacy and a human rights approach. That is yet more important when everyone is bombarded directly or indirectly with messages about substance use. Any anxiety such stories excite in the general population will impact even more on professionals, parents or parents-to-be and have to be overcome.

The chapter acknowledges Davies' pessimism about the ease with which those who tend to be dominated can challenge the dominant within a networked society, especially as governance networks are extended. It also notes his challenge to those who regard that, with institutionalised individualisation, social class is no longer central to understanding and that it can be largely displaced by active networks. Even so, the chapter generally supports the potential of social movements, importance of networks and place of communicative action in support and advocacy.

Chapter 4:

Communicative Action, Rights Discourses and Advocacy

A fundamental premise of this thesis is that Habermas' theory of communicative action can inform support and advocacy to help parents participate in discussions in a way beneficial to children's interests. Habermas relates rationality to knowledge, regarding which only humans raise grounded, criticisable validity claims in communicative action (Habermas, 1984). That involves validity claims in a communication context that can at least in principle lead to rationally motivated agreement, "if only the argumentation could be conducted openly enough and continued long enough" (Habermas, 1984: 42). This chapter addresses communicative action, discourses on advocacy and human rights, and how they might inform advocacy and support with parents affected by risk, uncertainty and loss of trust. It also looks tentatively at possibilities for developing an advocacy method.

Theory of Communicative Action

Habermas critiques 'classical' social theory while situating his theory of communicative rationality in broader historical and theoretical contexts (Habermas, 1984; Habermas, 1987). He treats each theory as still significant within requirements and limitations set by his critique. He tries simultaneously to ensure that his theory of rationality is neither tied to nor limited by subjectivistic¹¹² or individualistic premises¹¹³.

Habermas also notes increasing concern in contemporary 20th Century philosophy with conditions of explicitly rational behaviour and a related sociological concern with social integration whereby the discipline could become conceptually linked to the problem of rationality (Habermas, 1984). Political science and economics abandoned the problem of rationality, he suggests; but sociology could not as a science of society push the question of social integration aside. In its concern with social problems sociology has become the 'science of crisis', within which he addresses drug culture in Keniston's terms as retreatist ¹¹⁴ (Habermas, 1987).

Communicative action links with, "Mead's symbolic interactionism, Wittgenstein's concept of language games¹¹⁵, Austin's theory of speech acts¹¹⁶, and Gadamer's hermeneutics¹¹⁷" (Habermas, 1984: 95). Habermas rejects ontology and phenomenology, favouring hermeneutics as a basis for understanding meaning. He seeks a hermeneutic approach to a comprehensive, general understanding of rationality that satisfies universalistic claims. He links well-developed traditions in social theory, including Weber's theory of rationalisation¹¹⁸ and Parsonian systems theory, to assess how far formal pragmatic insights are empirically useful.

Having reviewed classical social theory and on-going debates, Habermas tackles issues of rationality (Habermas, 1984). Relating rationality to knowledge, he argues that only humans are concerned with knowledge and raise grounded and criticisable validity claims in communicative action. He regards that any theorist of society must address, as most important figures of sociology have, the rationality problematic at meta-theoretical,

methodological, and empirical levels¹¹⁹. He ultimately returns to issues of social integration and crisis.

Occidental (Western) views of rationality were shaped as understanding of the world slowly evolved. Habermas explains a mixing of nature and culture both in the internal world (of subjectivity) and the external world (of objectivity) inside mythical world views that blend together objective and social worlds and reify¹²⁰ the linguistic worldview. It is thus not possible in a mythical world view to interpret the world as subject to error.

To the degree that mythical worldviews hold sway over cognition and orientations for action, a clear demarcation of a domain of subjectivity is apparently not possible.

(Habermas, 1984: 51)

In the course of development, civilisations necessarily devalued explanatory and justificatory potentials of traditions that at first used mythological-narrative and later used religious, cosmological and metaphysical figures of thought. Habermas explains tacitly how Piaget's decentration of the ego¹²¹ could allow that to happen.

These *devaluative shifts* appear to be connected with socio-evolutionary transitions to new levels of learning, with which the conditions of possible learning processes in the dimensions of objectivating thought, moral-practical insight, and aesthetic-expressive capacity are altered.

(Habermas, 1984: 68, original emphasis)

This happens when people can construct internal and external worlds, distinguishing physical objects from social objects, which cannot happen without disenchantment of religious-metaphysical worldviews and emergence of modern structures of consciousness.

In an important step toward establishing his view of rationality, Habermas uses decentration as an explanatory schema to discuss Weber's sociology of religion¹²². He explains Weber's description of development of religious worldviews and of formal world-concepts as a learning process and extends that process to various other dimensions of world views in their entirety (Habermas, 1984).

As tribal societies give way to traditional societies, those give way to societies organised around individual states, which develop into modern societies. Social evolution proceeds and system complexity increases, with growing rationality of lifeworlds. Lifeworld and system are meanwhile distinguished and become uncoupled, allowing each to develop differently. However, steering media still allow system to penetrate lifeworld, with negative and unintended consequences (Habermas, 1987).

The importance of the above discussion of very broad features of Habermas' theory rests partly in how it deals with steering media, how those encroach on lifeworlds, and how resulting deformations relate to the situation of parents. By distinguishing and separating lifeworld and system, negative and unintended effects can be explained that emerge when system penetrates lifeworld (Habermas, 1987). The theory of communicative action, while allowing for a redirection without abandoning Enlightenment ideas wholesale, explains crises, deformations and pathologies¹²³ in modernity (McCarthy, 1981).

Substance misusing parents dealt with by state welfare services face such effects in circumstances where system penetrates lifeworld. Habermas

comments on deformations of the lifeworld and effects on, “clients of state bureaucracies,” in capitalist societies (Habermas, 1987: 386). Previous chapters review how welfarism, child protection and governmentalism have led to the anxiety and concern among parental substance misusers’ take up by post-modernists and risk theorists.

Habermas acknowledges issues for advocacy in *The Theory of Communicative Action*, Volume 1 (Habermas, 1984). He explores them substantively, if only broadly, in Volume 2 (Habermas, 1987); concluding that his theory of communicative action warrants advocacy with parents.

Nature of Communicative Action

Communicative action is not ‘communication’, per se (Habermas, 1984). Language as a communication medium enables understanding while actors coordinate their action and pursue particular aims in the course of reaching understanding, implying that all concepts of action have a teleological structure. However, “only the strategic model of action *rests content* with an explication of the features of action oriented directly to success” (Habermas, 1984: 101, italic in original text).

Other models of action specify conditions of agreement arrived at in communication, self-presentation, or legitimacy; under which an actor pursues their goals with another, and alter can connect their actions with ego’s actions. An act of reaching an understanding in an interpretive way does not exhaust communicative action; means of co-ordinating action¹²⁴ are interpretive accomplishments on which cooperative processes of interpretation are based (Habermas, 1987).

In linguistically mediated action at least one participant seeks a perlocutionary effect¹²⁵ on her or his opposite number; while a communicative action is a linguistically mediated action in which all participants have illocutionary claims. Habermas distinguishes a perlocutionary aim as one that does not follow from the manifest content of speech. However, "With the help of an illocutionary act, a speaker lets it be known that she wants what she says to be understood as a greeting, command, warning, explanation, and so forth" (Habermas, 1998: 123).

What distinguishes communicative action from other speech acts is that they involve two or more persons who engage verbally or extra-verbally in interpersonal relations geared to mutual understanding and an illocutionary aim where speakers refer to at least one social world and can refer concurrently to more social and subjective worlds¹²⁶. Validity claims for propositional truth as statements of fact, subjective truthfulness as expressions of feeling¹²⁷, and normative rightness as commands constitute three modes that reflect how knowledge, as symbolically expressed, can be categorised within communicative action (Habermas, 1984). Hearers can, respectively, question truth, sincerity or legitimacy of validity claims. Statements can also be looked at in terms of formal semantics, which prioritises them as either assertoric¹²⁸ or intentional sentences of one person to another.

Significance for Substance Misusing Parents

There are undoubtedly communicative contexts in which it is crucial to distinguish these claims, as when a person conflates their own subjectivity

with normative validity within a social group (Habermas, 1998). That may be so, for example, when a person misusing a particular substance makes a validity claim to a hierarchy with misusers of other substances, assuming a shared reality in discussions with professionals, who reject hierarchy and treat the claim negatively as resistance, in the form of minimalisation or excusing and blaming (Miller and Rollnick, 2002).

Substance misusing parents may face other situations in which problems of mutual understanding are obstacles to communicative action. When parts of the lifeworld are problematic, the culturally stable background loses certainties, and normal means of understanding are inadequate; hermeneutics looks at, “interpretation as an exceptional accomplishment”, for example, when areas of life are pathologically deformed (Habermas, 1984: 130). There is also scope for difference in how words are used or how they might be interpreted when communicating in such circumstances.

Habermas is particularly concerned with communication involving at least two participants that does not fully satisfy requisites of direct understanding (Habermas, 1984). In societies where one section’s dominance over another is maintained by ideology¹²⁹, consensus is likely to result from systematically distorted communication and therefore be distorted or false (Bleicher, 2006). The interpreter has to take on board the author’s understanding of the context of distorted communication and the reasons the author can appear to be rational, and can only then be sure of understanding what was meant.

Social divisions need to be considered. Feminists argue that Habermas does not recognise male domination of politics and shows relatively little concern to address matters concerning women (Giddens, 2006). Further issues can be expected to arise from experiences of black and ethnic minority women, conceptualised in terms of intersectionality¹³⁰; especially those with mixed heritage or in mixed relationships, and those who may have migrated or immigrated (Samuels, 2008), whose identities and day-to-day lives may be further impacted by a wider range of roles and issues.

Alcohol Concern's substantial national, action research project, developing training for domestic violence and substance misuse services, identified only Foundation 66 Choices Alcohol Service as working particularly with 'ethnic minority substance misusers (Templeton and Galvani, 2011). Described as one of England's first such services it closed in 2010¹³¹. Alcohol Concern's final project evaluation said hardly anything about black and ethnic minorities. Early project reports stressed reflexivity throughout (Templeton, 2009; Templeton, 2010), but no report identifies how especially critical it could be in support and advocacy with black and ethnic minority women affected by domestic violence and substance misuse.

It is vital that groups liable to face marginalisation should be enabled to challenge prejudiced views in the public sphere. To facilitate voice is a legitimate purpose of support and advocacy with parents, especially women, and for children of families affected by substances. This chapter now turns to consideration of human rights and advocacy, beginning with how advocacy can work in an environment built on consensus thinking.

Habermas and Advocacy

From early in Habermas' development of his theory the cognitivist view of rationality is solely defined by reference to use of descriptive knowledge; and Habermas distinguishes communicative understanding from cognitive instrumental rationality as an approach to analysis of rationality by how each is used (Habermas, 1984; Habermas, 1987). The concept of communicative understanding uses propositional knowledge in assertions, embracing a wider concept of rationality linked to logos¹³². It assumes,

.....the unconstrained, unifying, consensus-bringing force¹³³ of argumentative speech through which different participants overcome their merely subjective views, and owing to the mutuality of rationally motivated conviction, assure themselves of the unity of the objective world and the intersubjectivity of their lifeworld.

(Habermas, 1984: 10)

The concept of cognitive-instrumental rationality reflects a non-communicative utilisation of knowledge in teleological action¹³⁴ that assumes goal-directed, problem-solving action in an objective world that seeks instrumental mastery. Thus even if instrumental rationality can lead to compromise, it is not so much suited to achieving consensus as to the success of one or more individual parties.

An adversarial legal environment is by its nature one in which instrumental mastery might ordinarily be seen as an appropriate means to attain justice. Advocacy that conforms to a model of instrumental communication might equally be appropriate in quasi-legal contexts of consumer rights, debt management or welfare rights (Habermas, 1987). However, this thesis deals with advocacy in the particular context of children's safeguarding and

child protection where it is not always appropriate for one or more parties to gain, preserve or regain instrumental mastery. Advocacy that seeks advantage may be more relevant and appropriate in adversarial environments, including some legal proceedings where each party should expect, at least nominally, access to competent advocacy.

Teleological action, normatively regulated action, and dramaturgical action are distinct from communicative action (Habermas, 1984). Teleological action, as previously noted, involves a choice of means to bring about particular ends, fitting a strategic, utilitarian model. Normatively regulated action refers to a member of a social group whose actions are shaped to reflect common values. Dramaturgical action refers to presentation of self within a social group when members present themselves to one another.

Dramaturgical actions of parents are significant in decisions taken as part of communicative action in meetings with professionals and others. They represent motivation and commitment to carry out decisions in children's interests. Support and advocacy might enable parents to engage effectively in dramaturgical action, facilitating self-presentation to benefit children.

An actor might treat their audience as opponents, however, not public. Habermas concludes that impression management ceases to be dramaturgical action as soon as persons concerned and their audience both judge it by criteria not of validity but rather of success, making it strategic, hence teleological action. If an attempt at impression management by a parent making a claim to subjective truth results in their being perceived as lacking congruence, it follows that it could fail in those terms. Thus support

and advocacy depends on enabling parents to engage effectively with others in relation to claims of subjective truth.

A parent seeking to retain a role in day-to-day parenting might employ apparently telic thinking in deciding whether to act in particular ways as an intermediate step in support and advocacy, agreeing to accede to at least some points of view when professionals might have a normative consensus that reflects common social values. That is by its nature a communicative action that merely conforms to a teleological form insofar as it is not simply a choice taken for strategic success (Habermas, 1984), for example, if normatively regulated action is already favoured by the parent. If the decision were taken, however, for strategic success; then it would be teleological action, not communicative action. Those offering support and advocacy must be able to identify the difference and to advise parents so they can be helped to anticipate any potential implications.

Those liable to be stigmatised may particularly need to engage in careful impression management (Goffman, 1959), involving not only issues of congruence¹³⁵ but also of habitus. If parents do not have the, “feel for the game” (Bourdieu, 1990) necessary to maintain habitus; they may well be misunderstood, irrespective of attempts at being congruent. Bearing in mind what has already been said about risks for parents of taking a communicatively instrumental approach in discussion with professionals, impression management requires careful forethought.

In Goffman’s model of action, impression management is a social fact in terms of how individuals deal with *faux pas* or for that matter may

strategically try to stage self, even to the point of misrepresentation (Goffman, 1959). Significantly, Habermas recognises a latent possibility not considered there. He sees impression management in relation to,

.....*dramaturgical action* as a concept that presupposes *two worlds*, the internal world and the external. Expressive utterances present subjectivity in demarcation from the external world; the actor can in principle adopt only an objectivating attitude toward the latter.

(Habermas, 1984: 93, original emphasis).

There is a situation in which a person may represent herself or himself in a certain way, where what is presented by the first person is regarded by an interpreter as subjectively truthful yet concurrently as (unknowingly) systematically distorted (Habermas, 1984). In terms of formal pragmatics what may present on its face as discourse within a consensual interaction¹³⁶, thus as communicative action, is instead systematically distorted communication with a latently strategic attitude, hence strategic action (Habermas, 1998).

In a psychoanalytic sense people learn to deal with conflict using identification, repression or projection; while ostensibly engaged in processes to arrive at consensual understanding (Habermas, 1990c; Habermas, 2001). If case conference members with therapeutic backgrounds interpret a person's self-presentation in those terms; it may prejudice the outcome of discussions; hence it is an issue for advocacy with professionals and others used to formal communication settings.

Symmetry is a condition of undistorted communication (Habermas, 1990c).

The symmetry condition of communicative action requires that all persons

have as much opportunity to speak and to listen, as well as to question and to answer. Without support and advocacy the condition may be unmet in interviews, meetings and other discussions with substance misusing parents. Any appearance of pathology, lack of habitus or lack of congruence may increase what already tends to be asymmetry; and support and advocacy that is not broadly informed may not cope in such situations.

Valentis and Devane describe what they term 'rage', which they relate particularly to women who learn feminised roles in patriarchal society that stress compliance or pleasing others (Valentis and Devane, 1994). Presumably, that could apply to anyone who continually suppresses feelings. There is a need to channel strong feelings and express them effectively, or they will be expressed in instinctual ways that are ultimately self-defeating. Ingratiating behaviour, frustration-aggression¹³⁷ and learned helplessness¹³⁸ are not uncommon. None is likely to be effective in challenging procedures, views or norms associated with child protection work; and professionals can regard these as negative (Hicks, 2001).

Clearly issues around communicative action and habitus are relevant to how feelings can be channelled to best effect. The need to channel feelings is heightened by the circumstances in which advocacy takes place.

Positioning Advocacy via Parents in Relation to Children's Rights

The subjective interests and views of parents and children often differ significantly, but administrative decision-making and legal proceedings in respect of children are both intended as far as practicable to focus on interests of children concerned. Meantime, advocacy involving substance

misusing parents in respect of children is likely to be in circumstances of administrative or judicial decision-making that very largely limit children's direct participation¹³⁹. Administrative forums of children's safeguarding and child protection tend to seek consensus via discussion where participants are sensitive as to whose interests (not necessarily a child's) might be served by various possible decisions (Payne, 2000).

In these contexts professionals and courts tend to see parental concern to promote interests of children as positive; while they tend to see more self-oriented parental concern as negative (Merseyside Family Support Association, 2003), particularly if parental concerns are perceived as contrary to interests of their children. Advocacy with parents has necessarily to ensure awareness of what effectively are likely to be seen as positive and negative indicators if parents' concerns are to be presented in a way that maximises communicative understanding.

Thus if a parent, faced by professional concerns as to any possible impact on the welfare of a child in the household, persists in wanting to include a partner in their household about whom little is known or about whom what is known raises anxiety; it might be seen as a negative indicator. It is not just about concern regarding the partner. It is also the weight the parent is seen to give to the welfare of any child of the household, whose own views and feelings may only be reported to discussions by a professional or who may only be seen independently for part of a discussion. A parent who is seen as selfishly motivated in those circumstances can expect that to be reflected in records and reports and it may later be mentioned in the Family Court.

An instrumental, success-oriented approach may thus, if a parent insists on pressing for the new partner to be accepted, leave the parent in a marginal position in any discussion and more liable to be separated from their child. Even other concerns the parent may well have about the child's welfare may then not receive fullest consideration.

Subjects are affected by outside forms of power as technologies of power; or subjects present themselves in particular ways, as technologies of self (Foucault, 1988).

The idea of the government of individualization denotes, therefore, both the way in which norms are imposed on forms of individuality, and the multiplicity of ways in which individuals exceed such constraints.

(McNay, 1994: 166)

If those offering support and advocacy are to avoid covert use of power amounting to manipulation, their own reflection will be particularly crucial (Boylan and Dalrymple, 2009). Critical reflective practice is fundamental to all social care work. It,

.....does not simply skate over the surface of dominant discourses, but rather looks beneath that surface to take account of, and respond constructively to discrimination, oppression and inequalities.....

(Thompson, 1998: 141)

In active advocacy via parents it will be important to ensure that parents themselves are able to reflect on these issues, most particularly in light of some understanding of childhood and children's rights (Brandon and Brandon, 2001). Moreau's structural social work model suggests that service users and professionals should develop consciousness jointly

(Carniol, 1992), which Brandon and Brandon apply within an empowering active advocacy (Brandon and Brandon, 2001).

Advocates may have to help parents to be reflexive about their needs and children's needs in light of technologies of power and to develop capacities of self-expression and self-presentation amounting to technologies of self. An approach based on a theory of communicative action may be helpful if parents can ultimately understand what might be achieved and how to work toward those outcomes as participants in rational discussion.

Parents need to discuss what is achievable and how as early and as far as practicable when engaging in formal decision-making processes. In legal proceedings to determine questions under s.8 or Part IV of the CA 1989¹⁴⁰, the interests of the welfare of the child are paramount. The subjective interests and views of respective parties are laid open to evidence and argument, the outcome of which is determined by the court. Proceedings only indirectly incorporate children's views even insofar as courts must under s.1(3)(a) ascertain and "have regard to" children's wishes and views. They may often gain at best limited recognition, and professional reports and testimony may be relatively favoured.

Paramourncy does not apply to other decision-making concerning children's safeguarding and child protection. Participants should promote the interests of children, but the law allows children's views to be given less weight than they would have in s.8 or Part IV, CA 1989. Paramourncy does not, for example, apply to a decision as to whether threshold criteria have been reached that should trigger a Strategy Meeting, Child Protection Case

Conference and more full assessment under s.47, or an Emergency Protection Order leading to temporary removal of children.

Principles and Practice in Regulations and Guidance cites two reasons for parental participation:

Parents are individuals with needs of their own. Even though services may be offered primarily on behalf of their children, parents are entitled to help and consideration in their own right....

The development of a working partnership with parents is usually the most effective route to providing supplementary or substitute care for children.

(Department of Health, 1989: 8)

Research on child placements shows, “that children’s well-being is usually higher if satisfactory contact can be maintained” (Thoburn, 1994).

As important as support and advocacy may be, and however necessary efforts are to achieve realism and promote parental participation in the interests of children; a complicating factor is the scope for collusion with an oppressive system (Carniol, 1992; Parton, 2000). That is seen in Donzelot’s concerns about how welfare state provision reflects rationalisation and pursues an agenda of normalisation and moralisation¹⁴¹.

Lacking cultural capital, not participating in certain ways, or not readily agreeing with others could in themselves disadvantage parents in decision-making forums (Davies, 2011). Collusion may also be driven by assumptions that have become orthodoxy in social policy, based on post-traditional network governance theory that favours decentralised decision making, governance networks, directed influencing, mutual adjustment of participants’ behaviour and a consensus approach to co-ordination.

Substance misusing parents should always have full human rights, but there could be issues about how those would be realised in some instances. A court appoints The Official Solicitor in a parent's behalf¹⁴² to investigate and facilitate the administration of justice in proceedings involving children if satisfied that they may lack sufficient capacity to instruct legal advisors (Harris, 2001; Brammer, 2007). Those who are thus limited in exercising their human rights may still particularly benefit from support and advocacy, which presumes neither capacity nor incapacity; and they might also advocate for themselves.

People in general regularly involve others with particular knowledge or skill for advice or action on personal and other matters that they cannot so easily or reliably address on their own (Giddens, 1994b). Thus people tend to accept some limitations in how far they might competently make decisions or pursue them without advice or help. Major social theories tend to balance freedom and social order as issues of structuration, reflecting how far individuals might or might not freely exercise rights, irrespective of individual capacity. More generally, freewill assumes neither complete freewill nor total determinism (Merleau-Ponty, 1962).

Various sociologists have tried to describe forms of structuration that neither completely constrain individuals within the social order nor allow total freedom, though varying in emphasis on structure, with for example, Weber emphasising social action over structure (Inglis and Thorpe, 2012). If structure has either absolute binding effect, or if freedom is total, then social order as such disappears and advocacy is futile (Habermas, 1987).

Freedom is explained in frameworks of broader social theory that provide for individual or group liberty subject to some limitation of the liberty of others (Bottomore, 2006a). Social theories account for issues of structure, agency and potential for change using complex explanatory frameworks that give some scope for freedom (Inglis and Thorpe, 2012).

Simmel's process theory regards the individual both as "product and content of society" and "autonomous being" (Bottomore, 2006b: 649), shaped and changed over time (Inglis and Thorpe, 2012). Simmel's theory also implies that in the resulting complexity of social differentiation across numerous modern societies it may be problematic to attempt to achieve universal standards. Those are all the more problematic if applied beyond the largely industrialised, Western societies that tend to conceive them.

Elias' process sociology as inspired by Simmel reflects Hegel's ideas and draws less on Marx and Weber (Inglis and Thorpe, 2012); in its turn strongly influencing Giddens and Bourdieu (Smith, 2001). It seeks particularly to describe and explain the civilising process in Occidental culture, but Elias is critical of any view that it is more civilised or superior. Propositions or theories must reflect how far they are more or less adequate or inconsistent with observations in, "an uninterrupted two-way traffic between layers of knowledge: that of general ideas, theories or models, and that of observations and perceptions of specific events" (Elias, 1956: 64). Elias' concept of habitus, intertwining development of social relations and the individual, is taken up in turn by Bourdieu, who regards that in its relation to field it generates dispositions (Bourdieu, 1990; Butler, 1999).

Elias' complex account recognises variation in 'figuration', within societies and across time. He argues, "that reason and rationality are culturally specific and only arise in certain forms of social figuration, i.e., certain types of relationships)" (Inglis and Thorpe, 2012: 157). That clearly again undermines universal standards.

Bauman draws on Simmel, Elias, Marx, Gramsci, Bourdieu and Beck and to a lesser degree on Durkheim and Weber. He accepts Simmel's view that insofar as the individual is shaped by society; an ambivalent and uncertain social life is shaped by individuals, albeit the private individual is not more important than their public persona. He admires Elias' choice of *Society of Individuals* as "spot-on and cannot be bettered", a title he would have used himself¹⁴³ (Bauman and Tester, 2001: 100). From Gramsci, he writes that, "men and women are agents in their own right," and concludes that "the world can be made by social action" (Tester, 2001: 9-10).

Bauman questions that people have to be complicit or compliant with dehumanising social and historical circumstances, arguing there should be a moral concern for 'the other', for humanity (Beilharz, 2000). Bureaucracy generates dehumanisation, while freedom itself is power, "an impulse that will not follow orders or follow bureaucratic orders" (Beilharz, 2000: 141). Insofar as human ambivalence must precede any social change, humans confront commodification, objectification and other problems in the liquid modernity¹⁴⁴ he describes (Bauman and Tester, 2001).

Bauman defines justice as 'responsibility for', saying it, "can only be defined in processual and not static terms, justice is a horizon which moves further

away with every step forward that society makes” (Bauman and Tester, 2001: 65). People always suffer ‘humiliations’ that need to be recognised. Moral progress therefore consists in striving for justice, not necessarily to reduce humiliations but with a goal of having achieved a permanent state of complete justice for all. The notion of ‘human rights’, currently regarded as replacing the idea of territorially determined (limited) rights or ‘rights of belonging’, should preserve a right to difference (Bauman, 2011).

Citing Habermas regarding the need for a shared concept of good and a desired way of life, Bauman argues for, “universality and respect for realistic citizens” (Bauman, 1973: 66), where universality is a benchmark allowing for a plurality of human life. Plurality is not the same as multiculturalism, which he regards as unsatisfactory because it confuses the right to choose from a rich variety of cultural offerings with a view that all cultural offerings are equal. Multiculturalism allows poverty or inequality affecting particular cultures to be disregarded in uncritical celebration of all cultures.

Bauman disparages the ‘political correctness’ of multi-culturalism, noting that minorities faced by dispossession can only choose to “seek refuge in brotherly solidarity” (Bauman, 2011: 77) or give up on seeking self-determination¹⁴⁵. Bauman endorses Mary Douglas’ position (Bauman and Tester, 2001), which naturalises shaming and shunning of some groups as cultural fact and functional in safeguarding health and morality (Douglas and Wildavsky, 1983; Douglas, 1992).

That risks ostracisation and denial of welfare rights and autonomy to groups like substance misusers, especially substance misusing mothers and their

children. It could thus affect persons whose socially constructed positions already raise the possibility of separation from family (Reid et al, 2008).

Even so, some aspects of Bauman's theory could inform advocacy with children and parents affected by substance use; who are liable to become caught up in bureaucratised integrated children's services that incorporate atomistic IT solutions, performance management and governmentalist approaches (Munro, 2011a). Such arrangements risk objectifying (Tilbury, 2004) and dehumanising¹⁴⁶ children and parents, alienating families, and estranging them from social workers (Spratt and Callan, 2004).

Children and parents are not without capacity to engage in acts of resistance using power in a Gramscian sense (Gramsci, 1971). However, insofar as they might be treated as 'other', with fewer resources of their own, support and advocacy might be needed to challenge safeguarding and child protection services and exercise voice. They may need help if only because they are dealing with complicated issues arising from juridification.

Human rights may only be obtainable with help from others, a sizable group or a category of individuals (Brandon and Brandon, 2001; Bauman, 2011). Without advocacy and support to be heard in their own right, substance misusing parents might struggle for improved services and ultimate justice for themselves and for children. Without facilitation, it is particularly hard to envisage 'brotherly solidarity' among dispossessed groups; hence a community action approach may be needed (Brandon and Brandon, 2001).

That points to Beck's "connection between rights, individuals and a public political space" (Beck, 2001a: 182) with human rights guaranteed by each

nation and realised by individuals. He endorses post-modernist social constructionist conclusions, albeit not post-modernism per se, that emphasise human rights (Beck, 2001a). In reflexive modernity the most fundamental right is to be heard, irrespective of status (Hudson, 2003).

Davies critiques Beck's confidence that ordinary people can successfully participate in governance networks, and his association with 'connectionist' claims about network governance (Davies, 2011). Using Gramscian analysis, Davies regards among other things that the networks that Beck relies upon may be too diffuse and fluid to bring about change without a movement built on an organised working class, "or some other constellation of forces" as a spearhead (Davies, 2011: 148).

Davies' idea that some form of leadership is needed in order to create and maintain a focus on change suggests how to develop a counter-hegemonic movement. That would rely on successful participation of ordinary people, if not in governance networks, then at least in organised social movements.

Furthermore, a Freirean approach could underpin a form of active advocacy (Freire, 1972). Freire's approach originally developed in adult literacy work in Brazil, raising consciousness, termed 'conscientization', and leading to social action. His adult education and community development techniques reflect Marxist and Gramscian ideas about power, utilising texts produced by persons in literacy programs and discussion with participants to problematise their structural situation (Poppo, 1995). People without established habitus or initial access to resources, contrary to Davies'

message, might with such help, join in change efforts; and an increasingly networked society might give scope for that to happen.

The above broadly describes a support and advocacy with scope for at least some parents to self-advocate and for facilitation of substance misusing parents as a group. As an extended, Habermasian vision, it needs clarification in terms of possible human rights or wider perspectives.

Human Rights, International Agreements, UK Law and Advocacy

Discourses on fundamental rights and freedoms draw on numerous social theorists. The Greek approach embodied the relationship of citizen and state in citizenship but restricted that to a small minority in each City State (Heywood, 1999). The modern view of citizenship tends to be founded on universal human rights and obligations (Marshall and Bottomore, 1992; Giddens, 1994a). Human rights articulate ethical demands rather than necessarily legislative or other juridical manifestations (Sen, 2004). To argue otherwise would be, for example, to accept in a modern context that UK women could have had no right to consent to or refuse sexual intercourse within marriage until 1992, when the real issue was whether marital rape should be criminalised¹⁴⁷.

Dworkin suggests that issues of justice in general can be determined by rules and procedures (Campbell, 1988). He singles out a special status as rights for those that are universal, inalienable and of overriding importance.

Both children's and adults' human rights will be an issue in support and advocacy via parents in the interests of children's welfare. Some human rights and wider prerogatives of substance misusing parents, as adults or

as parents, are already more clearly underpinned in international obligations and in legislation than those for children, with a less contested status.

Children are a special group. There is some provision for UK children to exercise agency, for example, in the CA 1989, and for advocacy organisations and legal representatives to assist them. In most societies children are regarded as unable to exercise citizenship in a political sense; and there are historically based arguments about how far a child has full human rights, human rights they should realise through the exercise of their own agency insofar as their capacity evolves, or limited human rights (Boylan and Dalrymple, 2009).

Hobbes concluded that children, lacking rationality, have no natural rights (Hill and Tisdale, 1997) in a world in which no one behaved rationally and responsibly (Bauman and Tester, 2001) except by acknowledging a sovereign power of law (Hobbes, 1968). A response might be that, if neither children nor adults can check their appetites by rationality alone, it is unclear why children should have less say than adults.

Mill did not regard children as having liberty, because they were neither fully rational nor cultivated; and Locke regarded that children should have natural rights, but only adults were entirely rational (Hill and Tisdale, 1997). Each regarded parents as responsible for children.

Recently it has been suggested that children be denied full human rights, it being already problematic that many adults who vary in rationality have full human rights¹⁴⁸, but should at least have welfare rights (Purdy, 1994).

Otherwise, insofar as children have full human rights already, the issue should be the degree to which those would be limited (Mcgillivray, 1994).

Another alternative is that children should have full human rights but not the power of choice in realising those rights (Campbell, 1994). However, those who seek to exercise rights in others' behalf sometimes violate them, for example, in sterilisation of intellectually impaired young women (Jones and Basser Marks, 1994)¹⁴⁹.

General principles reflected in UK legislation already account for incapacity, though the Mental Capacity Act 2005 (MCA 2005) generally excludes persons under 16 (Brown et al, 2009). Under the MCA 2005 impairment by mental illness, learning disability or other states or conditions does not establish incapacity; which must be separately assessed. Human rights of such persons are protected, subject to the extent that European Convention on Human Rights and Human Rights Act 1998 (HRA 1998) rights are limited or qualified, irrespective of incapacity. Arguably, as with adults, children should have full human rights and never be assumed to lack capacity; but capacity might be assessed where it is doubted, e.g., if a child is so ill at a particular time that it would impair their decision-making.

Critique of Human Rights Provisions

The post-1948 human rights discourse that resulted in the Universal Declaration of Human Rights (United Nations High Commissioner for Human Rights, 1999b) renewed a universalist rights discourse (Hynes et al, 2012) dating back to the Declaration of Independence of 1776 and the Declaration of the Rights of Man in 1789. It is identifiable again in the

United Nations Convention on Rights of the Child (UNCRC) which came into force in 1990. However, no international agreement on human rights currently provides for children to exercise political rights. All existing agreements cede authority to adults. The issue is thus about children's rights as, practically, the ground on which struggle must largely take place in support and advocacy via substance misusing parents, which advocacy based entirely on the Convention would not seek to challenge.

International human rights protocols have created an 'outside space' for a 'global child citizen' in which children, and marginalised, often infantilised adults, seek a voice (Lee, 2001). All persons who are liable to be marginalised and oppressed should be encouraged and enabled to utilise these protocols to come to voice, including substance misusing parents.

Citizenship and rights are linked, particularly in the UK and the European Union, and both, "are powerful rhetorical tools" (Hill and Tisdale, 1997: 24). Insofar as children (and some adults) may be perceived as 'non-citizens' in terms of political participation, this 'space' should be used to pursue citizenship as well as voice. Imperfect as they may be, human rights protocols might be utilised to challenge structural, ideological and conceptual constraints (Smith, 2010).

The Universal Declaration of Human Rights refers almost entirely to human rights on a universal, collective level or to families (United Nations High Commissioner for Human Rights, 1999b). It recognises, "[m]otherhood and childhood", as needing special care and assistance and guarantees children the same social protection regardless of whether they have been, "born in

or out of wedlock". Art. 26(3) grants parents, "the right to choose the kind of education that shall be given to their children". It thus reflects ideas of family, maternal care, need for care and protection, and the power of parents in respect of education; which is consistent with traditional, socially constructed models of childhood (James et al, 1998).

The language of the UNCRC is particularly significant. 'The child' in the UNCRC and in UK legislation involves what James and James call conceptual slippage, the concept of 'the child' representing all children (James and James, 2004). That compares with adult groups insofar as they are marginalised, as in 'the elderly', 'the disabled' or 'the intellectually challenged', each of which tend to be infantilised (Thompson, 1997). James and James describe the underlying view this objection is based on.

Put simply, in our view 'childhood' is the *structural* site that is occupied by 'children', as a *collectivity*. And it is within this collective and institutional space of 'childhood', as a member of the category 'children', that any *individual* 'child' comes to exercise his or her unique agency.

(James and James, 2004: 14)

'The child' embraces concepts of structure and agency as well as institution and space (James and James, 2004) that comfortably fit a social constructionist model (James et al, 1998). They also state that,

Ideas, concepts, knowledge, modes of speaking, etc., codify social practices and in turn constitute them. Within these discourses subject positions (such as 'the child') are created. Seen from this point of view, then, different discourses of childhood constitute childhood (and children) in different ways – not only as sets of academic knowledge but also in social practices and institutions.

(as quoted in James et al, 1998: 213)

Use of 'the child', 'childhood' and 'children' reflects a particular rights discourse in a Foucauldian sense (Foucault, 1972) as frameworks that regulate serious speech acts (Lash, 1994) and express and reinforce relations of power. More specific Convention provisions universalise culture and morals, reflecting how childhood has been constructed in successive developments over time.

The UK ratified the UNCRC only with reservations. Apart from the above considerations, it was ratified subject to how far resources allow its implementation, and it tends to deny or limit children's agency and voice (James and James, 2004). It has nonetheless been a most significant policy development in promoting children's rights (Coppock, 1997).

The Preamble to the UNCRC gives no assurance that children themselves were consulted in framing provisions¹⁵⁰. Implicitly a 'caretaker thesis'¹⁵¹ denies or limits 'rights' to vote, work, own property, choose a guardian or make sexual choices (Archard, 1993). It reflects ethnocentric, gender-blind, Western, liberal conceptions of childhood, parenthood and family.

Various Articles require comment. Art. 1, *UNCRC* defines a child as, ".....every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (United Nations High Commissioner for Human Rights, 1999b: 2). Defining childhood by age is itself arbitrary, ignoring competence as a criterion (Archard, 1993). Thus leaving national states the option to define age of majority by legislation begs two important questions. Furthermore, efforts to promote particular rights as universal increasingly meet a world dominated by globalisation in

terms of multi-national companies that can expect to lose or gain massively from realisation of universals (Giddens, 1998; Giddens, 2000)¹⁵².

Art. 3(1), UNCRC requires that, “the best interests of the child shall be the primary consideration” (United Nations High Commissioner for Human Rights, 1999a). Art. 9 refers to the, “best interests of the child”, only where a child is removed against parental wishes; Art. 18 refers to, “the best interests of the child,” as her or his parents’, “basic concern”; and Art. 20 refers to, “best interests”, in relation to whether a child can be allowed to remain in her or his family environment.

Some UK legislation goes beyond Art. 3(1). Instead of stating that the interests of the welfare of the child shall be the first (or primary) consideration as in earlier UK child care legislation, s.1(1), CA 1989 states that the welfare of the child must be ‘paramount’ (Gilmore, 2001)¹⁵³. Campaigners generally regard paramouncy as positive for children’s rights.

A potential conflict exists between enabling direct voice by ensuring right of audience, or directly reporting wishes and feelings of children or parents, and concern for the paramouncy of the interests of the welfare of the child (Boylan and Dalrymple, 2009). A child’s wishes and views may challenge adults’ views of what are the interests of their welfare and therefore as paramount, and only if children have direct voice can decision makers give their wishes and views weight in decisions.

The advocate would still be expected to discuss the implications of various options with the child, “even when the views that [children] express are in conflict with the views of the professional decision makers” (Boylan and

Dalrymple, 2009: 8). The child would then decide which options to pursue. A comparable approach would be appropriate with parents or other family. Differing views from children, parents and professionals should anyway be discussed in decision-making forums, albeit paramountcy must govern decisions where specified in law.

Children's right to participate is undefined as granted in the UNCRC, stating,

The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

(United Nations High Commissioner for Human Rights,
1999a: Art. 12)

Children also have rights to freedom of expression (Art. 13); freedom of thought, conscience and religion (Art. 14); freedom of association (Art. 15); and access to appropriate information and material from a diversity of national and international sources (Art. 17).

Children have shown responsibility in their own interests when given the opportunity. The *United Kingdom Agenda on Children*, which evaluates UK compliance with the UNCRC, was informed by consultation with children from age six (Lansdowne and Newall, 1994).

All this is subject to reservations taken by individual nations, to resources available to governments and to a provision referring to, "a manner consistent with the evolving capacities of the child" (Art. 5). Those seeking to maximise a rights agenda in respect of children point to the 'evolving capacities of the child' as a way to realise the entire range of convention rights more fully (Montgomery, 2010). However, when the UK's CA 1989

sought to give force to a similar right it was interpreted by the courts so as to allow the rights of individual children to be limited¹⁵⁴.

The Convention, furthermore, stipulates that,

States Parties shall respect the responsibilities, rights and duties of parents, or where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child”, subject to the same proviso as to the “evolving capacities of the child.

(United Nations High Commissioner for Human Rights,
1999a: Art. 5)

Art. 5 and CA 1989 provisions give a firm basis for extending support and advocacy to not only parents but also others with parental responsibility and wider family. Art. 5 can, as a very fundamental article to the Convention, be utilised to help parties to promote the welfare of children. There are dilemmas for advocacy, however, as the Article also reflects the caretaker thesis that tends to restrict how far children are protected and safeguarded in families and how far children can exercise rights (Archard, 1993).

In the cultural politics of childhood these and other concepts have been brought into UK law and experienced by children as ordering, controlling, and regulatory framing (James and James, 2004). UK children are regulated by primary and secondary legislation in arbitrarily defined age ranges and restricted in school, home and public space (James et al, 1998).

All this is notwithstanding administrative law. The UK courts consider the process by which public bodies take decisions according to requirements of ‘natural justice’, that is, in terms of how far they have acted openly, fairly, rationally, impartially, etc. (Brayne and Carr, 2010). Courts can make

rulings, overturn decisions of public administrative bodies or require that decisions are re-taken by the original body in accordance with correct procedures. Refusal to consider individual circumstances of a child or a parent or a decision that reflects bias may well breach rules of natural justice; and support and advocacy with substance misusing parents could obviously have a role in diminishing the likelihood of such errors.

The UK courts tended to grant legal immunity to LAs until 2001 when the European Court ruled under the European Convention on Human Rights that blanket immunity for certain types of public authorities breaches the Convention (Brammer, 2007). In *X v United Kingdom (2001) 34 ECRH 97* (and other cases since), the European Court ruled that Art. 6, which guarantees a public hearing within a reasonable time, “by an independent and impartial tribunal established by law,” may not necessarily ensure a court hearing; but Art. 13 (Right to an Effective Remedy) would do so where another part of the Convention is also breached (Mole and Harby, 2006).

The Human Rights Act 1998 (HRA 1998)¹⁵⁵ reflects some principles of UK administrative law as they were incorporated into the European Convention on Human Rights (Brayne and Carr, 2010), which it also partly incorporates. It does not directly incorporate Art. 13 of the Convention, but that must be factored into any determination under s.3, HRA 1998. Because Art. 1 of the Convention was not included in the HRA it is not possible to enter litigation over failure to legislate to protect a Convention right.

The European Convention on Human Rights does not absolutely guarantee all rights. Particular rights are absolute (e.g., torture), limited (e.g., liberty)

or qualified (e.g., respect for family and private life) (Schwehr, 2002). Only public bodies or bodies carrying out public functions are covered. Where a right is limited, the circumstances are set out in the Act. Where a right is qualified, courts may allow what otherwise would be a breach if their actions have been in pursuit of a legitimate aim and proportionate¹⁵⁶. Any claim must be made within one year (compared to six years for ordinary claims for civil damages); and all other remedies have to be exhausted before a case can be brought under the Act (Brayne and Carr, 2010). It applies only to those matters where UK law is ambiguous (Wadham and Mountfield, 1999).

HRA 1998 provisions do not distinguish particular groups; hence children are not distinguished as having a particular status (Brammer, 2007). However, children can bring a case under Art. 14 if on account of age, etc., they have been subject to discrimination in connection with denial or abuse of a right under any other Article. Art. 14 mentions only examples, not mentioning age, but it covers a very wide range of discrimination.

Parents and carers can challenge decisions concerning breaches of children's as well as their own rights in UK courts, and the European Court is unlikely to allow blanket immunity in any matter if it would deny access to judicial review of LAs (Schwehr, 2001). LAs must ensure they are seen to act proportionately and to individualise decision-making, which could empower both staff and public in resisting managerialist solutions.

The legal system accords the judiciary, which applies legal rules developed in the courts since medieval times, considerable importance and influence (Lloyd, 1964). Parliament is the source of virtually all new UK law, apart

from European Union law, but judges retain powers to interpret statutes and develop legal rules, and even precedents do not wholly constrain judges (Brayne and Carr, 2010). Where European law applies, then in interpreting national laws, each country's courts are expected to apply a principle of 'purposive construction', interpreting national law in a way that as far as possible is compatible with European law (Wadham and Mountfield, 1999). Courts may thus clarify and sometimes extend existing law.

The doctrine of precedent, by which rules become established in the courts, depends upon a hierarchy of courts, and a general rule that decisions of superior courts direct decisions of courts further down the hierarchy (Brayne and Carr, 2010). Challenges in UK courts, via the HRA 1998, where necessary at the European Court of Human Rights, could elicit new interpretations of European Convention on Human Rights that apply more specifically to children or parents or that extend particular rights. The CA 1989 and other legislative provisions affecting children might be interpreted more favourably as a result.

Test case strategies¹⁵⁷ could be particularly important insofar as some European Convention rights are not absolute, some are limited, some are qualified, none are specific to children, and few are specific to parents. Expectations should be tempered, however, as precedents can also restrict rights¹⁵⁸. Governments can manoeuvre around some European Convention provisions, too, creating new national legislation that is inconsistent with those, even with purposive construction, in which case the courts can only make a declaration of incompatibility (Wadham and Mountfield, 1999).

A human rights campaigning strategy is vital with the UNCRC as a baseline from which to argue for existing rights of children; though it lacks legal force. Given various limits of the European Convention on Human Rights, campaigning could seek to incorporate new provisions, e.g., ensuring the best interests of refugee children are paramount in all matters concerning them. Campaigning should thus not *a priori* exclude seeking new legal protections that exceed aims of the UNCRC or the European Convention on Human Rights, which might require new UK or EU legislation.

In short, treaty provisions, legislation, and guidance at best give parameters within which decisions are taken. Where legislation is specific to or affects children, it involves ethical, moral or other considerations for which legal or other advocacy can achieve much for children and families, e.g., with provisions of the CA 1989 to which paramountcy does not apply.

Advocacy Approaches

Children increasingly have access to social work advocacy (Wilks, 2012) or independent advocacy (Boylan and Dalrymple, 2009). Advocacy via parents is much less developed. Because it is important that support and advocacy via substance misusing parents is carried out in the interests of children's welfare it is vital to start with a perspective on children's human rights. That should facilitate a support and advocacy via parents that wherever possible encourages children to exercise voice and others to hear rather than one that displaces children's own voices.

That by no means requires parents to conceal their own views, nor should they be expected to forgo their own rights and prerogatives. Parents, when

formulating views, should be helped to be as reflexive as possible about children's needs and wishes within a human rights-based perspective.

Lindsay has reviewed three approaches to children's rights – protectionist, liberationist and pragmatist (Lindsey, 1992). He regards these as three main strands of thinking along a continuum. In the absence of a pre-existing approach to advocacy via parents, Lindsay's approaches are at least an important background and one place to start.

A protectionist approach, rooted in 19th century ideas about saving children, sees adults as children's guardians (Pinchbeck and Hewitt, 1973). In the 19th and early 20th centuries it considerably improved children's welfare via education, health, employment law and child care measures, with 52 Acts affecting child welfare between 1885 and 1913 (Hendrick, 2003). These were resisted at first as infringing rights of fathers (Pinchbeck and Hewitt, 1973) and later as affecting children's right to, "autonomous parents and non-interference in their families' lives" (Lindsay et al, 2011: 1). While recognising that more recent legislation has sought to balance intervention to protect children and respect for family life via partnership working and family support, Parton cautions about diagnostic inflation, surveillance and earlier intervention, which flow from governmentalist development of an integrated children's system (Parton, 2006).

A liberationist approach seeks to empower children themselves, particularly in light of what it regards as failure to ensure the most appropriate treatment of children (Lindsay et al, 2011). In effect, repression and authoritarianism in education and the child care system are proxy for paternalism by another

'disempowering regime' (Boylan and Dalrymple, 2009). Franklin hails the UNCRC as an important development in policy that should promote and protect children's rights (Hill and Tisdale, 1997), but he is highly critical of repressive New Labour policies on children and young people that did not match the UNCRC's aspirational provisions (Hendrick, 2003).

A *pragmatic approach* recognises children's evolving capacities and progressive ability to take more decisions themselves within legal and policy frameworks set by adults, balancing participation and decision-making with their best interests (Boylan and Dalrymple, 2009). Freeman, for example, highlights prevention, wherein certain groups should be targeted for special attention (Parton, 2006); and he regards developmental milestones as more appropriate than age in considering how far children should be able to exercise rights (Boylan and Dalrymple, 2009). Pragmatists can be distinguished by the fundamental assumption that children's rights should be pursued within laws, rules and conventions that *adults have created*.

These approaches might be used interchangeably, with advocacy having moved from a liberationist approach more recently toward a pragmatic approach (Boylan and Dalrymple, 2009). Child care professionals are required to work within a rights perspective to pursue each child's best interests. However, Boylan and Dalrymple reason that independent advocacy should reprise a liberationist approach if only because a protectionist approach could stifle children's concerns and to counter the impact of LA commissioning of 'independent' advocacy services.

A more fundamental concern is that none of these approaches explicitly goes beyond seeking rights based on liberal human rights arguments. Emphasis on existing human rights protocols by proponents of all three models means they largely embrace 1950s concerns, when Western liberalism as represented by T. H. Marshall still drove social policy (Marshall and Bottomore, 1992). Liberalism today spans welfarists who argue to extend Fabian style state welfare and economic liberals who regard state welfare as threatening individual freedoms (Whiteside and Mah, 2012).

Hill and Tisdale claim the majority of children's rights campaigners would balance rights to participation and agency with the interests of the welfare of children (Hill and Tisdale, 1997). They regard the liberationist perspective as no longer widely accepted but describe examples of advocacy that promote children's participation, including a direct voice.

Using the Universal Declaration of Human Rights, UNCRC, European Convention on Human Rights and the HRA 1998 as a baseline for children's rights has some promise for retaining a more radical perspective. It means using provisions already promulgated by adults to pursue remedies within and beyond the CA 1989 and related legislation, policy and guidance. Like UNCRC, these tend to incorporate a concept of children's growing capacity, implying at least a partly pragmatist approach.

Boylan and Dalrymple suggest that independent advocates pursue an active advocacy that challenges children to take their own action rather than engage in passive advocacy that works on their behalf (Boylan and Dalrymple, 2009). Active advocacy is more consistent with a view that

children have agency, with involving children in communicative action, and with challenging social constructions and thereby ultimately seeking to change human rights doctrines themselves. When children voice their own concerns they challenge assumptions about superior adult knowledge that will persist, “as long as children’s experience and learning is controlled to a large degree by adults” (Lee, 2001: 89).

Dominant Parsonian and Piagetian discourses where children are in a state of not knowing, of becoming, of not quite being full human beings, would question how far children could engage in active advocacy (Lee, 2001). However, a children’s rights approach could recognise both inherent vulnerabilities and evolving capacities (Lansdown, 2005; Whiteside and Mah, 2012), using protectionist, liberationist and pragmatic approaches interchangeably. Being used to hegemonic authority in school and unused to being consulted, children may hesitate to participate fully and some may decline (Smith, 2010); but advocates could give children access to information and prepare children to have confidence in voicing concerns.

A socially constructed, normative foundational approach to human rights (Whiteside and Mah, 2012), specific neither to childhood nor other status or categorisation, might incorporate considerations from the other approaches. This fourth approach accommodates socially constructed childhood, and it could draw on other models of childhood described in chapter 2. Its normative foundation derives from ethical demands identified by public discussion rather than a pre-determined list or one derived from claims about the human condition.

Individual human rights that meet threshold levels are collectively decided via the widest possible ethical public reasoning in particular communities (Whiteside and Mah, 2012). They are measured as outcomes by how they serve persons of varying capability, turning the issue of capacity on its head with a 'capability perspective' (Sen, 2004).

There is a need for, "scrutiny from a distance," so that practices might be assessed as unacceptable that appear, "perfectly 'normal' and 'sensible' in an insulated society" (Sen, 2004: 355), e.g., highlighting the injustice of separating children and parents during repatriation or deportation in the UK where claims for refugee status have been denied. Measuring outcomes could safeguard against having too many matters to deal with at once and against neglect of less popular groups – as in 'tribal childhood' – or groups affected by particular relations of power – as in 'minority childhood' and 'tribal childhood'.

Socially constructed and normative foundations are consistent with public participation and active advocacy before and after decisions are made. They also overreach existing, revised or new legislation, escaping the juridical model, accommodating human rights that may or may not become universal (Whiteside and Mah, 2012); hence potentially bridging models of childhood and advocacy approaches discussed above. Bauman's sociology of morals could contribute partly, while standards for discussion might start from Habermas' theory of communicative action, sufficiently developed to provide a language of human rights (O'Byrne, 2012).

This last approach has much to commend it to advocates with children, parents, or others who might be encouraged to engage in active advocacy; provided that advocates are fully aware of their own beliefs, values and attitudes. It would be vital, to borrow a term from classical sociology and qualitative research, to 'bracket'¹⁵⁹ those so children or parents are not simply prompted to fulfil agendas set by advocates. That is consistent with Habermas' theory of communicative action and with active advocacy. The approach would involve as many as possible¹⁶⁰ in ethical, reasoned dialogue and helping establish thresholds.

It remains to consider if there is scope for an advocacy method, model and process¹⁶¹ consistent with the above theoretical considerations. If so, it may be that it could come from existing empirical research on the efficacy of other helping and enabling approaches. Discussion now turns to possible starting points, though those cannot be resolved here.

Envisioning an Advocacy Method, Model and Process

Interview responses might well reveal regular and systematic use of reinforcement by the FaSST's Practitioners. It would be important to identify how those dealt with concerns of parents and children and how they were beneficial, for example, how they related to self-esteem, self-confidence and social capacities.

The value of praise and material rewards has long been recognised in 'helping professions' (Towle, 1973). Immediate, positive reinforcement is particularly effective, and intermittent reinforcement tends to maintain sustained change (Hudson and Macdonald, 1986). A wider range of

behaviourist techniques, including modelling and operant conditioning might be found in individual or group-based work.

Some object that reinforcement might be used manipulatively in advocacy (Brandon and Brandon, 2001; Payne, 2005). Indeed, reinforcement is used systematically in behaviourism, which has been described critically as functionalist; and behaviourist practitioners have been characterised paradigmatically as 'Fixers'. Albeit Stepney questions that particular models fit neatly into such paradigms (Stepney, 2000)], 'Fixers' intentionally or otherwise tend to encourage adjustment to society's demands rather than wider social change (Howe, 1987). Behaviourist 'manipulation' could enact social and political control, as charged; but that is less likely with agreement, at the outset; of a set of aims, tasks, specific and attainable behaviours, and particular reinforcements (Payne, 2005).

For advocacy, agreed aims would have necessarily to reflect empowering and emancipatory purposes (Thompson, 1997) with a view, potentially, to active advocacy, coming to voice and a human rights perspective (Boylan and Dalrymple, 2009). An agreement or contract should be regularly and openly reviewed; and each advocate's continuous evaluation of practice and reflective awareness of power and oppression should further safeguard against controlling practices (Brandon and Brandon, 2001).

Alongside increased overall reinforcement, systematically withholding reinforcement can reduce destructive feelings and negative thinking (Howe, 2009), which might otherwise contribute to distorted communication associated with penetration of family lifeworlds (Habermas,

1987). Reinforcement could increase constructive actions, positive thinking, self-esteem, self-confidence and social skills. Elements of the model could thus facilitate support and advocacy via parents in the interests of children using the theory of communicative action (Habermas, 1984; Habermas, 1987).

If advocacy might use reinforcement, it has commonly also been person-centred – facilitating exploration and choice – and task-centred – limiting the focus of work to what is realistically attainable in a given time (Wilks, 2012). Task-centred, person-centred and behaviourist techniques are integrated in Trotter’s ‘empirical practice model’ (Trotter, 1999).

Trotter’s model was developed in work with persons he terms ‘involuntary’ service users¹⁶², who are motivated to seek help by legal intervention, potential or actual, or through compelling social need. It has been validated with persons affected by substance misuse, abusive partners, debt, parents affected by children’s safeguarding and child protection concerns, mental health issues and people involved in the criminal justice system. It addresses aims of recovery, satisfactory parenting, self-confidence and effective communication.

Finally, it would be unacceptable that support and advocacy should undermine children’s safeguarding and child protection through uninformed or unskilled practice. Research cited by Trotter shows that unsatisfactory practice – often using thinly researched, inadequately taught, poorly supervised practices – increases risk of harm to parents and children (Trotter, 1999). Research supports selective use of moderate

empathy, for example; but poorly targeted use of high empathy reinforces alcohol or drug misuse, gambling, irresponsible spending, domestic abuse, child abuse, refusal of medication and criminal conduct.

As such it is essential that advocacy methods, models and processes are empirically informed by research and accurately employed. It is beyond this thesis to develop an advocacy method, but findings might evidence the value of reinforcement, person-centred work and task-centred work with parents who misuse substances.

Chapter Summary and Next Chapter

This chapter has developed the fundamental premise of this thesis, that Habermas' theory of communicative action can inform support and advocacy to help parents participate in discussions in a way that is beneficial to children's interests. Habermas himself identifies a need for advocacy for welfare state clients, which might be efficacious using Foucauldian and Gramscian ideas about relations of power and counterpower. Habitus, as developed variously by Elias, Bauman and Bourdieu, is seen as a complicating factor for many families that makes support and advice vital when they are speaking with professionals, who tend to be differently positioned in social fields. Having looked at several discourses on human rights, a universal human rights approach is rejected in favour of a socially constructed, normative foundational approach based on wider, ethical public discussion involving parents and children. Alongside that, if there is evidence of reinforcement, person-centred and task-centred work, as well as parental concerns and beneficial outcomes, it

might support development of a method, model and process for support and advocacy drawing on those elements of Trotter's empirical practice model.

Chapter 5 explains the research design, how agency involvement was negotiated, the responsive interviewing approach, and ethical considerations. Vulnerability issues are given particular consideration, including consent and instances where interviewing might not proceed. Then the basis is outlined for the data analysis that is covered in chapters 6 and 7.

Chapter 5:

Methodological Considerations:

Design, Method, Ethics and Data Analysis

This chapter describes the translation of the research topic into a methodologically sound research design consistent with ethical standards. Design involves consideration of quantitative, qualitative and mixed methods alongside development of a research question, research aims, and 'question–method fit' (Punch, 2005). Ethical questions arose in this research from the potential vulnerability of research subjects and researcher and concerns about safety or welfare of children as well as considerations of consent, confidentiality and data security. The chapter concludes by introducing the data analysis.

Wider Methodological Considerations

Methodology can be seen as the, “critical and evaluative study of alternative research strategies and methods” (Blaikie, 2000). Sarantokas distinguishes methodology from methods. Methodology,

...translates ontological¹⁶³ and epistemological¹⁶⁴ principles into guidelines that show how research is to be conducted....Methods, on the other hand are instruments employed in the collection and analysis of data.

(Sarantakos, 2005: 30)

The work also reflects views of writers who take issue with Sarantakos' explanatory framework. Bryman, for example, distinguishes quantitative and qualitative¹⁶⁵ approaches; but does not regard them as paradigmatically different, regarding all research as fundamentally empirical with

considerable overlap between (Bryman, 1988). Thus qualitative research can formulate problems and develop instruments for use in quantitative research. Furthermore, qualitative and quantitative research may be used together when an otherwise qualitative researcher needs to fill in gaps that cannot readily be addressed by, for example, participant observation or unstructured interviewing.

The intention throughout this research was to steer a middle-course, recognising the frequent, “interplay between quantitative and qualitative methods,” within primarily a qualitative approach (Strauss and Corbin, 1998: 31). This thesis reflects the,

...most fundamental characteristic of **qualitative research**...its express commitment to viewing events, action, norms, values, etc. from the perspective of the people who are being studied...

(Bryman, 1988: 61, original emphasis)

Bulmer treats methodology as general and method as, “more concrete and specific activities”, of research strategy or research procedure and research techniques (Bulmer, 1984: 5). Research strategy refers to assumptions about the research task, issues of design and range of research techniques employed. Research techniques are specific ways that data is obtained.

Assumptions that bridge discourses between quantitative and qualitative researchers about the research task are fundamental to research strategy (Sarantakos, 2005), which Punch characterises as, “the ‘paradigm wars’” (Punch, 2005: 3). The current research task might be seen as discovering ‘truth’ about the experience of mothers/parents and children, their needs and ultimately their best interests. In ontological terms that might imply a

positivist approach in which the task is to discover 'a reality' through purely objective enquiry. The epistemological concern with truth and accurate representation of viewpoints would then imply an empirical model, relying on quantitative methods and a fixed design.

By contrast, feminist, phenomenological, symbolic interactionist and related approaches regard that there is no absolute 'truth' to be found; there may be many different 'truths'. In ontological terms, that implies an interpretivist, constructivist approach requiring either fixed or flexible qualitative research methods. This research uses a flexible qualitative approach, based on an explicitly interpretivist and constructivist responsive interviewing model (Rubin and Rubin, 2005). That is more consistent with Bryman's position.

Mertens and Ginsberg relate issues of research method, strategy and technique to a transformative stance¹⁶⁶, which they regard as fundamentally about research ethics (Mertens and Ginsberg, 2008). The transformative stance should in their view apply where advocacy and research intersect, particularly when participants are vulnerable or may have difficulty withdrawing. It applies as soon as consideration is given to commencing research and continues through writing up and sharing outcomes, when others may misinterpret or misuse it. This research could not have an emancipatory purpose, as it would not necessarily offer direct voice to participants or become part of advocacy, but ideas from Mertens and Ginsberg are addressed further with regard to dissemination when discussing research ethics later in this chapter.

Mertens and Ginsberg reject an excessively relativist, postmodern perspective, while critically examining cultural and societal parameters that tend to privilege some positions over others (Mertens and Ginsberg, 2008). Their 'transformative paradigm' recognises, as this research has tried to do, that different actors perceive reality from respective positions as carrying formal authority and power, some perhaps from less privileged standpoints.

Without entirely embracing every criterion of the transformative paradigm this research was expected to challenge prevailing viewpoints about parents and substances. Among various criteria, 'ontological authenticity', "the construction of knowledge that participants generate during the course of the research" (Mertens and Ginsberg, 2008: 488), would emerge via responsive interviewing¹⁶⁷. Arguing for 'fairness', Mertens and Ginsburg comment on the need for rigour that depends on including stakeholders from all levels of a power spectrum appropriately and representing their viewpoints accurately in findings (Mertens and Ginsberg, 2008). Self-reflective thinking has been required in this research to respect and ethically represent viewpoints of stakeholders at various levels of power.

Terms on which the research was agreed obviated 'tactical authenticity', in which values associated with increased social justice gain precedence over those of other paradigms, as no element of intervention was intended that could ensure participants acquired skills to challenge structures of oppression. This research was committed very early to a degree of 'educative authenticity', informing stakeholders sufficiently that they could improve decision making. It never sought 'catalytic authenticity', whereby

participants would become, “energized to take action based on the results” (Mertens and Ginsberg, 2008: 489), but NSPCC readily agreed to consider findings, conclusions and recommendations.

Negotiating Agency Involvement

The research depended on finding an agency providing a relevant service that would grant access to staff and service users. In 2005 NSPCC, with support of other agencies in Liverpool, developed work with substance misusing women in pregnancy and after to encourage take-up of a wider range of services. A retrospective audit of substance misusing mothers in Liverpool had confirmed that service users felt ignored in mainstream primary care services, feared LA services, experienced stigma from being asked about substance use in open hospital wards, and felt that some specialised services were poor (Doherty et al, 2004). They wanted facilities in the community with a range of resources to suit individuals.

NSPCC expressed interest in developing advocacy from a locally developed and available model in 2005, with a view to building on existing work. They were commencing a monitored pilot, involving support and advocacy; without a researcher involved.

An NSPCC Steering Group meeting in March 2005 considered a 500 word paper and brief presentation identifying how collaboration might be possible between this research and work commencing there to support substance misusing parents, in return for an evaluative report. In late July 2005 NSPCC indicated that the Steering Group would like to collaborate. Work

was proceeding with women during and after pregnancy, but there was still no independent evaluation¹⁶⁸. This research could fill that gap.

The Steering Group agreed to release existing unpublished research documentation, permit articles to be published in peer reviewed journals, allow data to be made available via such journals with safeguards as to use, and sanction discussion at appropriate conferences. The Group was setting up a conference to feature its reports and promote the pilot¹⁶⁹.

A local Carers Centre were intending meanwhile to develop work with child carers of substance misusing parents following a survey they had conducted, using an existing case advocacy approach. Staff offered in January and February 2005 to host research on their work. Further discussions in mid-July 2005 indicated that office facilities could be provided via the Drug and Alcohol Action Team¹⁷⁰ (DAAT) next door to the Centre.

NSPCC's initiative had NHS funding, with staff seconded from Liverpool Women's NHS Foundation Trust (NHS Trust), so any research had to meet NHS Trust protocols and needed NHS Research Ethics Committee (REC) approval. The Carers Centre had completed its DAAT funded research with very little protocol, and they proposed that research be undertaken on the same basis. That would have weakened research ethics oversight, and the DAAT could have asked at any time that NHS REC approval be sought.

If interviewees came from one agency or two, the focus of the research would respectively be narrowed or widened, since interviews would be among particular ranges of persons, i.e.; pregnant, drug-misusing women via NSPCC, child carers via the Carers Centre or both. Research via

NSPCC might be narrower; but ethical considerations would be carefully considered; while the Carers Centre would raise similar ethical issues regarding participants, e.g., to reflect needs of children or risks of disclosure of information within family groups or both. Discussions continued over a long period with several agencies, during which the Carers Centre interrupted its work with young carers of substance misusing parents.

In September 2008 a residential facility for families affected by parental substance use, managed by a larger Manchester-based organisation, also expressed interest. However, the rigour NSPCC demanded for research with potentially highly vulnerable people, tighter national research ethics protocols, and the value of NHS REC approval still favoured NSPCC.

It took a significant period to satisfy NSPCC, Edge Hill University (EHU), LWH NHS Trust and the NHS REC of the integrity of the research proposal while developing a research ethics submission via the facility of the Central Office for Research Ethics Committees (COREC), later Integrated Research Application System (IRAS). Transfer to PhD in April 2008, a meeting in December 2008 with NSPCC's Assistant Director (Northwest) and the FaSST Manager, and completion of an EHU REC, facilitated progress with LWH NHS Trust and the NHS REC. Thus from late 2008 research would finally be pursued as a coherent project.

The research was discussed at a meeting with several FaSST staff on 16th February, 2009, coinciding with electronic submission of IRAS documentation to LWH NHS Trust. Discussion focused on Team

composition, how much the Team already understood about the research proposal, plans for observation, and interviewing.

Full NHS REC approval was given on 9 July, 2009 after technical changes to several documents and clarification that no one would be interviewed if regarded as particularly vulnerable. Differences between the NHS REC and NSPCC's REC emerged early in 2010 that were resolved over the next six months, and a substantial amendment was approved at the NHS REC in August 2010. Changes related to undertakings in Information Sheets and Consent Forms and application of children's safeguarding thresholds.

The FaSST consisted primarily of social workers, with a midwife, one vacancy to be filled and a frozen post. Observation of staff would be done at the FaSST workplace prior to staff or service user interviews and subject to negotiation on how that would be carried out and recorded. Eight to ten staff would be interviewed, along with an indeterminate number of parents, using responsive interviewing (Rubin and Rubin, 2005) over about six months. Initial interviews would last up to an hour with up to two interviews after that, possibly of shorter duration.

The Team were very interested in research with Family First in Cardiff (Woolfall et al, 2008), a report having been circulated to Team members. That work evaluated what was described as the first intensive support service in the UK, though it had started from 2006, after the earliest NSPCC work. Families First had developed its work from a 'Family Preservation' approach previously used by the 'Option 2' project in Cardiff.

Staff noted that practices recommended in 2008 by the Cardiff researchers had always been included in their own practice, including work with families over longer periods and monitoring outcomes over longer periods. The Cardiff evaluation also described features that FaSST staff might consider.

Sampling

Participant numbers tend to be small in responsive interviewing. The population the FaSST could work with was already small. Women are about 27% of those recorded by the NDTMS as seeking substance misuse treatment services in Liverpool, not all whom would be of child bearing age. Of over 1,100 women recorded locally per year; a substantial proportion were likely to have a child under age 5; but referral to the FaSST was from antenatal care, during or soon after pregnancy. A small proportion were referred and some did not engage with FaSST. It would always have been optimistic to expect more than six to twelve parents in this research.

In qualitative research that seeks concepts and themes as a basis to build theory rather than to test theory, a minimum number is unnecessary. There was never any intention to generalise to a wider group as there might be in quantitative research. Purposive sampling via an agency was an appropriate way forward for the nature of population concerned (Blaikie, 2000), particularly in a qualitative study (Punch, 2005). It ensured the welfare of researcher and research participants; and along with use of an agency base, it limited the likelihood of events that could give rise to claims for compensation.

A quota sample, based on information gathered from the agency to generate a non-random sample within strata applied by the interviewer, might usefully have represented differing circumstances (Moser and Kalton, 1971). That was not ultimately practicable among the small number of women that NSPCC were working with on a more sustained basis. Insofar as characteristics could not be identified on which to base quota sampling, then individuals could only be interviewed who agreed to participate. There could still be purposive sampling¹⁷¹ (Blaikie, 2000).

The NHS REC explicitly would not consider an application involving particularly vulnerable parents unless this research found too few parents willing to participate. An implication of this research might be research that does or could involve more vulnerable persons. In that case arrangements would be necessary in any new research to support researcher(s) and research participants, subject to NHS or other REC approval.

Once interviews started one participant offered to introduce other substance misusing women. 'Snowball sampling' is sometimes the only way that drug misusers can be involved (Gilbert, 2008) and it might find 'information rich' participants (Marshall and Rossman, 1999). Given that no attempt was being made to have a representative sample, snowball sampling might have been relevant; but support might have been unavailable for some particularly vulnerable persons recruited. Given that fundamental ethical concern, it had never been discussed with organisational stakeholders, and by then it would have required 'substantial amendment' of the NHS REC submission, and the offer was declined.

Exact numbers of substance misusing women interviewed were therefore dependent on willingness, how far interviews could be sustained and time needed for interviewing and transcribing. Substance misusing women were identified by a midwife seconded to the Team, who briefly introduced the research in group-based sessions and then spoke individually to those who expressed interest in participation.

It had to be accepted that if efforts to maintain contact did not result in sustained contact with many persons, it might be necessary to write up the work from whatever could be gleaned from it. Otherwise, any changes to research strategy or design or obstacles to completion would have to be negotiated, returned to the NHS REC and explained in the thesis. Research ethics could not justify rigid adherence to particular numbers if it might introduce risk of harm to substance misusing women, the researcher, staff or the agency.

Responsive Interviewing

The work was to be primarily inductive and qualitative, to some degree dialectical¹⁷², reflexive¹⁷³, and interpretative¹⁷⁴, using observation, and employing responsive interviewing (Rubin and Rubin, 2005) as the primary means of gathering information from mothers/parents. The work was also informed by Schostak's conceptualization of 'inter-view'¹⁷⁵ in qualitative research (Schostak, 2006) and by Smyth and Waterhouse's discussion of researchers and 'subjects' (Smyth and Williamson, 2004).

Responsive interviewing does not assume that interviewers lack personal feelings, interests or views, though those do matter; nor does it require

adoption of one style of interviewing (Rubin and Rubin, 2012). The interviewer might reveal some things about herself or himself in a non-self-indulgent way. Views should not be imposed, for in the nature of the model an exchange takes place between conversational partners. The interviewer must be self-aware, reflecting on her or his own biases and expectations insofar as they might affect interviewees. When an interviewee might face further interviews, interviewers should avoid challenging what may be painful issues, even if responses present as contradictory.

Interviewers vary in how quickly they move from introductions to the main interview itself, and their spontaneity may differ (Rubin and Rubin, 2012). Insofar as questions might be changed to respond to points arising in interviews, the approach is flexible and adaptive.

The interviewee is a conversational partner who sets the specific path of the interview once the interviewer sets the initial path (Rubin and Rubin, 2005). Starting with more broad initial questions encourages the conversational partner to, “suggest topics, concerns and meanings that are important to them” (Rubin and Rubin, 2005: 33). The approach is reciprocal, with the interviewer seeking to give something back, at least in terms of making issues and concerns visible to policy makers; and the experience should be made as far as practicable a pleasant one, in which the interviewee might take away an understanding of their own experiences. That will be discussed more in reflections on the research in chapter 8.

An important ethical consideration arises when interviewing anyone who might experience significant conflict; who may also want therapeutic help.

Responsive interviewing is non-judgemental, demonstrates empathy and requires congruence (Rubin and Rubin, 2012). Establishing what Rogers has described as 'core conditions' (Payne, 2005), it encourages individuals to explore experiences, with potentially therapeutic effect, which is not a purpose of responsive interviewing. To avoid that, a boundary was placed around any very personal, potentially distressing or conflictual matters.

Further, if a person described matters that could not be dealt with non-judgementally, for example, very risky behaviour, any response could only show that the interviewer was listening (Rubin and Rubin, 2012). Where individuals might need support, there was an obligation to offer at least to inform the FaSST so support could be provided.

Ethical Considerations

Ethical issues pertain generally to social science research, but some were specific to this research. Various ethical questions have already come up in this chapter, which was inevitable insofar as research ethics is not a separate, compartmentalised set of considerations.

Discussion now turns more particularly and analytically to ethical considerations. At a general level Shaw argues that reliance on principles of governance or codes of research ethics risks compartmentalising those as, "largely initial business, sorted and settled in the early phases of research" (Shaw, 2008: 401). He seeks to extend the debate around research design, fieldwork, analysis and uses of qualitative enquiry. The next few pages broadly address how research ethics was intertwined with qualitative research activity throughout this study.

The literature survey necessarily extended more deeply across a range of ethical considerations. Sources included a Mental Health Foundation guide to service user involvement (McCulloch, 2003). Consideration was given to advice on confidentiality and disclosure (BASW, 1978), the *Research Governance Framework for Health and Social Care* (Department of Health, 2001), *Drug Misuse Research Initiative: Research Specification and Notes for Applicants* (Department of Health, 2004), the Research Ethics Code of Conduct (Edge Hill University, 2006), and the Research Ethics Framework (Edge Hill University, 2008). A seminar on research ethics at Edge Hill University discussed research ethics.

Mertens' and Ginsberg's previously mentioned discussion of transformative research stresses a need to achieve rigour by including stakeholders properly from every level of the power spectrum and representing their views accurately in findings (Mertens and Ginsberg, 2008). This research complied insofar as practicable while collecting data from management, staff and service users; which often required self-reflective, ethical thinking.

Similarly, reflexive practice like that developed in Albertin's ethnographic study of heroin users has ethical implications (Albertin, 2008). Such practice reveals, "the attitude and values implicit in the construction of scientific knowledge," and, "commitment to the object of the research: how, what and where said object is constructed" (Albertin, 2008: 468). Albertin describes how an 'enunciative position' is formed from analysis of, "social discourses available in the socio-historical context of the author of the text" (Albertin, 2008: 469). That reflects a specific world view, an

epistemological positioning. The researcher/author needs to identify a relationship between their enunciative position and any selves or subjectivities that are produced in intersubjective space¹⁷⁶.

The logic of Albertin's argument works well with the conceptual basis of responsive interviewing. Rubin and Rubin view interviewees as 'conversational partners' (Rubin and Rubin, 2005); hence responsive interviewing also resonates with Lincoln's emphasis, as quoted in Mertens and Ginsberg, on;

.....issues of power: power between persons, and power relations connected to institutions, historical circumstance, economics, gender, social location, race, class, sexual orientation, cultural backgrounds and experiences.

(Mertens and Ginsberg, 2008: 490)

The researcher was in a position of power as interviewer and as a gatekeeper or interpreter of what participants say, but equally could be a subject of power from various stakeholders. The researcher and researched might differ in,

.....community involvement, educational level, socioeconomic status, legal status and health status even where they do not include ethnicity, age, sexual orientation, cognitive ability, language preference and or membership of stigmatized groups.....

(Mertens and Ginsberg, 2008: 491)

These differences are sources of power inasmuch as they are influences on perception and liable to affect representation of the other.

Rubin and Rubin argue that, 'truth' implicitly does not exist as something independent of human perception; it differs person to person based on, "what individuals see and experience and how they interpret events, stories,

and conversations” (Rubin and Rubin, 2005: 21). Since a number of the above differences apply to the researcher and research participants, are sources of power, and affect perception and interpretation; the researcher was obliged to use a model that could systematically address possible bias.

Albertin, Schostak, and Smyth and Williamson all recognise the importance of the relation with the ‘other’, and each writes of a ‘space’, created between the researcher and the ‘subject’ of any interviewer (Smyth and Williamson, 2004; Shostak, 2006; Albertin, 2008).

The ability to get into the world of someone who does not share one’s own lenses requires an ability to first recognize and then suspend one’s own cultural assumptions long enough to see and understand another’s.

(Rubin and Rubin, 2005: 29)

Schostak discusses the ‘inter-view’ as a process, referring to discourse¹⁷⁷ as a way to refer to differences in interpretation within what becomes both a ‘listening space’ and a ‘telling space’ (Shostak, 2006). Smyth and Williamson discuss reflexive subjectivity as an issue of method, to the extent that research could benefit from having a diverse research team to help one another to reflect and that the researcher’s identity and relation to the subject or subject area is explicitly part of the analysis (Smyth and Williamson, 2004).

As a lone researcher it was necessary to identify ways to address issues of reflexive subjectivity. It was important to refer back to stakeholders and research participants while analysing data and drafting conclusions; and

opportunities were utilised to discuss conceptual matters with professional colleagues without disclosing interview content.

Insofar as responsive interviewing assumes understanding between persons in a social context, rather than taking a traditional hermeneutic¹⁷⁸ approach, going back to the interviewee is intended to achieve depth (Bragason, 2005). Bragason has undertaken research using responsive interviewing in that way; but he cautions that, “.....repeated deep interviews may easily change the perceptions, beliefs and attitudes of the person being interviewed” (Bragason, 2005: 116). Insofar as that might happen within a series of interviews, the researcher had to create an interview space in which the interviewer and interviewee could work together to create a meaning. Bragason comments that in that case it should be explained to the interviewee before consent is obtained to join the study.

Responsive interviewing is to some extent ‘art’; hence by nature interpretative (Rubin and Rubin, 2005). Cornelius’ doctoral research relied on responsive interviewing to develop understanding of processes involved in establishing a College medical centre, noting Rubin and Rubin’s view that qualitative interviewing techniques are not tools to be mechanically applied (Cornelius, 2008). There was mutual influence, but biases were dealt with by reflection, and Cornelius’ thesis cites personal involvement as a source of strength rather than a hindrance. Sampling is purposive and, “prolonged engagement allows for increased credibility” (Cornelius, 2008: 52). Triangulation, peer debriefing and member checking also boost credibility.

Such ethical considerations could not be sidestepped in this research, partly owing to its more sensitive nature. Responsive interviewing might well impact on interviewer and interviewee alike, and it would be disingenuous to claim that the purpose is only to discover meanings. Therefore particular consideration was given to the responsibility of interviewer to interviewee. In discussing consent with participants it was acknowledged that interviews might in some way influence interviewees, though it was emphasised that it was not the purpose or intention.

Reflexive subjectivity is an ethical issue insofar as it affects the researcher's capacity to minimise distortion in observation and interpretation and the subject's right to relatively undistorted representation (Smyth and Williamson, 2004). Similarly ethics comes into ethnographic research where the researcher assumes responsibility for actions and for debate between enunciative positions (Albertin, 2008). Schostak's ethical protocols for the 'inter-view' involve anonymisation or fictionalisation, confidentiality, negotiation of access, right to say 'No', independence of the researcher and a representation of views that privileges no view more than any other (Shostak, 2006).

Some matters in this study might need to be omitted from findings or fictionalised to avoid damaging relationships or identifying participants. Care would in that case need to be taken not to mislead by claiming that the particular finding is complete or wholly authentic or by substituting the researcher's viewpoint.

These views are consistent with feminist epistemologies insofar as they support reflexivity based on making the researcher's own position explicit in analysis of data and production of narratives in qualitative research (Holland and Ramazanoglu, 1994). Albertin relates this to being an ethnographic researcher, where her observational method in the community emphasises quantitative methods and has met tension from most staff in her medical research centre, who conduct positivist epidemiological research (Albertin, 2008). Having started to question her explanations of heroin users; she recognises more clearly the need for reflexivity and for more opportunity to reflect in the company of other qualitative researchers.

She concludes that, "ethical questions are connected to knowledge production concepts and scientific and professional practice" (Albertin, 2008: 478). Ethics is,

.....inseparable from a political dimension in knowledge production or social intervention because it requires the involvement and commitment of the text authors with the positions they hold, with their acts, with their academic or professional product.

(Albertin, 2008: 478)

That recognises tensions in the relationship of interviewer and interviewee. Within the interview space the interviewer faces not only ethical considerations of consent and confidentiality, but also the ethics of an exchange and a 'duty of care' (Albertin, 2008). Ethical considerations extend, as in Shostak's analysis, to the researcher's intervention in construction of the resulting text, which if there are multiple views at best results in 'emanipations', which treat each as 'expert'¹⁷⁹ (Shostak, 2006).

The researcher must address how past and current roles can introduce bias or conflict of interest (Marshall and Rossman, 1999). This researcher's background includes child protection work in a Social Services Department; over 30 years in social work teaching; chairing a family advocacy agency; family history of alcohol problems and past research on advocacy. That experience cannot be disregarded. It has to be 'bracketed'.

General considerations also encompass the risk of contributing to regimes of truth or subjugating knowledges and maintaining openness about purpose, service user involvement, data protection, and responsibility where disclosure of information may be unavoidable in the interests of children. Specific considerations relate more directly to the researcher's and research participants' vulnerabilities.

There is a risk that research will contribute to formation of 'regimes of truth' that tend to be regarded as 'benign', particularly in positivist discourses (Cameron et al, 1992). Contextualising research data is fundamentally an ethical as much as a theoretical concern (Humphries, 1994). Issues had to be resolved about how far this research might perpetuate common negative views among professionals and the public. That required that questions asked and recording, analysis and reporting of data were continually related to an understanding of how they might contribute to existing or new biases. It was equally important to consider how information, once reported, might be interpreted in other contexts and over time (Shostak, 2006).

Other general issues concerned informing participants about the research, obtaining consent and ensuring the security of files, notes and drafts,

whether paper or electronic, in order to protect anonymity. Data Protection Act (DPA 1998) principles informed understanding of these essential matters. These were complied with at all times in connection with the collection, security and disclosure of privileged information.

Data was obtained and processed in accordance with NHS REC approval, ensuring conformity to Data Protection Act 1998 principles at all times. Under the first principle (Department of Health, 2000a), the research was to be explained to each participant first by FaSST staff. A £30 voucher would be presented to each participant for each attendance for interview. The amount matched payments given by other researchers in the agency, and the amount was provided as recognition of time given rather than as reward; hence it was made on arrival for interview, unconditionally as to whether an interview was started or completed.

The researcher repeated the consent process with each person at initial interview. An introductory letter (see Appendix I), Participant Information Form (see Appendix I) and consent form (see Appendix II), were required under conditions in Schedule 2, para. 1, and Schedule 3, para. 1, DPA 1998. Research objectives were explained verbally, referring to all three documents; along with the nature of the research, who was undertaking it, how it was funded, how long it would take, why it was being done, possible consequences of the research and how results were to be disseminated. The explanation was individually adapted, ensuring each person could understand. Issues of confidentiality, disclosure and access to information

were explained briefly before individuals were asked to sign, and copies of documents were left with each participant.

Another person could have been asked to speak to the person and countersign the consent form if there were concerns about capacity to consent under the terms of NHS REC approval. Inclusion would then have been subject to involvement of a relative, friend or third party who was not paid to provide care; and that person would have been asked to make a decision as to whether to agree to or to deny consent. At any point if consent had been withdrawn, any data already obtained when the person lost capacity would have been retained insofar as it would not be identifiable, unless the individual requested that it be destroyed.

The NHS REC stipulated that any person might be affected by vulnerability to a degree that required assessment of vulnerability must be excluded from the study. The researcher could return to the REC if the study could not be completed without persons of that degree of vulnerability.

Practitioners were asked to participate via a staff meeting and by the FaSST Manager, but participation was always voluntary and they were free to stop at any time. Documentation was similar to that for parents, and consent was obtained using the same procedure, with an introductory letter. Participant Information Form and Consent Form (see Appendices II and III). Payment was not offered to staff.

Before staff and parents signed agreeing to participate, their entitlement to withdraw from interviewing at any time was made explicit. Information was not sought from agencies about parents or their children before research

proceeded; that would only have been sought with the participant's agreement, to validate matters of a nature previously agreed with NSPCC, e.g., where a significant risk of harm was known that may require disclosure under Liverpool Safeguarding Children Board Threshold Criteria.

To avoid obtaining information unlawfully, at no point was information asked for or accepted in consideration of anonymity in criminal matters; and if such information had been offered or seemed about to be offered the researcher's discretion to disclose would have been explained immediately to the person concerned. That reflects British Association of Social Workers advice that balances a general requirement to report crimes with particular circumstances in which the nature of a relationship may mean that communications are privileged (BASW, 1978).

Even solicitors, priests, bank managers and journalists have no absolute right to withhold information from the Police. The courts recognise that information may be given in a relationship in which the informant is entitled to expect that information will be treated as 'privileged', e.g., when speaking to a debt counsellor¹⁸⁰. In that event discretion would be expected to be used by the recipient in deciding whether disclosure is appropriate. Nonetheless, because discretion might lead to disclosure, persons appearing to be about to make a disclosure should be advised immediately to consider that possibility in deciding whether to continue.

Ethical issues include how to respond where children may be suffering significant harm or be at risk of significant harm¹⁸¹ (Shaw and Gould, 2001). The BASW view is that in the event of disclosure of significant harm or risk

of significant harm to a child, or if a similar issue arises in respect of a vulnerable adult, information should ordinarily be disclosed. That is consistent anyway with safeguarding protocols and guided by threshold criteria sent to Local Safeguarding Boards.

The researcher treated all disclosures by participants as privileged. Informants were told orally that information given would be treated as confidential, but it might be disclosed if it concerns an offence or where the participant reveals that a child is suffering significant harm or is likely to suffer significant harm. The patient information sheet states that whether to disclose to the Children's Services Manager would be based on threshold criteria, which would be based on a framework produced by the researcher and approved by NSPCC, NSPCC's REC and the NHS REC, which was included in the final IRAS submission.

The second data protection principle limits collection and processing of personal data to specified, lawful purposes and fulfilment of those purposes (Department of Health, 2000a). Data obtained was therefore not entered in any other database or information system, and no other information was held with it. All processing was undertaken only in accordance with requirements of the research proposal seen by the NHS REC.

The third principle requires that personal data must be adequate, relevant and not excessive in relation to purpose (Department of Health, 2000a). Only such information was collected as individuals were prepared to offer as part of responsive interviewing, for which the starting point is that each person talks about only those matters they feel comfortable in disclosing.

The manner in which information was kept was specified in advance to ensure that information necessary to meeting research objectives was kept and that other information was recorded only if it was clearly needed.

Given individual participants' backgrounds they might always have been likely to limit disclosure. Nonetheless, once trust was gained, they might have disclosed matters that could be deeply significant or a cause of embarrassment so care was taken during interviews not to elicit information that might have exceeded what was needed for data analysis.

The issue of trust extends to how researchers interact with colleagues, community members and participants; which is instrumental to successful research itself (Mertens and Ginsberg, 2008). At times it might require a researcher to resist concerns by others to identify participants. Equally it means not getting so close to individual participants as to risk bias or favouritism. The researcher made clear he was not a confidant or therapist.

Information from parents, and information about parents from other primary sources, has not been used in any other research or disclosed to any other person or organisation; nor would it be except as required by law or for the protection of children from significant harm. Information was not used to promote involvement in other services or research.

The fourth principle requires that personal data is accurate and, wherever necessary, kept up to date (Department of Health, 2000a). Tapes or notes were transcribed verbatim and unclear words shown as “[unclear]”. Corrections or additional information were entered to records as soon as practicable, normally within 24 hours, of being identified. Data was retained

in a processed form whereby identities of staff and parents could not readily be deduced. It would only ever be shared in that form as raw data for secondary analysis with publishers or other researchers.

The fifth principle requires that personal data processed for any purpose or purposes shall not be kept for longer than it is necessary for that purpose or those purposes (Department of Health, 2000a). S. 33, Data Protection Act 1998 provides that personal data may legally be kept indefinitely for research purposes. Nonetheless, electronic files, tapes and other records that would identify participants were disposed of by magnetic erasure, shredding or burning as soon as they were no longer of value to the research. No information retained after that date is directly attributable to any individual research participant. Only if staff gave written agreement with agency written agreement, would staff identities be disclosed or would information attributable to individual staff be shared. Attribution to third party agencies has been and will be avoided where it might be prejudicial or might unfairly represent the character of an agency or its staff.

The sixth and seventh principles require that personal data should be processed in accordance with rights of data subjects under the Data Protection Act and that technical and organisational arrangements should protect against unauthorised use or unlawful processing and accidental loss, destruction or damage (Department of Health, 2000a). All data was retained in a separate file for each data subject. In the event of a request for access to that data by a data subject, or by a person who had given

consent in their behalf for participation; it could be made available in an accessible format, and content corrected or removed on their request.

Electronic files were kept on a password protected computer harddisk and a separately stored password protected backup copy. Analysis was done on electronic files insofar as it required marking up of transcripts. Interview transcripts, printed out to facilitate analysis, were shredded as soon as analysis was complete and only anonymised data retained.

No information was retained on electronic files that could directly identify any individual by name or address. Records needed to identify individuals were kept in a locked filing cabinet at NSPCC, and access to electronic files and records to identify individuals was restricted to the researcher. Parents' addresses and telephone, mobile or email details needed for contact purposes were only ever known to NSPCC. Telephone, mobile or email details of staff were kept only as needed for short periods to facilitate appointments. The researcher never directly contacted parents.

The eighth principle requires that personal data is not transferred outside the European Economic Area unless it is to a place that ensures protection of rights and freedoms of data subjects regarding processing of that data (Department of Health, 2000a). Data has not been transferred for storage, processing or any other purpose to anyone outside the UK. Should data need to be transferred as part of arrangements for publication by a peer reviewed journal, then files would be checked to ensure that data is fully anonymised and assurances obtained as to DPA 1998 compliance.

Vulnerability of Substance Misusing Parents and Children

Specific ethical issues derived from vulnerability of some substance misusing adults, not least as parents, and vulnerability of their children; the more so insofar as the researcher might be seen to have significant power. It was necessary to ensure parents did not experience pressure to participate, in the hope of some advantage from doing so or in fear of being denied resources if they declined.

Parents misusing drugs might be vulnerable for numerous reasons. There are associations of substance misuse with domestic violence and child protection issues (Gorin, 2004). It would be prudent to regard that non-abusive parents might be more emotional or increase substance misuse or self-harm following incidents of abuse or harassment in the community (Humphreys and Thiara, 2003; Humphreys et al, 2005). It was agreed to seek advice from the Children's Services Manager as to whether or when it would be appropriate to interview individual parents in those circumstances.

In only one instance did that come up, but it was not known in advance that the parent would become very emotional concerning harassment by a neighbour. Because she had a firm, responsible plan in mind to deal with it and became less emotional after a short discussion, it was agreed not to return to the matter; and it was left to the woman concerned to seek advice or support. No other instances were identified.

It was recognised that especial care might sometimes be needed when explaining the research and obtaining written consent but that was never an issue. Some individuals might have had a strong impulse to obtain drugs, fear that established sources of drugs could be interrupted or concern that

participation in a programme of reduction or treatment might be withdrawn. If parents had been anxious about retaining or recovering care of children they could have had particularly high anxiety.

Research subjects were reminded of the voluntary nature of their participation as each interview commenced and from time to time during any interview that addressed potential sources of vulnerability. Persons could have become distressed during an interview, in which case time would have been given to settle, with a reminder that they need not continue. They would have been thanked for participating if they elected to leave; and interviewing would not have resumed if it was apparent that it could lead to further distress.

Some parents might have had mental health difficulties or learning difficulties. Neither persons with learning difficulties nor those with mental health problems necessarily lack mental capacity to give consent to form contracts, or for that matter to consent to sexual activity, to marry or to form a criminal intent (Brayne and Carr, 2010). Although some writers report that persons with learning difficulties may in general be suggestible (Criminal Law Review Commission, 1972), research shows suggestibility widely in the general population. Nonetheless, if parents had or appeared to have some form of learning difficulty or significant mental health problem, particular care would have been shown in obtaining consent (Brayne and Carr, 2010).

There is a requirement in the IRAS application pro forma submitted to the NHS REC to state how persons will be asked for consent where they may not have capacity to consent or in the event they lose capacity to consent

during the course of research. As noted above in connection with the data protection principles, relatives or others could be asked to consent or to deny consent; but the NHS REC that issued the permissions in Appendix I concluded that especially vulnerable persons should be excluded.

Participants could also have been vulnerable insofar as they might identify the researcher's capacity to offer help and assistance. The researcher undertook not to engage in any form of counselling or therapeutic intervention, even if that was sought. Twice service users were advised to discuss such issues with agency staff.

The relationship of researcher and participant always respected the intimacy and integrity¹⁸² of research subjects. Interviews only proceeded where others were available throughout and they only ventured into matters pertaining to the research. No gifts or favours were given or accepted. If it had appeared that a personal relationship was expected or may have been liable to develop, particular care would have been taken; and the interview with that individual would have been terminated as soon as practicable in a way that as far as possible avoided distress.

Choice of interviewees was determined in accordance with principles of anti-oppressive and anti-discriminatory practice. Had quota sampling been possible; decisions about attributes and numbers would have been for a reason other than discrimination, related to the research objectives. That was, however, obviated by the small numbers who came forward.

Nothing in the research required or warranted clinical intervention, use of deception or covert methods. Where necessary the researcher would

always be open with FaSST staff, having advised interviewees when obtaining consent that staff might have to decide whether to inform others.

A final, fundamental ethical consideration was openness about the extent that research was genuinely intended to be a form of advocacy or empowerment. Cameron et al (1992) address 'advocacy'¹⁸³ and 'empowerment' as *purposes* of research, based on analysis of power and power relations as they affect research subjects. It by no means followed that, even if findings ultimately supported advocacy for parents, the research would necessarily empower them.

The complex power relations that involve children, parents, other family, drugs agencies and agencies of state intervention mean that parents may be relatively powerless against state intervention yet still oppressive in relations with their own children. Thus greater empowerment of parents must be limited in relation to their children. It would have been unethical to promise at the outset that the research would be, "on, for and with", parents in the sense Cameron et al describe as amounting to empowerment (Cameron et al, 1992).

Advocacy in Cameron et al's terms would identify the importance of creating structures to enable full and effective parental participation in decision making (Cameron et al, 1992). Even if the purpose of the research itself has not been to empower parents in relation to children's welfare, it should still be both possible and desirable to voice parents' experiences and views.

Gouldner has expressed concern about academics venturing into, "the peril of the urban jungle", to study "deviance" among "the underdogs" (Gouldner,

1973: 37-38). Thus further work will be desirable beyond the research period to ensure that parents are or can be heard, in order to address concerns about reciprocity of researchers and research participants whereby each should receive something from the other (Gouldner, 1979).

A more reflexive approach in research itself would address a 'crisis' in functionalist sociology (Gouldner, 1969), reflected in a tendency to make assumptions, show complacency about, or evade issues of structure, power and legitimacy (Gouldner, 1973). Even so, research would not necessarily avoid being exploitative and voyeuristic unless participants' voices are brought to a wider audience (Scraton, 2004).

More radically, however, some question whether it is even possible to 'give voice' to others (Noffke, 1999) or to 'represent' that voice to others (Scraton, 2004). The latter has been addressed earlier in this chapter in terms of authenticity. A genuinely emancipatory approach that would address voice by enabling individuals or groups to 'come to voice' (Boylan and Dalrymple, 2009) was not possible within the current research design.

Mertens and Ginsberg discuss beneficence in transformative interviewing, emphasising empowerment and social justice (Mertens and Ginsberg, 2008). Not only must benefits of research outweigh potential negative impacts, but all stakeholders should have the opportunity to be informed of research findings, which should be more widely disseminated in an accurate form that does not lead to harm.

The intention in this research to give parents as well as other stakeholders the opportunity to have an anonymised summary of the findings, to take

account of their comments and to produce written reports and journal articles is consistent with the idea of beneficence. Insofar as reported research may promote discussion and debate on practice, it obliges the researcher to monitor how its findings are interpreted and used. Even if the purpose of this research has not been direct empowerment and it is not emancipatory, per se; it can contribute to social justice, and Mertens and Ginsberg's admonishments have as far as possible been followed.

Data collection was completed once the researcher was confident that what was being studied had as far as practicable been fully explored, that data sufficed to generate useful findings and that it would enable the limits of relevant theory to be tested by clearly identifying conditions under which it is likely to hold. While it would be satisfying to have had more interviews with substance misusing women, data generated from staff and parents was extensive and increasingly was generating similar information.

It is unnecessary in responsive interviewing to reach 'systematic densification', where interviews continue until they yield no new themes or hypotheses, leading to 'theoretical saturation'¹⁸⁴. Continuing when data was already sufficient might have been unhelpful to NSPCC and to participants and hence unethical. Once there was enough data to enable rich description in a number of content areas, it was appropriate to turn entirely to data analysis.

Active Fieldwork, Interview Plans and Interviewing

Initial fieldwork began in April 2009, after an extensive literature search and a long period networking agencies and looking at quantitative information in

existing documents to establish deductively the extent of potential need and provision in the locality. Two weeks were spent observing the FaSST's work and discussions with managers and at staff meetings obtained wider data, including information about relationships with other agencies. This early work helped contextualise the research in chapter 1 and it was a reference point for analysing interview data in chapters 6 and 7.

Individual Practitioners were interviewed after the period of observation; and substance misusing women¹⁸⁵ were interviewed later. Staff interviews were carried out, subject to availability, from September 2010 to November 2011, with some variation in numbers who completed all interviews.

The starting point for the first set of interview questions for both staff and parents was the research topic and research question, i.e.;

What are the implications of support and advocacy with substance misusing women during pregnancy and after in promoting parental involvement and children's welfare within the regulatory child care framework?

Questions were only intended to derive information in relation to a specific sample in one setting, albeit findings and conclusions were intended to inform development of support and advocacy in this area of work.

Four matters that are central to the research objectives would be pursued in interviews with staff. Those are italicised below in the research objectives.

1. *find out and contextualise* numbers and *circumstances of women* on Merseyside *who misuse substances and numbers and circumstances of children* of those mothers,
2. *identify* and give voice¹⁸⁶ to *common experiences, concerns, fears and hopes of mothers* on Merseyside *who misuse substances, and where available fathers* of children concerned, in respect of their children's welfare,

3. *establish what support and advocacy is available on Merseyside that could address common experiences, concerns, fears and hopes of mothers/parents for their children, and*
4. *explore what support and advocacy services for mothers/parents could do to promote their involvement and the welfare of their children within the regulatory child care framework.*

Time was needed to arrange, carry out and transcribe first interviews; undertake early data analysis; and repeat those steps through second and third interviews. Transcribing and data analysis were time consuming, and interview schedules required careful review between interviews.

Individual staff interviews started with initially unstructured interviews of seven FaSST staff to form conversational partnerships (Rubin and Rubin, 2005). They focused on general perceptions of parents; the extent staff recognised concerns, fears and hopes of parents; and how far staff knew of support and advocacy services that focus on those matters with parents. Subsequent interviews were affected in some instances by illness absence, peaks in workload or staff being called away to emergencies.

Where second and third interviews were practicable, each person was prompted to expand on comments, fill in gaps and explore issues. Third interviews sought more depth, drawing out, “coherent and consistent descriptions, themes and theories that speak to [the] research question” (Rubin and Rubin, 2005: 202).

Staff needed a significant period to identify and obtain informed consent from individuals, and substance misusing women were identified for interview from June 2011 to October 2011. Individual interviews were

undertaken with three substance misusing women while second and third staff interviews were on-going.

Initial interview planning for (grand)parents is described in Appendix III of this thesis, following the same logic as with staff interviews. The intention was to work through stages, insofar as participants engaged over a sufficient period. The starting point to design the first set of interview questions was again the research topic and research objectives. Interviews would address the same four matters, very largely, as with staff, around contextualising, common experiences, availability of support and advocacy, and benefits to children's welfare.

Initial interviews were to discover what substance misusing women would be willing to or want to discuss; hence early questions and prompts elicited hopes and concerns of women interviewed and how they felt the service was valuable to them or to their children. Having confirmed the voluntary consent of each interviewee and introduced the first interview, the initial question asked, "What do you want for your child/children now and in the future?" That brought out experiences, concerns and aspirations. Parents were then asked, "What feelings do you have about these expectations/concerns?" A follow-up, particularly if parents struggled with the first or second question was, "What do you expect her/his/their life to be like in the next year or so? It was possible to ask about, "five years from now", "ten years from now", or "as he/she/they reach(es) adulthood", where there was a significant initial response.

In practice any of the questions might have needed rewording or repetition. Responsive interviewing does not seek to elicit painful or very personal issues initially, questions are not precisely replicated from person to person and they evolve as interviewing proceeds (Rubin and Rubin, 2005). The main questions at this stage were generally open questions.

Initial analysis of transcripts/summaries of first interviews identified concepts, themes and events or topical markers; which were clarified, defined and synthesised. Successive interviews were coded similarly as data units were sorted, summarized, ranked, compared, weighed, combined, integrated and checked; but data units had to be recoded as concepts emerged. This helped inform second and third interviews for each individual; but to some extent the effect was cumulative as interviews proceeded with a series of women, two parents and one a grandparent.

Second interviews were semi-structured, which has been shown to be an effective means of producing sound qualitative evidence (Mertens and McLaughlin, 1994). The first question invited (grand)parents to revisit some points from their first interview. Further questions prompted interviewees to revisit and expand on particular points. They picked up on especial hopes or concerns; how women had learned about services that might have helped them; experiences of child care professionals and agencies; and experiences of advocacy.

Going over points from initial interviews identified how further interviewing might clarify and develop concepts, themes and topical markers. Further questions were in the nature of, "How would you describe your life with your

child?” and “How would you describe your child’s life?”, or, “What would make a difference to your child’s life in the next few years?”, or variations of, “How are you/your child affected by drugs workers, social workers, Families and Substance Support Team members?” These were still open questions but tended to be more focused and intended to follow each parent’s lead.

Third interviews were also semi-structured and like staff interviews sought to develop consistent descriptions, themes and theories. The first asked the (grand)parent to confirm some points and go back to other points from the previous interview. Questions picked up more clearly on concepts and themes and they included closed questions and probing questions. They thus closed in on the research topic and the research question to obtain more detailed data about individual experiences, hopes, concerns, etc., of parents regarding their child/children.

It was expected that besides addressing the four concerns that follow from research questions, interviews might reveal areas of knowledge deficit among parents. Encouraging particular information behaviours in support and advocacy might in that case, for example, facilitate consciousness-raising to challenge stereotypes, address quality of life and improve self-confidence (Brandon and Brandon, 2001). Previous ethnomethodological research found that support and advocacy might also address anxieties about risk¹⁸⁷, knowledge of children’s needs and information on child welfare and other services insofar as relevant (Hicks, 2001). What was said in the current research interviews has defined parameters of data analysis and findings reported in chapters 6 and 7 and conclusions in chapter 8.

Data Analysis

Having designed interview questions for both staff and parents to address the specific research topic, research question, and research objectives; and obtained sufficient data for rich description in various content areas, data analysis should reveal how far data informs scope for support and advocacy in this area of work. Reflecting research objectives, data was expected to contextualise circumstances of women who misuse substances and their children, and reveal common experiences, concerns, fears and hopes of parents. It would clarify support available to parents, and explain how support and advocacy to parents benefits children's welfare.

Varied research methods address the range of research objectives. The first research objective was informed from statistical evidence, the second by interview data, and the other two from interviewing, discussion with staff, observation and contact with agencies across Merseyside.

Varied methods broaden research, promote in-depth understanding (Denzin and Lincoln, 1998; Garwood et al, 2000) and allow sequential triangulation (Creswell, 1994) of evidence from interviews, documents and statistics (Denzin and Lincoln, 1998; Garwood et al, 2000). Triangulation makes ambiguities tolerable in qualitative research (Strauss and Corbin, 1998).

The first research objective was initially addressed in chapter 1 in a critical review of national statistics augmented by local data from work done by NSPCC. Local data was more helpful insofar as NSPCC had combined with local agencies to conduct particularly relevant local surveys between 2000 and 2004. National data often did not adequately address women or

their concerns, let alone pregnant women or mothers; and statistical data as a whole was likely to underestimate how many were affected.

Insofar as statistics might be unsafe, the circumstances NSPCC's FaSST operated in could only be identified from staff experience and substance misusing women's responses. Participants might have had particular characteristics or a range of characteristics. Appendix VII provides pen portraits for individual interviewees, identifying characteristics as revealed or disclosed during interviews.

The second, third and fourth research objectives were addressed via interviews. Those identified common experiences, concerns, fears and hopes of mothers, addressing the second objective. Regarding the third objective, interviews revealed a range of agencies that individual women engaged with as well as a wider range that Practitioners engaged with. Observation, discussion with the Team and discussion in other agencies revealed others. Appendix VI provides information about NSPCC, the agency network and individual agencies. In respect of the fourth objective, interviews identified support provided as well as some elements of advocacy and scope to develop that further.

Observational Evidence, Team Discussion and Networks

Observation in the FaSST and interview responses reflected social network thinking, an approach developed from Radcliffe-Brown's ideas about structure¹⁸⁸, which uses the metaphor of a fabric (Scott, 2000). While limited to application of network concepts such thinking could be inferred

from observation evidence, regular informal contact with other organisations and topical markers, events and themes in interview data.

Observation was carried in an open plan room at NSPCC shared by FaSST and Domestic Violence Team staff. Premises were shared with staff and volunteers of ChildLine, but ChildLine maintains a confidentiality policy that limits interaction with other teams, and only social contact was seen with ChildLine workers. Generous communal facilities and a child care room, health room, training room and small conference rooms facilitated mixing of staff and facilitated some service user activities.

Analysing Interview Data

Interviewing of both staff and substance misusing women showed implications of support and advocacy via the FaSST for substance misusing women during pregnancy and after in promoting parental involvement and children's welfare. It helped to identify circumstances of children and parents in a way that statistical evidence might fail to do. It went some way to give voice to substance misusing (grand)mothers, but not fathers, in respect of experiences, concerns, fears and hopes for children; to identify how support and advocacy addressed those matters; and to clarify ways that support and advocacy could promote their involvement in the interests of children affected by the regulatory child care framework.

Initial and later interviews with individual parents were taped where there was agreement and otherwise detailed notes were taken. Analysis of responsive interviews then proceeded in stages (Rubin and Rubin, 2005).

Figure 2 shows a simplified, two-stage model of data gathering and analysis. Data analysis first de-contextualises and later re-contextualises (Creswell, 1994) to reach a higher level analysis. De-contextualisation breaks information into parts, reducing its great bulk to manageable data. Re-contextualisation uses a schema that results in, “emergence of a larger, consolidated picture” (Tesch, as cited in Creswell, 1994: 154).

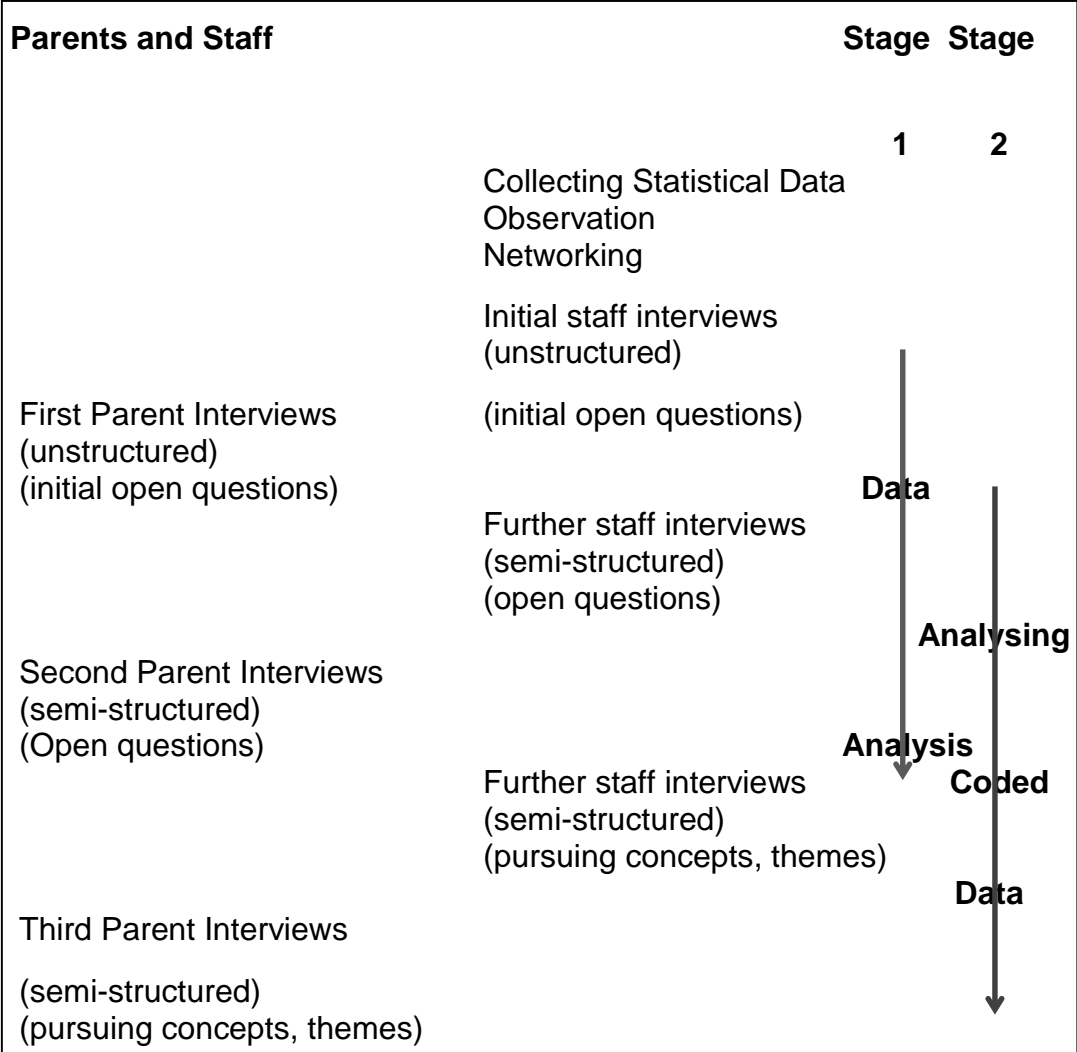


Figure 2: Two Stages of Data Analysis and Coding

First Stage of Analysing Interview Data

Seven staff and three substance misusing women were interviewed. One woman withdrew without interview as her very young baby was frequently unwell. Staff were assigned coded names of ‘PA’, ‘PB’, ‘PC’, ‘PD’, ‘PE’,

'PF', TM'; and substance misusing women were assigned coded names of 'A', 'B' and 'C'. The interview stage was indicated by '1', '2' or '3'. The researcher undertook all interviews and produced all the transcripts.

The first stage of data analysis involved preparing transcripts; finding, refining and elaborating concepts, themes and events; and picking out and coding what interviewees said that related to concepts, themes and events. Transcribing, coding and analysing the 26 interviews extended over a period of 15 months. Transcribing had been expected to require up to 8 hours for each hour of interviewing, which proved realistic when content was taped. Producing records from handwritten notes was more rapid, but retaining detail, accuracy and significant quotes was challenging.

An anonymised example of the transcript is provided in Appendix V. Transcripts were named to facilitate linking each series and line numbering was added. Each was given a uniform heading, interviewee names were replaced by a code, and conversations were recorded as a sequential behaviour record.

Transcripts needed to include the level of detail likely to be analysed and any information such as facial expression, gesture or emphasis that would assist interpretation, especially with only one day weekly for fieldwork. That favoured doing fewer interviews over a longer period with transcribing soon after each interview, which suited needs of the agency, individual staff and service users. The concluding summary for each brought together timing, date, purpose and a brief précis of content. Each interview was studied carefully before the next was carried out.

Once transcripts were compiled, multiple copies were ordinarily made, with one kept purely as a transcript and others to be marked up for analysis in conjunction with the summary and memos (Rubin and Rubin, 2005). MSWord enabled copies to be produced as needed, with each revised coding saved as a discrete file.

In preparing for initial analysis transcribed text had to be studied and broken down into 'data units', "blocks of information that are examined together" (Rubin and Rubin, 2005: 203). Since data units differ depending on what is being analysed, they varied in length from a few words to longer sections of text, and they tended to be part of the answer to a question, or to a series of questions and answers. There were data units within data units and overlapping data units. In this research data units varied from a few words to one, two or several sentences.

Open coding, a line-by-line coding technique used in the early stages of grounded theory studies (Strauss and Corbin, 1998), is recommended, exceptionally, for use in responsive interviewing studies (Rubin and Rubin, 2005). It is considered helpful to avoid being diverted by preconceptions, particularly where the literature or existing theory make it difficult to see what is in the data (Strauss and Corbin, 1998; Rubin and Rubin, 2005).

Open coding was used without following all the assumptions of grounded theory. Grounded theory tends to be used in areas where it is assumed that there is less detailed familiarity with what is studied, while responsive interviewing makes no such assumption.

Each concept, theme, event or topical marker identified could then be searched for in every transcript. Transcripts were coded a few items at a time, using hierarchical coding when required. Some quotes were highlighted or entered in a separate file. In the second stage, coding and analysing coded data could only be concluded after transcribing and initial coding; but the second stage took much of the time.

MSWord allowed coding using ordinary formatting with numbered lines in individual files for each interview. Words added to the text were entered between brackets in red, where necessary, to preserve clear but unspoken meanings. Thus “[Barnardos]” identifies text referring to a specific agency. Information that was added to avoid loss of contextual information during transfer of coded passages to the populated data tree was shown similarly. If speech could not be deciphered from taped interviews it was replaced by “[unclear]”. Pauses were shown in brackets, as [long pause] or as “.....”; and non-speech behaviour was shown in brackets in red as “[laughs]”.

As transcripts were read researcher thoughts were recorded separately in memos, whether relating to particular data units, entire interviews or sets of interviews. At first memos helped to reformulate interview questions, but later they helped to identify concepts, themes and events. Where a theme is identified in a memo, it is identified with at least one relevant quote.

Bold text was used to signify coded text, and a simple numbering system was augmented by a colour code to separate levels of the coding tree and to identify themes, concepts, topical markers and events that were generated during line-by-line and subsequent coding. Blue text identifies

persons as topical markers; olive text identifies **agencies** as topical markers; and fuschia identifies **events** as topical markers. Additional notes were put after the summary at the end of each transcript.

Text with a similar code was later grouped in a large file using the coding tree as a framework and adjustments made to coding as themes and concepts became clearer. Other researchers have found that with MSWord documents it is possible to use 'comment' for adding codes and 'text box' features to add other information such as where there is a relevant memo on the memo file. 'Comments' were found to be excessively time consuming, no more helpful than text boxes and complicated by having used text boxes to group text in the coding document. However, additional notes could be generated by adding textboxes left of the coded text.

IT applications for qualitative data analysis require much time for learning the software, entering data and undertaking analysis. They can generate excessive amounts of information and may stifle creativity (Rubin and Rubin, 2005). Rubin and Rubin recommend Nota Bene¹⁸⁹; which uses the Orbis word processing package, enables searching and identifies every word in a document but leaves researchers to code particular words and find themes. Given Nota Bene's cost, MSWord was utilised with Endnote as an 'Add-in', albeit some processes were still time consuming, e.g., calling out text, collecting similar text into files and waiting for Endnote to process.

Recognition is an important part of analysis; finding the concepts, themes, events and topical markers, as defined below, in interviews.

A *concept* is a word or term that represents an idea important to the research problem; *themes* are summary statements and explanations of what is going on; *events* are occurrences that have taken place...and *topical markers* are names of places, people, organisations, pets, numbers...public laws...physical artefacts.

(Rubin and Rubin, 2005: 207, original emphasis).

Topical markers and events are less important but tie together narrative.

Systematically examining a series of interviews clarifies specific concepts and themes and allows an *overall narrative* to be constructed. New concepts and themes are developed by *elaboration*. It is then that concepts, themes, events and topical markers are coded, giving a brief label or code to each on a copy of the transcript.

Not everything was to be coded; only those things that were most important for understanding the research topic, those that were already emerging as important in memos or those that were suggested by the published literature. Relationships among codes emerged at this first stage or at the next stage of analysis, generating a *coding structure*.

With all data coded the same collected in unique locations, data was examined to clarify and refine particular concepts, themes, events or topical markers. That showed systematic similarities or differences between different groups of interviewees, which informed re-coding.

Creating a typology as a coding tree suggested new concepts, e.g., starting from a particular concept and its opposite, and clarified how it might vary along a dimension. When two or more concepts were examined in this way it was sometimes possible to combine them. That was possible, for

example, when parents could be identified in groups with comparable or distinct concerns for children, say, in terms of self-respect or emotional availability. The final coding tree is presented in Appendix VIII.

Other ways to identify concepts and themes include looking for figures of speech, similes, metaphors and symbols since these are often clues to central concepts and themes (Rubin and Rubin, 2005). Commonalities came to mind when analysing transcripts, more often from stories. Stories provided cultural themes via widely shared stories with minor differences.

Each code requires naming and clear definition, facilitating decisions to include or exclude text (Rubin and Rubin, 2005). Texts readily produced examples for each category. Related codes should as far as practicable be recognisable by their name. From early in this research hierarchical coding was used for some more complex coding.

Boyatzis' identifies five elements of good thematic code (Boyatzis, 1998) as common in responsive interviewing (Rubin and Rubin, 2005), listed below.

1. a conceptually meaningful label,
2. a definition of what the theme concerns,
3. a description of how to know when the theme occurs,
4. a description of any qualifications or exclusions to identification of the theme, and
5. examples, both positive and negative, to eliminate possible confusion when looking for the theme.

Second Stage of Analysing Interview Data

The second stage follows several paths, comparing concepts and themes across transcripts and combining separate events to formulate rich

description. Focusing on 'case-focused' and 'middle-level' theory in contrast to 'grand' theory¹⁹⁰; it should ultimately be possible to draw broader theoretical conclusions (Rubin and Rubin, 2005). In topical studies such as this one, comparison and looking at contrasting descriptions of events make it possible to formulate an interpretation of 'what was happening'.

At this stage it is possible, having worked out explanatory narratives, to look for broader implications by asking how findings can modify, extend or create new theory. Rubin and Rubin take a particular view of theory.

Theories are sets of statements that bring together concepts and themes to explain how things happen or why they took place the way they did. A theory links concepts and themes into an overarching explanation that not only addresses the immediate research question but also creates broader understandings about social issues.

(Rubin and Rubin, 2005: 230)

Subsequently the researcher can fit themes together in order to develop theory. That may mean looking at patterns in interview questioning, linking together core themes from interviews, relating data to published literature or simply reasoning out the relation of concepts and themes. Going back to the data is then vital to see how well themes fit data.

The main themes from the data form the skeleton of a theory to answer the research question or explain an overall problem. That can be elaborated by seeking answers to other questions, such as what caused a particular effect or what were the exceptions or countertrends. Implications of various themes can be worked out and themes related to published literature. The process should reveal how far any theory may be generalisable. Ultimately it might be possible to look at different cases or settings to extend findings

beyond the research setting. Other examples with similar background conditions to those already seen may be evident, possibly in settings and circumstances studied by others and reported in published literature.

Interview data, observation data, annually collected secondary statistical data and wider networking of drugs and advocacy agencies provided information that in light of published material should help to extend theory. In common with much post-modern, qualitative research, the work as a whole has moved dialectically between deduction and induction (Marshall and Rossman, 1999).

Resulting Themes

The research question constituted the filter through which data was managed and analysed to identify how far it related to research objectives. Twelve narrower themes emerged from the data which were grouped in terms of four broader themes of governance, risk, support, and beneficial outcomes that taken together link to theorisation.

Themes were grouped under 'Circumstances' and 'Possibilities for Support and Advocacy' as set out in Figure 3 on page 211. **Circumstances** are defined by themes of '*Governance*' and '*Risk*'. The subcategories of *Governance* are 'Public Sector Practice', 'Voluntary, Private and Independent sector practice' and 'Transition to FaSST'. *Risk* comprises of a single theme that includes: 'Social', 'Lifestyle', 'Emotional', and 'neglect, Physical and Sexual Risk'. **Possibilities for support and advocacy** tend to be informed by and '*Support*' and '*Beneficial Outcomes*'. *Support* comprises of 'FaSST Work'; 'Organisational Roles'; 'Instrumental Roles',

Conditions, Attitudes and Practices’. *Beneficial Outcomes* comprise of ‘Expectations’ and ‘Benefits from Intervention’. Coding has inevitably not divided up content as neatly as that might imply.

<p style="text-align: center;">Circumstances (Analysed in Chapter 6)</p>	<p style="text-align: center;">Possibilities for Support and Advocacy (Analysed in Chapter 7)</p>
<p style="text-align: center;">1 Governance</p> <ul style="list-style-type: none"> • Public Sector Practice • Voluntary, Private and Independent Sector Practice • Transition to FaSST 	<p style="text-align: center;">3 Support</p> <ul style="list-style-type: none"> • FaSST Work • Organisational Roles • Instrumental Values, Conditions, Attitudes and Practices
<p style="text-align: center;">2 Risk</p> <ul style="list-style-type: none"> • Social Risk • Lifestyle Risk • Emotional Risk • Neglect, Physical and Sexual Risk 	<p style="text-align: center;">4 Beneficial Outcomes</p> <ul style="list-style-type: none"> • Expectations • Benefits of Intervention

Figure 3: Broader and Narrower Themes

Chapter Summary and Next Chapter

This study has been primarily inductive and qualitative, examining events, experiences, concerns, circumstances, etc., from perspectives of parents and Practitioners. It has considered interview responses dialectically, reflexively and interpretatively alongside statistical sources, observation and wider networking; bridging qualitative and quantitative research methods.

The initially semi-structured responsive interviewing approach regards each interviewee as a conversational partner (Rubin and Rubin, 2012). Open questions generated early responses that were followed up as interviews

progressed at a pace and depth that maximised opportunities to speak but minimised risk of causing distress.

Ethical standards have been related to a transformative stance (Mertens and Ginsberg, 2008) as far as practicable, complemented by responsive interviewing. Confidentiality, data security, consent, and vulnerability have also been addressed in seeking NHS Research Ethics Committee approval. Deciding to conduct interviews via the NSPCC FaSST inevitably limited the sample size, reflecting both opportunity and ethical considerations.

Data analysis proceeded in the manner recommended by Rubin and Rubin (Rubin and Rubin, 2012), in stages, starting from the research question and research objectives. Themes were generated along with sub-themes, on which subsequent analysis and conclusions were developed and theorised.

Chapter 6 reports data analysis and research findings in detail, primarily in relation to interview data. It addresses broader themes of 'governance' and 'support' that were grouped under 'circumstances'. Where it informs analysis other evidence is related to each theme, inc.; statistical evidence, observation in the setting, discussion in meetings at the FaSST and information provided by other agencies during networking activities over a number of years. Theoretical discussion from chapters 2 - 4 is integrated into analysis of research findings to which it relates.

Analysis in relation to governance in chapter 6 reflects Practitioners' greater concern with such issues, on which substance misusing women were almost silent. Findings are made in respect of impacts of juridification, actuarialism, managerialism, governmentalism, network governance and

opportunities for specialisation. These findings tend to favour a Habermasian approach based on his theory of communicative rationality (Habermas, 1984) but informed also by Foucault, Bourdieu and others.

Many responses from both substance misusing women and Practitioners relate to risk. Responses are examined and characterised more as realistic, grounded and based on experience. Findings partly validate risk theory, as set out in terms of issues of uncertainty and active trust by Giddens (Giddens, 1991) and the importance of access to socio-technical information resources by Lash (Lash, 2001). While firm conclusions could not be drawn on a small sample in one setting, evidence from (grand)parents showed none of the irrational fear and distrust of experts anticipated by Beck's risk theory (Beck, 1992).

Chapter 6

Analysing and Theorising Concerns about Governance and Risk

This chapter analyses interview data from staff of NSPCC's FaSST and from substance misusing women, which is coded to themes of **governance and risk**, and relates those to the research question.

What are the implications of support and advocacy with substance misusing women during pregnancy and after in promoting parental involvement and children's welfare within the regulatory child care framework?

There were clear implications for general assurances staff gave service users about involvement with NSPCC as well as with Children's Services and other agencies. Assurances had to be realistic because safeguarding issues could have required notification, potentially initiating assessment or intervention; but support and advocacy would gain increased importance if safeguarding procedures were initiated.

Findings are also related to each research objective, and after that, to earlier theorisation from this thesis. Research objective 1 was to,

Find out and contextualise numbers and circumstances of women on Merseyside who misuse substances and numbers and circumstances of children of those mothers.

Interview responses contextualised statistical information and clarified circumstances of women the FaSST deal with.

Research objective 2 was to

Identify and give voice to common experiences, concerns, fears and hopes of mothers on Merseyside who misuse

substances, and where available fathers of children concerned, in respect of their children's welfare.

Various experiences, fears and hopes were voiced by substance misusing parents or identified in Practitioner interviews in respect of children's welfare. Chapter 7 complements this information in terms of expectations and beneficial outcomes.

Research objective 3 was to

Establish what support and advocacy is available on Merseyside that could address common experiences, concerns, fears and hopes of mothers/parents for their children.

Interview responses mentioned most agencies with which the researcher had networked as summarised in Appendix VI. The FaSST's own role is developed more in chapter 7.

Research objective 4 was to,

Explore what support and advocacy services for mothers/parents could do to promote their involvement and the welfare of their children within the regulatory child care framework.

Data evidenced general implications, which chapter 7 expands on considerably.

In theoretical terms, findings evidenced the deep impact of governance and managerialism (Parton, 2006). That affected staff careers, decisions to work for NSPCC, and FaSST work. Practitioner accounts related these issues to substance misusing parents, but responses of substance misusing women provided no direct evidence. Practitioner responses also evidenced issues of risk; and their accounts reflected parents' concerns that agency involvement might lead to separation from children. Women interviewed,

again, did not directly voice heightened risk awareness as the generalised risk sensitivity discussed by Parton (Parton et al, 1997) and associated with Beck's risk theory (Beck, 1992). Women's concerns reflected individual, lived experience, including experience of abuse in childhood or adulthood, reflecting more closely Giddens' understanding of risk (Giddens, 1990).

Analysing Circumstances: Themes of Governance and Risk

Themes of **governance and risk** set the background for staff and service user involvement in the FaSST. Governance is examined first, using interview data.

Governance

The first broader theme, **Governance** was defined as follows:

Governance consists of factors that reflect public sector or PVI sector experience of FaSST staff, including organisational factors; and individual transition from outside or within NSPCC to the FaSST.

There were no directly relevant responses from substance misusing women under this broader theme, which relates more to staff experience. The theme was represented in staff backgrounds, reasons for joining the FaSST and how staff found the FaSST compared to other agencies. Findings provided a basis to consider issues of juridification, governmentalism, actuarialism, managerialism and network governance as discussed by Habermas (Habermas, 1987), Foucault (Foucault, 2004), Parton (Parton, 2006), Jessop (Jessop, 1995), Davies (Davies, 2011) and others. Some of those issues were further informed later by findings related to risk.

Governance was divided among '**Public Sector Practice**', '**VPI Work**'¹⁹¹ and '**Individual FaSST Staff Transition**'. It was evident in staff accounts

of organisational matters, including organisational change and conflict, or management style of past and present employers; and it reflected juridification, specialisation, managerialism, target driven practice, ICT and actions consistent with resistance (Barnes and Prior, 2009). It excluded working conditions or interpersonal conflict unrelated to governance.

‘Public Sector Practice’, defined as ‘paid or unpaid work undertaken in a LA or NHS setting’, applied as a narrower theme to all staff to some extent. Practitioners generally had acquired a strong background in public services before making joining the FaSST.

Five social work trained staff who were interviewed had all worked in LA child care. PB worked in team-based children and families practice from 1991 to about 2003, including the Liverpool Women’s Hospital Social Work Team. She returned to a Children and Families Assessment Team before entering the voluntary sector after 26 years LA experience in 2004. ‘PA’ spent 27 years in the LA. ‘PC’ spent years in residential child care and 8 years in a Children and Families Assessment Team before joining NSPCC. ‘PD’ had substantial previous LA Children and Families experience.

‘TM’ worked in Liverpool’s Children’s Services until being offered an 18 month secondment to NSPCC in 1999; and after returning briefly to Children’s Services obtained a permanent post with NSPCC’s Domestic Violence Team. She was involved in the two reports and the pilot that led to setting up the FaSST, and subsequently she was appointed Children’s Services Manager for the Team.

Practitioners reported similar LA experiences of heavy workload, increasing managerialism and emphasis on child protection (Parton et al, 1997). Staff varied in how far they had gained experience of and knowledge about substance misuse during those years, but they regarded LA employment as good preparation for work at the FaSST.

'PB' reflected a common pattern.

PB1 11-16 I **started working** with **Liverpool City Council** in 1978. That was in, classed as residential child care, **Children's Admission Unit**....primarily with older children, which was 11 – 15 or 17..... at the first point of entry into, into care really. And it was around assessment of their needs.....It could be around physical abuse, sexual abuse, neglect, the whole, whole spectrum really. **1.1.1**

PB1 28-32 There was a **restructure** and I became part of a children and families team and that was a long-term, you know, **statutory team**, and that work, that was quite varied. Quite a lot of it was child protection work, some Looked After Children work, as well, and also s. 17 work with preventative elements there. **1.1.2.1**

Clearly 'PB's' work in the LA children and families team setting reflected juridification (Habermas, 1987), with increasing emphasis on child protection (Vincent, 2010). Her second response reflected the broader remit of child abuse by the late 1980s, characterised in the Cleveland Report as diagnostic inflation (Butler-Sloss, 1988). It indirectly evidenced rebalancing of child protection with rights and interests of parents' following draft *Working Together* guidance and the CA 1989 (Department of Health and Social Security, 1986; Parton et al, 1997). Rebalancing involved a bifurcation between 'low risk' that favoured reduced intervention via s.17 and 'high risk' where the duty to make enquiries under s.47 might lead to further intervention (Parton et al, 1997).

Restructuring as mentioned in PB's second response was a feature of local government new managerialism, which was accompanied by performance measurement from the late 1980s onwards (Farnham and Horton, 1996). It increasingly reflected specialisation in public sector social work, not least, in child protection (Leach et al, 1994).

'PF' gained strong public sector experience as a Midwife, via domiciliary, clinic-based and hospital NHS settings before she joined early development of the FaSST.

PF1 3-6 I did a lot of specialist care on **the Wards** and in **the community**. I met some mums and babies with different issues and some with substance issues and felt they needed more support. **1.1.3, 3.2.1**

PF1 12-14 I had a specific role at Midwife Transitional Care, with no specific training for that role, getting smaller babies home and doing more support at home. Substance was very much a subgroup. **1.1.3, 1.3.3.3, 3.2.1**

'VPI Work' consisted of 'paid or unpaid work undertaken in a private, voluntary or not-for-profit social work or social care setting' 'PE's' experience was, uniquely, almost entirely in VPI work, specialising in work with substance misusers. She had known substance misusers as a young person and trained and worked in numerous substance misuse agencies and settings over about 12 years. Joining the FaSST seemed a natural step following a specialist Sure Start Children's Centre role, her only public sector experience.

PE1 33-35 So it was a combination of a **drugs service** and I was **specialising in families** there so when I saw this position advertised working for a **children's charity** I felt that I'd exhausted all I could within the substance field. **1.3.1**

Sure Start was intended to provide parents and children with access to numerous services in one location, initially in communities with a higher proportion of disadvantaged households. Though not a child protection or children's safeguarding service, and often managed by voluntary or private agencies; it utilised public funds, complied with children's safeguarding protocols, conformed to Ofsted regulatory arrangements and networked via the Common Assessment Framework to statutory and other services. PE's Sure Start role and PF's Community Midwife function could be characterised in Foucauldian terms at least partly as 'normalisation', 'moralisation' (Ettorre, 2004) and covert surveillance (Foucault, 1977).

Some staff with a social work background also had significant experience in VPI work. 'PB spoke of her work in a national voluntary agency.

PB3 330-334 I, I'm just thinking, sort of, of the parallels with work at **Barnardo's** [unclear] where some of the court work, again the contact issues, where you know the parents were sort of polarised really, and were involved in really protracted court proceedings, where then we were commissioned to do work where quite often parents were compelled to come to us and it wouldn't have been what they would have chosen to do. **1.2.2**

Juridification and colonisation of family lifeworlds are again evident in the work (Habermas, 1987), the courts having commissioned the agency to assist in state supervision of parenting (Parton, 2006).

Commonly staff responses identified features that made VPI work attractive, whether or not it involved work commissioned from LAs or the courts. Social work trained staff in voluntary organisations utilised therapeutic skills in sustained interventions; they could generally take up specialist training; and they received more regular professional supervision. NSPCC had

provided some with valuable preparatory experience with women and children affected by domestic violence.

Staff valued work in voluntary organisations, which tended to reflect networking arrangements, while extending governance beyond statutory services and contributing to destatisation of politics (Jessop, 1997). Work commissioned by LAs, Family Courts, the Children and Families Courts Advisory and Support Service, or legal firms was, however, vulnerable to perverse incentives (Flynn, 1993); and purchasing regimes did not always give weight to how services were experienced or their quality (Rouse, 1999).

PB1 68–75 A lot of the work there was court commissioned and eventually the structure of that changed and most of our work was around work that was commissioned by the **courts** and really sexual abuse work....but there was a lot of private work. I would say probably 70% compared with public proceedings, um, that was in relation to contact. **1.2.1, 1.2.2**

The Barnardo's Team 'PB' worked in, which was considered by social workers to be outstanding for quality of work, was closed for funding reasons despite a high demand for its services¹⁹².

Aside from extending network governance (Davies, 2011), juridification is implicit here (Habermas, 1987), which more and more has intruded on family life (Fox-Harding, 1996). A long anticipated threat to voluntary organisations' independence and survival was realised as funding under 'New Public Management' secured greater power for public sector organisations over networks of voluntary and private independent sector agencies (Lewis, 1995; Lewis, 1999).

Statutory sector funding gave impetus for developing work at NSPCC.

TM1 11-13there was a **secondment offer** to look at an audit tool for pregnant women where substance misuse featured, and that was a partnership between **Children's Services** and the **NSPCC**, and that was tied into the **Liverpool Safeguarding Board. 1.3.1**

The audit tool could simply have facilitated social control via the system of normalisation and moralisation (Ettorre, 2004), and provided a new instrument for assessment or surveillance of substance misusing women. However, it led to further research, the pilot and the FaSST.

A more recent NSPCC decision concentrated internally commissioned, research-led services under seven policy areas and put more Children's Services Practitioners into frontline work (National Society for the Prevention of Cruelty to Children, 2010). With over £152m income and largely independent of public bodies, NSPCC thus repositioned itself to use leverage to partner NHS, LA and other organisations.

That change moved the FaSST's work into an enlarged Domestic Violence Team in 2011, safer from outside influence and retaining all Practitioner posts. Other initiatives possible under internal commissioning, or through new partnerships, should fundamentally alter relations of power between NSPCC and external commissioning organisations.

As the review of experience indicates, Practitioners all had relevant, generally in-depth experience. Each arrived with full training in social work, midwifery or substance misuse counselling.

All but one Practitioner, who joined FaSST later, had very good staff development opportunities via NSPCC, and staff generally enjoyed the

work and appreciated supervision. Practitioners tended to benefit professionally, some very substantially, in terms of staff development, opportunities to specialise, and amount and quality of supervision.

PA1 205-209 I think, um, that it's definitely a **culture change**, is coming here, and I was absolutely amazed at the training opportunities that were available....anything to do with substances, conferences that were being held, national conferences. **1.3.3.3**

PC1 29-31 Supervision and team discussion also contribute to understanding in a team like ours. We've got a lot of different backgrounds and knowledge. We can put questions to the team. **1.3.3.5**

One Practitioner completed an Open University social work qualifying programme, and another completed an MSc at Edge Hill University while at the FaSST. Practitioners also regularly consulted reciprocally with the Domestic Violence Team. Most built groupwork skills and learned to use particular packages in group-based programmes. These opportunities did not exist in LA child protection, where staff had to be case managers rather than undertake therapeutic work (Parton et al, 1997).

'Individual FaSST staff transition' constituted 'the change of post from outside or within NSPCC into the FaSST'. It included reasons for transition, preparatory factors, organised preparation, cultural change and de-skilling/redundant skills. While 'PE' and 'PF' seemed to progress logically to work in NSPCC, those from LA child protection backgrounds had different reasons. Several left LA employment following restructuring and industrial action.

PB1 54-58a very, very busy **[local authority Team]**, fast pace of work and an overwhelming number of referrals, really. It was very hard for the **Team** to keep up with that. I was there for about a year and then I was part

of a group of **social workers** who, who went on strike.....just before the strike ended, I applied for **Barnardo's 'Keeping Children Safe Project'**. **1.2.1, 1.3.1**

Two moved to Barnardo's, then to NSPCC, and several moved directly to NSPCC as industrial action ended.

PA1 34-37 I was back [at the **local authority** after the **strike**] 2 hours and I resigned so I basically came to this job because I didn't have a job.....I had begun to look for other work because I sensed that going back to the **local authority** was going to be, was not an environment I was prepared to work in. **1.3.1**

PA1 61- 65 I'd worked, when I was in the **local authority**, I had no desire to move. I'd been there 27 years. I had no desire. I wasn't bored, because there were always new challenges, new opportunities. It was the **culture change** that came with the last reorganisation prior to the **industrial action**. It became a very different place. We weren't able to work with the families in the way that we wanted to. **1.3.1**

Industrial action and leaving the LA, respectively, amounted to acts of collective and individual resistance to unidirectional power (Elcock, 1996; Barnes, 2009).

Moving to the voluntary sector generally gave social work staff the opportunity to leave what was increasingly experienced as an overly demanding, 'stress culture' (Coulshed et al, 2006). Implicit in this was LA managerialism, bureaucratisation and ICT driven actuarialism; which increasingly limited opportunities to work directly with children and families (Ayre and Calder, 2010).

PC1 7 - 8 All the social workers involved were fed up and wanted out rather than be stuck behind a desk working on a computer. **1.3.1**

Two staff, including the Children's Services Manager, had utilised secondment opportunities.

Practitioners generally came to the FaSST strongly committed to work with families and familiar with domestic violence, child abuse and substance misuse. Most were social workers. 'PE', the Practitioner who brought an almost solely voluntary sector background, initially trained in substance misuse work and later in counselling. She qualified as a social worker during the research period, with a long placement in a LA Children's Services Safeguarding and Support Team and an internal placement. The Midwife, 'PF', was particularly ready for her role, having already worked with pregnant substance misusers.

The experience and qualifications available to the FaSST were thus quite broad, increasing over seven years, augmented in the first few years by strong staff development opportunities. An original intention to appoint a mental health worker was never fulfilled, but it might have increased scope for support and advocacy for children and parents. No one Practitioner owned any work area exclusively, apart from parts of the Midwife role. Practitioners and the Children's Services Manager agreed that Team discussion and individual supervision were vital to how work developed.

Among those with LA child protection experience, the transition involved cultural change (Coulshed et al, 2006), identity change (Pollard et al, 2010), negotiation of interconnectness (Stets and Burke, 2000) and some redundancy of skills. With other Practitioners 'PD' identified de-skilling and redundant skills.

PD1 106 – 113 Um, working in the local authority, you, you're always, you're in court proceedings a lot, so you have to be in tune with legal issues, you know, what's new, what's been introduced, you know, special guardianship....I used to quite enjoy the court work because you did the dual planning, concurrent planning....My report skills have gone. **1.3.4, 1.3.5**

'PD' had as a LA social worker always been polite, respectful and reasonable; but then it was easier getting information from people inside and outside Children's Services. Working in the FaSST appeared to make that harder.

'PA' raised similar concerns.

PA1 162-164 ...that is changing so much I'm getting out of date now in the sense the culture, um, and it is hard to have contact with them; they're not easy to get hold of, they're not easy to discuss things with. **1.3.4, 1.3.5**

She mentioned how "good" it had been the previous year to actually produce an assessment for a LA, which involved providing substantial support and resulted in children remaining at home.

PA1 232-233 Well, you've very much got far less power than you've got in the **local authority**, and it makes you aware of the power in the **local authority**. **1.3.4**

The Protection of Children in England: Progress Report (Laming, 2009) identified conflicting professional views, lack of feedback to referrers and obstacles to information sharing as crucial issues in child protection. PD, PA and others challenged LA staff around those matters.

The first broader theme of **Governance** strongly influenced Practitioners' decisions to join the FaSST. Some moved across from the LA on short notice, some on secondment and some in a more planned way via other agencies or other NSPCC work. They felt under pressure and cited a

culture that developed alongside reorganisation, culminating in industrial action. Social work trained Practitioners all felt concerned about the direction LA child protection work was moving.

Though Practitioners left LA work when it felt less satisfactory, they still valued that experience in itself and as preparation. Voluntary sector experience was also highly valued as preparation. All felt they brought relevant background, most having previously worked with parents who misused substances.

The governmentalism, managerialism, performance management and regulatory frameworks described by Ayre and Calder (Ayre and Calder, 2010) clearly affected career changes. Child protection was becoming more driven by new performance targets, inspection and league tables (Parton, 2006), though most staff moved before encountering the ICS. They moved when services were increasingly being commissioned by LAs under service level agreements, albeit with performance targets, and given service life cycles, no assurance of permanence (Doherty and Horne, 2002). Some staff moved repeatedly as a result.

Interviews revealed issues of power in Gramscian terms (Davies, 2011). Various staff left LA settings during or after industrial action, when managerialism, restructuring and organisational culture began to overburden staff and stop them carrying out work as they felt appropriate. Staff did not describe their actions as resistance, but public officials bring agency to their roles and acts of resistance can be conscious or unconscious (Prior, 2009).

The fact that a number of persons left one LA at about the same time, citing similar reasons, suggests that these were acts of individual resistance to common experience. The decision of so many to work in an agency dealing with substance misusing families and domestic violence was consistent with the frustration of working with people affected by such problems with little or no chance to intervene in those issues.

Risk

The second broader theme, **Risk**, has been defined as follows.

Risks are factors that affect the likelihood of positive or negative outcomes.

Risk comprised of matters around which service users or Practitioners expressed anxiety or uncertainty, whether related to substance misuse, family functioning or wider aspects of risk. The nature of risks identified provided a basis to consider the relevance of risk discourses like those of Beck, Lash and Giddens; and it mirrored a literature on parental substance misuse (Klee, 2002b; Kroll and Taylor, 2003; Barnard, 2007). Evidence reinforces earlier points around juridification, governmentality and the theory of communicative rationality (Habermas, 1984; Habermas, 1987).

Risk was divided among '**Social Risk**', '**Lifestyle Risk**', '**Emotional Risk**' and '**Neglect, Physical and Sexual Risk**' within this theme. Each emerged from coding a range of risks or concerns that had commonalities, with much overlapping.

The initial question asking about parents' concerns for children elicited relevant content. Parents' mentioned own experiences of childhood or adulthood, children's experiences; current circumstances affecting parents

or children; and factors that might promote well-being or harm. Risks excluded factors that could not be conceived as having positive or negative implications for substance misusing parents or children, e.g., passing mention of distant occurrences; but in the event, no such factors came out.

'Social Risks' were 'factors arising from interaction with various persons and organisations around the individual or family'. In order to evaluate theories of risk, consideration was given to the extent that what women and Practitioners reported was vague, inflated or ungrounded and how far it was realistic and experientially grounded.

Concerns were often grounded in current or past events. Children's peer relationships were a concern.

A2 42-45 She's been arguing on the bus with older friends from **her old school** But what I can hear, keep on hearing from the kids, when S is telling me stories, is the word 'slag'. **2.1.4**

'A' was sensitive to the word 'slag', especially as 'S' had just started secondary school. Stigma attached to 'S' from associations children made about 'A's' past substance misuse.

A positive evaluation of the Clouds Project in Wiltshire shows that it helped (re)build peer, family and other relationships (Zohhadi et al, 2006). A group at Young Addaction with similar aims might have helped 'S' as well as 'B's' grandchildren manage peer relationships. However, even with realistic awareness of this risk, not all parents would know about relevant provision; 'B' knew Young Addaction might help but 'A' did not.

'PC' mentioned that some parents had become isolated as care leavers or on coming out of prison. Ex-prisoners' Isolation is well documented nationally (Bullock et al, 1993; Broad, 1998; Matthews, 1999).

Substance misusing mothers voiced anxiety to Practitioners about taking up Children's Centre services owing to expectations of stigmatisation. 'TM' wanted to see more work done to link children's centres, homeless agencies and other agencies to deal with isolation; as recommended by Barnard (Barnard, 2007). 'PF' confirmed that women were more likely to take up already well publicised antenatal services if they had a sympathetic response in initial discussion with a Midwife. That reinforces a need to go beyond signposting, leaflets and posters.

'PB' ranked support in alongside childhood and adulthood experience.

PB2 197-201it's their own life experiences as a child, adult experience and, you know, and what support that they've, they've had..... **2.1.1**

Supportive relationships provided social contact, shared activity or mutual help. 'A' and her daughter went on bicycle rides with a friend who has never misused substances and her daughter.

Integration and re-integration were important. When 'A' was physically assaulted in the street she turned to another supportive relationship.

A2 255-259 I went to **my mate's** shop and.....my neck and all my back was dead sore where she'd grabbed hold of my hair. She went, "Right, I'll do ya an aroma therapy bath, massage and I've got this shower thing.....That made me feel a little bit better. **2.1.5**

Working in the youth club near her home influenced 'A'. Faced again with confrontation by her neighbour, she would try to avoid being purely reactive.

A2 155-159.....I can move on with my life and ignore her....cause they know I am working in the youth club and the youth club are not going to want people.....shouting abuse..... **2.1.6**

Such forbearance would be a constructive example of what Habermas calls strategic action, motivated by practical concerns (Layder, 1994). It would also illustrate Habermas' intersubjective,

.....practical ethical self-relation.....[that] implicitly refers to the self's relation to an other, on whom one is dependent for recognition and to whom one is accountable.

(Allen, 2008: 108)

Allen seeks to bridge Habermas', Foucault's and to some extent Bourdieu's ideas. Interestingly, the example is also consistent with Foucault's ethics or practice of the self (Levy, 2004), which relates to his theory of resistance (McNay, 1994), and with Bourdieu's theory of embodiment in terms of habitus and field (McNay, 1999).

With similar implications for a practice of the self (Levy, 2004), 'B's' activities within her 'recovery community' (Duffy and Baldwin, 2013), advising others and addressing outside groups, fulfilled a need for commitment. Others at 'Together Women' and Spider Project supported her so she became less isolated than when using hard drugs on a regular basis. 'B' described no supportive individuals outside her recovery community, though she was trying to repair some family links.

Research shows that persons in sustained recovery tend to have built or rebuilt social contact within recovery communities and among family (Duffy and Baldwin, 2013). Relationships with persons who do not misuse substances are associated with better outcomes; but many substance

misusers remain isolated, with support only from other substance misusers (Keene, 2010). If there remains any dilemma in aggregating substance misusers in shared activities, Practitioners might better continually reflect on how to build their efficacy rather than abandon those.

Substance misusers have a relatively high likelihood of having experienced some form of abuse in childhood or adulthood (Wright, 2002).

Own abusive childhood featured with all three women, albeit the nature of the abuse may have differed.

A2 66-68 I realised when **S** was three that **her granddad** was a pervert. He was abusive and it only come out after I had the drug counselling so then I had to [unclear] nothing like it before. I had to keep our **S** safe. **2.1.1, 2.3.8, 4.2.2, 4.2.3.3**

C1 26-29 from my, from my childhood, I am so afraid for **my child** to be alone with someone. It's hard for me to come to terms and then when these things come into the media about child abuse, my mind goes into overdrive. **2.1.1, 2.3.10, 2.4.7, 4.1.4**

The nature of abuse was unexplored, but 'A' and 'C' tended to return to it.

Neither 'C's' nor 'A's' concerns reflected media representations or vague risks; being grounded in very specific, lived experience. They did not support risk society discourses that emphasise generalised fear, anxiety and uncertainty (Beck, 1994a; Beck et al, 2003), which often conflate calculable risk and incalculable uncertainty (Arnoldi, 2009).

'A' was concerned about family conflict.

A1 55-57.....by living with domestic violence, em, until she was six, and me, and me, em, I have been trying to deal with anger, with her anger and get help with myself. **2.1.2**

'B' and 'C' had also grown up with domestic violence, and 'B' was concerned about her daughter and grandchildren, who experienced a repetitive cycle of domestic violence.

B1 34-35 I don't want them, "to have to keep moving", from house to **refuge** and from house to house. **2.1.2, 2.1.3**

'C' was most immediately concerned that her daughter should not experience the conflict introduced by 'C's' mood swings, periods of difficult coping, and reactivity. These came partly from migraines and partly from problem use of prescription drugs.

C2 61-64**[S]** walks in and says **[some agitation in C's voice, leaning forward, tensing around eyes]** "Why do you two have to argue?" She very obviously, protectively, went and stood in front of **P** and put her arms around his legs backwards and went, "Mummy, you should calm down", and I was just devastated. **2.1.2, 2.3.3**

'C' did not regard this conversation as an 'argument'; but the event highlighted, in her perspective, how 'S' had been sensitised to conflict by age 4. 'C's' own conflictual childhood experience might be a factor. 'C's' efforts to reduce the effect of her emotionality on 'S' have reduced any risk of significant harm, but she still found the incident deeply unsettling.

As a consequence of domestic violence and substance misuse, 'B' expressed concern about her grandchildren's social exclusion and isolation and the caring role assumed by her granddaughter.

B1 38-40 The older children have had breaks in schooling. One had a three-year break, during which they were in a refuge for a while. One became agoraphobic. **One of the girls** has been to **court** and had fines. The **16 year old** has left **school** with no qualifications and she is, "not confident". **2.1.3**

B2 19-22 “They are all isolated.” The **10 year old** goes to **school** and comes back home so he is isolated. That has meant he does not have a social life and he “lacks people skills”. **All the children** tend to “very aggressive”. They tend to “just slap people” and they are all affected that way. **2.1.3, 2.1.4, 2.3.9**

‘A’, ‘B’ and ‘C’ each regarded violence and conflict as a risk to children’s welfare and all had sought help via professionals. Viewing such matters as having significant, negative consequences; these women related those in realistic, delimited terms based on experientially grounded knowledge.

Domestic violence has been legally recognised as significant harm since the Adoption and Children Act 2002 amended the CA 1989 (Angus, 2008). Support and advocacy will be vital for many substance misusing mothers who often are or have been in abusive relationships (Klee, 2002c).

(Grand)parents’ responses and Practitioners’ concerns about social risks of parents and children thus did not fit Beck’s risk theory (Beck, 1994a). They have not evidenced a generalised, irrational fear of professionals or experts such as Parton attributes to actuarialist risk society (Parton, 1997). The parents interviewed evidenced a risk sensitivity and some self-reflexivity¹⁹³, which emphasised uncertainty and a need to trust experts to help; which is more consistent with Giddens’ risk theorisation (Lupton, 1999). Risk sensitivity combined with self-reflexivity could facilitate support and advocacy via parents in the interests of children’s welfare.

‘Lifestyle Risk’ consisted of ‘factors arising from patterns of day-to-day activity that affect the likelihood of positive or negative outcomes for the (grand)parent or (grand)child(ren)’. They have been grouped as partner’s use, patterns of substance use and reproductive issues.

The impact of a partner's substance misuse was significant for 'A', for while they lived separately he had resumed contact with her daughter. He had substituted alcohol misuse for drug misuse, which increased the threat to his employment.

Practitioners mentioned the difficulty when a partner was in treatment while a pregnant woman who wanted treatment was being made to wait.

PE2 232-235sometimes it can be tough.....she being pregnant and **her partner** might, you know not be at the same level as her. He could be not as, as maintained as her; but more often than not he's stopped, gone through a detox, which she is unable to do because she's pregnant..... **2.2.1**

As other research highlights (Klee, 2002b; Klee, 2002d), partners' continued substance misuse in other circumstances sometimes meant that women struggled to reduce or abstain.

By contrast, 'C' had a very supportive husband, which compensated for limited family contact. She also had another close personal confidant within the household who did not misuse substances, only finding help with her misuse of prescribed drugs through his assistance,

C3 47-49 And he was really helpful and he really set his mind to it and spent hours on the Internet finding and phoning people and asking questions. **2.1.5**

Variation in patterns of substance misuse underscored the nonsense of social constructions of substance misusers, particularly substance misusing women. For example, 'chaotic' is a term often used in the literature to describe a pattern that might be brief or extended (Keene, 2010; McKeganey, 2011). Professionals were divided on its use; two

recognising that what was chaotic for one person or one couple was viewed as improvement by another. Some Practitioners queried the term.

PB3 460-464for those **parents**, probably for them it couldn't be chaotic compared to what it was previously when they, when their using was probably much more heavy, yeh. For them, where they're at now, it might seem quite positive, and if they are reducing, that is quite a positive change, isn't it? You know? Em, but obviously it is at odds with how, you know, professionals, sort of, would view what's needed. **2.2.1**

PE2 223-224 They have their own, "It's not chaotic", you know, "I no longer inject", or you know, "I no longer have crack." **2.2.1, 4.2.6.1**

These statements respected parents' views. They also provided scope for a wider critical discourse in Foucauldian terms around the origins, use and significance of a term used at the capillary end of relations of power¹⁹⁴.

Some writers have warned of social workers becoming complacent about parents in recovery as 'chaotic' misuse during periods of relapse can quickly affect the safety and well-being of children (Barnard and McKeganey, 2004). However, neither (grand)parents nor Practitioners at the FaSST presented as complacent even day-to-day.

B3 4-6 At the beginning of that, the daughter was working and going missing after work. "I was looking after the three children during the day and having to look for my daughter at the end of the day." **2.3.1, 2.4.1**

C2 179-181 The greatest difficulty will be getting my own health and drug issues sorted out so I will be more a constant so she doesn't experience her mum getting frustrated with ordinary things. **2.3.3**

PD1 57-59some parents, parents might cope perfectly well. You know, they use the substances and it doesn't interfere with their childcare, but there's still a huge number here it does take over; it predominates. **2.3.2**

'PB' made clear what might be considered progress.

PB3 419-421 They've got to demonstrate that they are able, that they have maybe made the obvious lifestyle changes, but then there has got to be evidence that they're able to maintain those skills and build on them, you know. **2.2.1**

Substance misusing women related substantially different patterns of substance misuse.

A2 349-350 Well, I do a little, bit to smoke, use, not so much being addicted. **2.2.1**

B3 72-75 My ex-husband has been off drugs for two years but now he is drinking. When he used drugs they never affected his work.....it was noticed that he was still drunk and he was given a warning. **2.2.1, 2.2.2, 2.2.3**

C3 94-95 I'm in pain every day; I'm on drugs every day; I'm on mixed drugs that have an effect on my, on the psychological side of things, and I just didn't know how to handle this little girl. **2.2.1**

'A' had a more severe substance misuse problem at one time. 'B' had at one time used hard drugs, but she stressed that her children were always clothed and fed. Her daughter's drug use was severe, depriving her seven children of necessities. 'C's' substance misuse came out of prescribed drugs, culminating in self-medication.

Interruption to or lack of routine reflected patterns of misuse, which is often mentioned in qualitative studies of substance misuse (Klee, 2002b; Kroll and Taylor, 2003). 'A' and 'B' were affected partly by having to manage around acquisition of drugs, and all three women more or less hid routines of administering drugs from children.

Reproductive issues came up repeatedly.

A1 82-85 I was pregnant when I was sixteen [**increases speech rate**] and I had an abortion [**slows speech rate**] and I never told my family. I never told any of them. I am

glad that I did do that. I couldn't have looked after S as well, as I'm trying my best now, with two kids. **2.2.2**

'A' later described a pattern from one generation to another of early pregnancy, comparing how she and her mother were affected. She was affected several ways, having grown up in an abusive household and raised S alone from an early age without grandparent involvement.

'A' and 'C' were concerned about risks of early pregnancy. 'B' presented another intergenerational conundrum.

B2 57-59 My mother had 6 children, I had 2 children, separated by 12 years, and my daughter has had 7 children, and she needs to think that she should not have any more. **2.2.2**

Abusive relationships had affected three generations. Serious substance misuse and frequent pregnancy affected at least two.

'B' worried about her daughter's vulnerability, in a relentless domestic role with early and then repeated pregnancies in serial abusive relationships.

B1 28-31 My daughter needs a lot of help herself. I would like her to stop having children. "Seven is an awful lot." They are in a three bedroom house so she "has no escape". **2.2.2**

'B' thus expressed concern for her daughter's individuality and well-being and her grandchildren's welfare. 'PC's' concern, by contrast, was about women having more babies to 'redress' the removal of previous babies.

PC2 37-40 She is depressed much of the time. In the meantime the social worker is arranging to put the baby up for adoption. She could go on to have more babies.....She could have a baby if she thinks it might help her to keep in a relationship. **2.2.2, 2.3.5, 4.2.2**

Serial pregnancy was covered on 1972-74 social work qualifying programmes¹⁹⁵ at (then) Liverpool Polytechnic. The literature search for

this thesis found mention only in Hounslow Safeguarding Children Board's commission of a course on work with women and couples to minimise serial removal of children (McPhail, 2011: 10). Organisers found it, "an almost untouched area", in recent UK social work literature.

Early or repetitive pregnancy might be understood in terms of isolation within a socially constructed model of motherhood; superficially, in terms of accepting an illusion of motherhood as women's chief vocation, natural, inevitable and hormone driven (Coppock et al, 1995). Reflecting that, 'B's' daughter's experience cannot be represented as natural, selfless and altruistic in the context of positive heterosexual relationships.

Temporary relationships, victimisation, regular deprivation and continual exhaustion accrue variously among 'B's' entire family unit. Given her isolation and marginalisation, it would be unfair and unhelpful to view her daughter on a cultural boundary of 'good' mother or 'bad' mother (Baker and Carson, 1997). It is realistic to express, as 'B' does, the range of possible risk outcomes as concerns.

Merseyside Family Support Association successfully accompanied several women with serial patterns of pregnancy and removal to care on voluntary family planning visits¹⁹⁶. Short-term follow-up suggested that substance misusing women might be prompted to consider these issues, and they could voluntarily choose to actively control their fertility. Such an approach could be sensitive to women's own biographies and changing personal circumstances, in contrast to the prudentialist, moralistic

approach brought recently from the USA (Lupton, 1999), which offers substance misusing woman in general payment to accept sterilisation.

Comparing 'B', who was in recovery, with her daughter, who was not, also illustrated why the FaSST tended to work with parents only once they had begun to stabilise, reduce or abstain from substance misuse. 'Support and advocacy might at best 'hold' 'B's' daughter's situation, limiting risks while encouraging her to stabilise substance misuse, for which even assessment would be impossible without sufficient motivation (Keene, 2010). It might only later enable her to address further difficulties. Having had help via the FaSST and entered recovery from severe substance misuse, 'B' is more sympathetic than condemning, and she is better placed to challenge social construction than her daughter.

'B's' response also cautioned against setting high initial goals for support and advocacy in particular cases. Practitioners could, as concluded in chapter 3, usefully monitor women's meta-narratives (Adams et al, 2012) relating to substance misuse, including women's own discourses as mothers seeking harm reduction, stabilisation or abstinence and in recovery. Only in time might each mother begin to think more reflectively about her own narrative, much less tackle the complexities of challenging social constructions of womanhood or motherhood and relations of power.

'B' did seem to have thought quite deeply. She described,

B3 96-98 a need for each person who is faced with the 'unfreedom' of being dominated by substances to be committed to something, to be able to define that commitment, and to have perspective. **2.1.6, 2.3.2, 4.2.4.4.**

'B's' reference to 'unfreedom'¹⁹⁷, was consistent with a metanarrative of emancipation (Adams et al, 2012). Her responses evidenced a potential for positive outcomes, achievable in moving toward recovery, which would surely have been unrealistic when she used drugs in an uncontrolled way. Similarly, women's personal narratives might only alter when moving from problematic drug misuse into recovery (Hanninen and Koski-Jannes, 1994).

A goal of support and advocacy for some substance misusing parents at least might ultimately be to reach a point at which they can attain self-reflexivity alongside a realistic, active trust in experts. This could fit Giddens' theorisation of a risk sensitivity, self-reflexivity (Lupton, 1999).and active trust in experts as necessary in an uncertain world (Beck, 1994b).

Lash's 'reflexivity winners' and 'reflexivity losers' (Lash, 1994) (Lupton, 1999) separated by relative access to socio-technical resources such as education, communications structures, interactive mass and non-mass media and information might also be relevant (Lash, 2001). The three (grand)parents interviewed had very different backgrounds, and their access to socio-technical resources had increased by varying degrees and in different ways. The data sits uneasily with Beck's thesis of generalised fear and anxiety (Beck, 1992), wherein such a goal might be unattainable.

No absolute conclusion can be drawn on risk theories, even now, as the sample size was small, among both substance misusing women and Practitioners. However, the literature survey¹⁹⁸ found little UK evidence of anxiety about agency or professional involvement once parents have stabilised or abstained from substance misuse. Mostly it deals with other

issues once substance misuse is better managed or has ceased. Bates, et al, did find that women tended to be *more positive* about intervention afterwards, even where children had been removed (Bates et al, 1999).

The narrower theme, '**Emotional Risks**', comprised of 'factors particularly affecting the likelihood of emotional well-being for (grand)child(ren)'. Emotional risk was frequently raised by substance misusing mothers, as well as Practitioners, who mentioned individual variability of emotional risk.

PD described substance misuse as a dominating influence.

PD1 57-59 I mean, don't get me wrong, some parents, parents might cope perfectly well. You know, they use the substances and it doesn't interfere with their childcare, but there's still a large number where it takes over; it predominates **2.3.2**

Substance misusing women and Practitioners variously described more specific effects of mood swings, emotional absence or emotional volatility.

C3 271-273 Because of my mood swings, R was being a little monkey, and I would then react badly to her reacting badly and there was this horrific domino effect..... **2.3.3**

B3 4-6 At the beginning of that, the daughter was working and going missing after work. I was looking after the children during the day and having to look for my daughter at the end of the day. **2.3.1, 2.4.1**

C3 8-9 I was having mood swings and I was genuinely suffering from them; so I was, that was without a shadow of a doubt a risk to my daughter. **2.3.3**

Developmental delay in at least some children might reflect dominance of substances misuse over childcare needs, experience of abandonment, emotional absence, unstable emotion or irritability (Kroll and Taylor, 2003).

Attachment, developmental delay or both (Levy and Orlans, 1998) may have related to a partly paraphrased example; with a former substance

misuser very anxious about the impact that heavy reliance on substances had on her daughter and grandchildren.

B1 23-24 The three year old “throws himself on the floor in the street”, and he has only just begun to speak a few words and he is still in nappies. **2.3.4**

Parents’ or Practitioners’ mentioned in a more general sense ‘mental health’. Individuals mentioned fear, anxiety, post-puerperal depression, other depression, after-effects of trauma, and bereavement among complicating factors.

C1 10-12 I was always afraid of being the type of person my parents were. I do suffer depression and I tend to kind of worry about my parenting. **2.3.5**

Children and young people might exhibit mental health problems, as well, with one granddaughter of ‘B’ having overcome agoraphobia. Clearly a mental health worker, had one been appointed, might have helped individuals.

Developmental issues and issues of socialisation could be very basic.

B1 20-21 I want, “just for them to be able to play together”. The 2 year old won’t share toys and has tantrums. “I want to be, “an influence over them”. **2. 3.4, 4.2.4.5**

B2 28-32life with my 17 year old grandson is “stressful”. He “has had a different upbringing” than he would have had if he had been with the grandmother all along. I want things not to get out of control. He was staying up all night, leaving the television and the lights on and taking showers that lasted an hour.....We have talked about it and he has responded well. **2.3.9**

Expected or not untypical behaviour in young children or adolescents might have to be distinguished from developmental delay or lack of socialisation (Cleaver et al, 2011). ‘B’ might need assistance to recognise

some behaviour as 'normal' in that sense. Nonetheless, there might have been issues resulting from attachment problems, lack of parenting skill or neglect; and her concern for assessment was appropriate.

Two substance misusing women described difficulties for children whose lack of socialisation meant they tended to be confrontational with other children. Some of the children concerned clearly needed help.

'C' discussed her anxiety about a man who has lived in the household for years, though she acknowledged there has been no indication that he would be a likely source of harm.

C1 23-25 P is definitely part of the family, and P, he's definitely part of R's nuclear family. She wouldn't understand if he wasn't there, to be frank. Funny enough, as much as I love and adore P myself, there is a very big part of me who fears anyone..... **2.1.1, 2.3.10, 2.4.7, 4.1.4**

'C's' anxiety sprung from historical abuse and having taken risks as a young woman that once put her in serious personal danger.

'C' felt she tended to 'overprotect' 'R' because of her own experiences as a young adult but conscious she should bar 'R' from normal experience.

No other parent or Practitioner discussed overprotecting. 'C' anticipated difficulties in future.

C1 64-67 Um, but, I can foresee difficulties when R's a teenager..... we're both so spirited and there's these issues of my paranoias around her safety, you know. At what age is it suitable to let your daughter out of your supervision? **2.3.10**

Neglect, physical and sexual risk related to the child or the parent, though concerns tended to be primarily about children. Four examples gave a sense of a range of potential risks.

A3 8-8 The real risk of alcohol and drugs was probably a bit of neglect. **2.4.1**

B1 42-44 The 17 year old boy is meeting girls and the 16 year old girl is meeting boys and I want them “to be safe”. I don’t want them to accept how they are treated and to see domestic violence as what they can expect. **2.3.9, 2.4.7** and **2.4.8**

C3 9-11 Um, I never did anything physically to her, and I’d like to think I never would. I sometimes felt so out of control of myself I was afraid and I thought I had to prevent it from ever happening. **2.4.2**

PB3 22-23 That does lead to children being left in vulnerable positions where there could be incidents, you know, of sexual abuse..... **2.4.7**

The first statement was from a mother who was concerned about her child; and it was not, as it might have seemed, an attempt at minimisation. The second was from a grandmother who was conscious of risk of sexual abuse, but also of adolescent sexuality and about past and potential future risk of domestic violence. The third was from a mother who at other times clearly recognised the possibility of a greater loss of control, mentioning several times asking her partner to prioritise and protect her child if that happened. Sexual risk was mentioned by all three.

The Practitioner view quoted here was exceptional insofar as staff said very little directly in terms of neglect, physical or sexual risk. Practitioners tended to voice concerns more about trauma that could come from strangers or the capacity of substance misusing parents to protect children.

There certainly was awareness among parents.

B2 61-62 I used drugs for quite a while, but my youngest daughter always had food and she was well dressed and knew less about that as a child. **2.3.3, 2.3.7, 2.4.1, 2.4.8, 4.2.3.4**

Only 'C', who grew up with abuse, mentioned physical trauma or injury.

C3 9-11 Um, I never did anything physically to her, and I'd like to think I never would. I sometimes felt so out of control of myself I was afraid and I thought I had to prevent it from ever happening. **2.4.2**

C3 18-19 I was brought up not only with hidings but with actual violence and physical abuse. **2.4.2.**

'C' had visualised herself striking 'R' "on the bum" and her voice wavered as she described her feelings at such a thought; hence she ensured that others would step in.

'PC' widened the issue of trauma.

PC2 53-55 Yes, they deal with all those issues of trauma, including; **police** raids, **strangers** forcing their way in, intimidation, violent assaults, arguments, etc. They have past trauma and present trauma and they may face future trauma **2.4.2**

Such traumas are often raised in writing on substance misuse (Kroll, 2004).

Substance misusing women voiced concern about (grand)children witnessing substance use. They described how they tried to avoid that, 'using' when children were at school or in bed or going to another room; but they accepted that children came to know what was happening. Children were aware of activities around it and sometimes witnessed drug taking.

A3 5-6 There was the risk from drinking and drug-taking around my daughter as well. **2.3.7**

B2 79-82 My own children, "knew how we got drugs, by making a phone call". We usually did that when the children were at school, but at weekends and in the holidays we still got drugs when they were around. They see the effect....We, "tried to hide it", when we took drugs, but the children came to know about it. **2.3.3, 4.2.3.7**

C1 34-38 We did, for years, hide my medication intake, but sometimes she does, she does catch me, you

know.....she says, "Do you want to take that tablet, Mummy?" 2.3.7, 2.4.8

Most studies provide examples of trying to hide substance use and acceptance that children know anyway (Kroll and Taylor, 2003). It was unclear how much difference it made to take tablets, inhale or inject, as all generally preceded an obvious change of mood, greater or lesser energy, or more or less attentiveness.

'C' mentioned drugs simply being in the house.

C3 7-7they were in the house, being away, they were still in the house. 2.4.4

Her daughter, 'R', knew that 'C's' prescribed drugs would be in a specific cupboard, though that was difficult for her to reach in 'C's' absence. The immediate risk from those drugs, ironically, might be little greater than from, say, a paracetamol overdose¹⁹⁹ (British Medical Association and Royal Pharmaceutical Society of Great Britain, 2009); and secure storage of all medications is an important safeguarding issue in every family.

'A' seemed relaxed about cannabis use. 'B' did not regard cannabis use as holding particular danger, which is interesting as she had the most knowledge and experience of substance misuse of the three women.

Being left with risky others was mentioned by 'B; and by 'PB'.

B2 14-16 My **daughter** has been told by the social workers not to have her violent partner back. He came back last time, but now, "they are watching her much more closely". 2.4.5

PB3 20-21 Um, it's often left the children in vulnerable situations where, for example, you know, they might be left with unsafe adults, or you've got unsafe adults coming into the home. 2.4.5

'PB' also mentioned inability to protect.

PB3 25-27 Em, and the children have been sexually abused by two different people during her life, you know, and that is to do with **mum**'s dependency on alcohol and substances and her inability to protect her daughter. **2.4.6, 2.4.8**

All the substance misusing women spoke of sexual risk.

A1 12-13like respect and about, uh, doing drugs and more in general about sex, cause she's a girl, plenty of girls getting pregnant at an early age. **2.4.7**

C2 156-165 I was keeping an eye on **this guy**. I've always thought him a bit odd.....this man was alone in the backyard with her.....as I came around and saw **R**'s expression it was an expression I had never seen before.....and it freaked me out completely..... **2.4.7, 4.2.3.3**

In a much longer passage, in light of two generations of early pregnancy, 'A' expanded on early pregnancy, which any young woman currently might face. 'C' may or may not have seen something sinister, and evidence of harm can be vague; but she ensured that 'R' was safe from harm.

A number of the risks described above were intergenerational. As separate categories they extended across sexual exploitation, domestic abuse, binge drinking, drug misuse and early pregnancy.

Practitioners and substance misusing women recognised effects on children as young carers, whose needs have recently become more widely known (Barnard, 2007; Sawyer and Burton, 2012). Practitioners mentioned work by Young Addaction and Barnardo's Action for Young Carers with child carers.

'PC' cited a young carer in distress without stating how she was protected from harm, though supportive services were involved.

PC1 51-52 One's a carer affected by parental substance use and by her Dad beating her up. **2.1.3, 2.3.6**

The best course in a particular case is a complex issue. A review of research notes that often children take a protective or caring role for abused, substance misusing, or mentally distressed parents and siblings (Gorin, 2004). Children prefer to be enabled and supported, not removed, despite effects on themselves (Sanders, 2004). 'B' recognised that her granddaughter, who stayed off school when drug misuse and domestic violence coincided, had benefitted via Barnardo's Action for Young Carers.

There was no evidence in interviews that Children's Services directly provided therapeutic help to young carers. That was consistent with expectations that LA social workers manage cases rather than undertake therapeutic work (Parton, 1997). It is notwithstanding legislation that requires LAs to assess carers' needs, irrespective of age, where an assessment is carried out under the National Health and Community Care Act 1990 and to have regard to the assessment in deciding provision to be made or arranged to be made²⁰⁰.

Clearly wider networks of service providers are important (Doherty and Horne, 2002), albeit providers like Young Addaction and Action for Young Carers are vulnerable within commissioning frameworks. Both have survived for some years, but each regularly gains or loses commissions to provide services, which can move from agency to agency or disappear.

In addition to isolating effects mentioned earlier, all three substance misusing parents mentioned estranging factors.

A2 7-9 **[My mother]** wants to, eh, she's got her life now, because she was only just young when she brung me up and me brother. She's now quite selfish for her life and she doesn't want to be a grandma because of the kids. **2.2.2, 2.3.8**

A2 73-78 My Dad 'poisoned' the family so that is a big, major thing, that S is not around, from when I think she was five because.....I ended up speaking it out and it was the whole family never supported me.....I'm over that situation. **2.3.8, 4.2.2**

B1 9-10 I spoke to people about the domestic violence and for two years my daughter did not talk to me. I have no contact with her or **[some of]** the children. **2.3.8**

B1 51-53 The older ones are teenagers. When things get out of hand she makes the older children leave the house. She will send them to stay with their Dad. She can't just keep saying, "Pack your bags and get out." **2.3.8**

'C' also became aware of abuse and potential abuse in her family, which made her wary of contact with some family for her child's sake. Abusive relationships caused estrangement for all three women.

'C' did not want her daughter to repeat her own health issues.

C1 42-46 I most hope for **my daughter** to have.....not to have those health issues would be perfect, but touch wood, experiencing health issues, a little forward movement on how to deal, you know, with prescription medications. **2.4.8, 4.1.4**

'C' was not bitter about individual doctors for prescribing ever greater medication, but she had since gained responsible GP support, and she wanted to ensure that 'R' would not misuse prescribed medication. Only 'C' mentioned any health issues in relation to children, apart from potentialities that could arise during pregnancy and infancy.

Women's health risks concerned 'B'.

B3 61-62 at the end of the day when I took up a service [after 20 years] I was under 7 stone in weight. **2.4.3**

B3 64-66 Work can be done with heavy drug users and with those who are moving into recovery. It starts with learning how to protect yourself, getting treatment to look after injection sites, then getting off the drugs and having treatment for hepatitis. **2.4.3**

B3 65-69 The treatment for hepatitis is harder to deal with than getting off the drugs. The interferon does things to you. When you are in recovery you need to know that if your liver is already damaged you cannot take risks. **2.4.3**

'B' was a 'Recovery Champion' with one of the agencies. How she prioritised steps needed contradicted the glib requirements of some child protection plans that prioritise getting off drugs over harm reduction. Her advice reflected partly a health-related, harm reduction model and partly a public health model consistent with treatment and abstinence (Keene, 2010). It closely mirrored advice offered during a networking visit to Bosco House, which runs a residential alcohol and drug rehabilitation programme where residents are often treated for hepatitis.

Emotional risks as described by substance misusing women generally compared to Practitioners' accounts. Transcripts reflected women's own childhood and adult experiences, and in that sense were realistic. Mention of the media was exceptional, and it could not be said on that evidence that it had especially influenced those interviewed.

PC2 49-51 The needs are different for each parent. The issues are whatever they are facing now, and they are not exaggerated fears from the wider world. **4.2.2**

Data was insufficient to reject Beck's risk theory; but it certainly did not validate it.

Risks to children from isolation, assuming a caring role, agoraphobia, non-school attendance, and problems with peers were associated with but not necessarily caused by substance misuse. Harms similarly reflected neglect, developmental problems, emotional factors, lack of socialisation, and physical or sexual risk. There were concerns about early pregnancy, eclipse of women's individuality by the mothering role and domestic violence. All these reflect other research-based sources (Sanders, 2004).

Emotional risks reflected both individual and common experiences of substance misusing parents. All had experienced childhood abuse, though its nature may have differed. 'A' experienced substance misuse for a number of years and domestic violence for two years before making major changes in her life. 'B' used substances for 20 years, throughout her children's childhoods and three years of three of her seven grandchildren's childhoods; but she had been drug free for some time. 'C' had used legal substances for most of her 4 year old daughter's life. She was the only person not to have experienced domestic abuse in adulthood. All were highly motivated and well into recovery.

Parents' concern for children stood out. All were intent to ensure a better childhood, albeit 'B' could do so only for grandchildren. Parental concerns were to some extent matched or extended by staff and never contradicted.

Under the second broad theme, of **Risk**, parental substance misusers who were interviewed were not especially anxious about accepting services. Practitioner accounts indicate that some parents dealt with by the FaSST clearly did require reassurance about agency or professional involvement,

possibly more among parents who were not so far advanced towards recovery. Overall, responses fitted more with Spratt and Callan's findings, whereby initial concern about social work contact gave way in the majority of families that faced assessment or intervention and was different for those being assessed rather than investigated (Spratt and Callan, 2004).

There were no responses consistent with the exaggerated or ungrounded fears that Beck would anticipate (Beck, 1992) and Parton et al have found (Parton et al, 1997). Responses under the broader theme of governance brought out much that did resonate with claims from Parton et al about how agencies and Practitioners tend to experience governmentalist and managerialist developments (Parton, 2010).

Numerous concerns and hopes were voiced. Substance misusing parents were uncertain about children's futures, sometimes exhibiting negative and at other times optimistic concerns and hopes, reflecting grounded experience. The combination of uncertainty and willingness of substance misusing parents interviewed was more consistent with Giddens' expectations (Giddens, 1991), and the level of information they had gave credence to Lash's ideas on access to socio-technical information (Lash, 1994). A larger study would be needed to validate these points.

If the broader theme of risk has not fully validated Beck's risk theory, (grand)parents' Practitioners' responses nonetheless provided background that could inform support and advocacy. Interview responses matched conclusions in the literature on parental substance misuse, challenging stereotypical description and indicating a need to address

stigma, isolation, estrangement, health, mental health, children's development, support, reintegration and recovery. It might be that work should be facilitated within recovery communities, while encouraging parents to rebuild family and wider social networks. Ultimately parents might be helped to reflect when they have reached a point where personal narratives might have altered (Hanninen and Koski-Jannes, 1994).

Chapter Summary and Next Chapter

This chapter reported findings in relation to **Governance** and **Risk** based on interviewing two substance misusing parents, one abstinent grandparent and seven staff. Tentatively, those can be theorised.

The FaSST was created in response to a perceived need for specialised help for pregnant women affected by juridification of family lifeworlds (Habermas, 1987), increasing emphasis on child protection (Vincent, 2010) and subsequent rebalancing of child protection with rights and interests of parents where 'high risk' cases might lead to intervention (Parton, 1997). Child protection itself was affected by New Managerialism (Farnham and Horton, 1996), restructuring (Leach et al, 1994), performance management (Ayre and Calder, 2010) and specialisation (Leach et al, 1994).

Meanwhile, voluntary and private independent agencies were affected by commissioning involving perverse incentives by public bodies and legal firms (Flynn, 1993). With extension of governance into networking arrangements, commissioning has been both an opportunity and a threat to independence (Ettorre, 2004). Resulting destatisation (Jessop, 1997) also amounts to the state commissioning independent sector agencies to assist

in state supervision (Foucault, 1997a), characterisable as 'normalisation', 'moralisation' and surveillance (Ettorre, 2004).

Individual and collective acts of resistance (Elcock, 1996; Barnes, 2009) to changes in governance led to staff with considerable experience joining the Team. They developed a mainly group-based approach that directly engaged with parents and promoted children's welfare. Staff backgrounds reflected specialisation in both LA and PVI social work (Leach et al, 1994). Observational evidence and interview data confirmed that the FaSST was an effective multi-professional Team with a broad consensus of values and a particular way of working.

In terms of research objective 1, the small sample of substance misusing women limited contextualisation of statistical information, but Practitioner responses broadened contextual information. Overall, interview data informed the circumstances of those using the service, challenging stereotypes of substance misusing women. Individual women's narratives can be more positive and conform more to positive meta-narratives (Adams et al, 2012) consistent with moving from problematic substance misuse into recovery (Hanninen and Koski-Jannes, 1994).

Research objective 2 was evidenced insofar as parents' concerns, hopes and fears about children and grandchildren were voiced directly by three women, reflecting individual life experiences, and indirectly by Practitioners. Concerns of parents and Practitioners served better to validate Giddens' (Giddens, 1991) and to some extent Lash's (Lash, 1994) than Beck's (Beck, 1992) views on risk, though the sample was insufficient for firm conclusions.

Data analysis thus far suggests that, while risk theory could not constitute a major theoretical strand; it did provide significant background.

The broader theme of risk discloses realistic risk awareness that spans normatively common concerns of all parents alongside concerns more commonly cited in relation to parental substance misuse; and not simply about pathological effects. Some concerns related to habitus (Bourdieu, 2010) with particular relevance in chapter 7.

Responses of the three women and seven staff confirm, in terms of research objective 3, that little advocacy has been available locally to help parents participate in decisions affecting children's welfare. Interview data and networking disclosed a wide range of other support services, albeit those are vulnerable to funding and commissioning decisions (Doherty and Horne, 2002). There is currently a clear gap in advocacy services.

Regarding objective, 4 many responses informed what support and advocacy services might do. Often what women sought was very positive and not particularly different from what parents and grandparents generally might want. There were concerns about stigma, bullying, isolation, sexual vulnerability, transition to adult life and young people's potential substance misuse; which were well grounded in individual experience. Practitioners expressed more concern about issues of trust and possible intervention in families. The various concerns of parents and Practitioners reflected matters that agencies might help parents to address in respect of children in need. As such they could be pursued in advocacy informed by Habermas' theory of communicative action (Habermas, 1984; Habermas, 1987).

To summarise, analysis in this chapter has examined 'Circumstances' in terms of broader themes of 'Governance' and 'Risk' in order to address the research question, establishing the fundamental significance of governance, the regulatory child care framework and juridification (Parton, 1997; Parton, 2006). Practitioners were open with parents about the FaSST's responsibility if children might be suffering harm or be likely to suffer significant harm. They nonetheless provided support and promoted parents' and grandparents' involvement in children's interests.

In the absence of (grand)parent responses that would support Beck's risk society theory (Beck, 1992), even to the extent that Giddens' (Giddens, 1990) and Lash's (Lash, 1994) views on risk had some support, the broader theme of risk receded into less substantive, background issues. Limited provision of advocacy via parents in children's interests and realistic concerns of parents leave much scope for developing advocacy based on the theory of communicative action (Habermas, 1984; Habermas, 1987).

Chapter 7 looks at 'Possibilities for Support and Advocacy' in terms of responses around broader themes of 'Support' and 'Beneficial Outcomes', and it will do much more to inform the research question and particularly research objective 4. Statistical evidence, team observation, discussion at the FaSST and networking in other agencies will again be used alongside interview responses. Theory from chapters 2 - 4 will be more fully integrated into analysis of research findings to which it relates, forming a firm basis on which to conclude in chapter 8.

Chapter 7

Analysing and Theorising Possibilities for Support and Advocacy

This chapter focuses on 'Possibilities for Support and Advocacy', examined within broader themes of 'Support' and 'Beneficial Outcomes', the research question, and research objectives. Governance and risk continue to resonate. Other sources, e.g., networking, continue to be utilised reflexively to contextualise and analyse interview responses. Theorisation identifies scope for support and advocacy utilising the theory of communicative action (Habermas, 1984; Habermas, 1987).

Research objective 1, concerning circumstances of women who misuse substances and children affected, is contextualised more in terms of support provided and beneficial outcomes realised or envisaged by parents. Research objective 2 is more closely informed regarding experiences and hopes in respect of children's welfare. Research objective 3 is informed primarily around support provided from NSPCC itself. Increasingly clear evidence addresses research objective 4 as to how far the FaSST fulfilled, or interview responses anticipated, beneficial outcomes that offer scope to support and advocacy.

Data analysis extends understanding of the range of work done by the FaSST; how far goals of support, advocacy or both were met; and

opportunities to develop support and advocacy. Practitioners carried out intermediary, interpreter or mediator roles (Wilks, 2012) between parents and Children's Services. The FaSST gave realistic assurance to persons who experienced uncertainty in accepting help, much as described by Giddens (Giddens, 1991), without which they or children might have been adversely affected. As suggested by Lash (Lash, 1994), parents gained socio-technical information and links to agencies with such information. These conclusions reinforce similar theoretical points from chapter 6.

Analysis anticipates a more defined understanding of a possible future advocacy via parents in the interests of children's welfare. In theoretical terms, some substance misusing parents might be more prepared as a result of support given to engage in an active advocacy (Boylan and Dalrymple, 2009) informed by the theory of communicative action (Habermas, 1987) and awareness of habitus (Bourdieu, 2010). Such advocacy would reflect Foucauldian, Gramscian understanding (Davies, 2011), with emancipatory goals (Thompson, 1998) for parents and children. Work with individuals and groups could enable parents and children to 'come to voice' (Boylan and Dalrymple, 2009) within the perspective of a socially constructed, normative foundational, human rights approach (Whiteside and Mah, 2012).

Analysing Possibilities for Support and Advocacy: Support and Beneficial Outcomes

Broader themes of **support and beneficial outcomes** described the service delivered and how it impacted on parents and children. How each

of these themes was evidenced offered a basis to examine both the wider impact of FaSST support on parents and children and its relation to advocacy theory. This chapter develops a contemporary perspective on Habermas' communicative action and prospects for active advocacy using material from earlier chapters that asked how and why parents might gain from support and advocacy.

The third broader theme, **support**, looked at the work of the agency from the point of view of provision made and how its services were organised and delivered. It also reflected how the agency related to a wider range of agencies. It was defined in the following terms:

Support consists of FaSST work; organisational roles; and instrumental values, conditions, attitudes and practices.

Support brought together three narrower themes; '**FaSST Work**'; '**Organisational Roles**'; and '**Instrumental Values, Conditions, Attitudes and Practices**'. Some broader and some narrower concepts were identified early in the coding process for each of these narrower themes. The broader theme emphasised organisation and delivery, in respect of which there were extensive responses from staff but no responses from the three women interviewed.

'**FaSST work**' was described extensively by staff, for example,

PA1 416-419 And, uh, so here, your ask me what is good about here, it's just the group work. Because the individual work is good, but for me, I enjoyed the group work, I think, because it's very much developing my skills having done individual work for so long. **3.1.1**

An extensive set of staff responses covered group work, individual work and links with other agencies; relating both to work with parents and with young

people. Groupwork included the 'Baby FAST' Programme, 'Incredible Years' Webster-Stratton Parenting Programme, 'Bite Size' Programme, 'Me Time' and 'Community Parents'. Practitioners also attended antenatal clinics, ran the 'Participation Group' for young people and attempted work in schools with children affected by substance misuse. Home visits and regular telephone contact with parents augmented other work.

Work on contact issues with women prisoners at HMP Styal had a strong advocacy element. It included providing information, helping with correspondence and contacting agencies; often around the welfare of unborn children, children accommodated by LAs, or those left with relatives. The work involved trying to, "obtain something from someone with power"; it was necessarily "clearly structured"; and insofar as it involved matters governed by legal protocol it was "hard advocacy" rather than "soft advocacy" (Wilks, 2012: 2). The central importance of family law to the work reflected juridification of family lifeworlds (Habermas, 1987). Legal firms were taking over this work by 2012; hence advocacy became less likely to be available outside of criminal or family law matters.

Responses represented FaSST Work as predominantly group-based. 'Incredible Years' Webster Stratton Parenting Programmes, 'Me Time', and at one stage 'Baby FaST' contributed significantly.

PA1 416-419you ask me what is good about here, it's just the group work, because the individual work is good, but for me, I enjoyed the group work, I think, because it's very much developing my skills having done individual work for so long. **3.1.1**

PA2 13-16 I've got one case at the moment. Um, and I suppose that in the past the most I've had is maybe I've

had four, but it has been more group work and involved in the 'Community Parents', which for years hasn't given me scope to do individual work. **3.11, 3.1.4**

All Practitioners were involved in group work, though one undertook mainly individual work. Home visits to assess progress often preceded or paralleled group-based work. All were enthusiastic about groupwork.

Some staff voiced concern as to how advocacy might be possible in group-based settings, citing confidentiality. Certainly, group rules tend to pledge all participants to confidentiality (Preston-Shoot, 2007) and there could be especial problems in disclosures affecting third parties (Brown, 1992; Wake, 2009). It would often have been outside the function of particular group-based programmes at NSPCC to discuss issues raised. As will be seen later, matters revealed in group-based programmes were sometimes discussed in confidence with individual parents outside groups.

NSPCC had clear confidentiality policies; and each Practitioner had a social work, counselling or midwifery background that made them subject to professional standards of confidentiality. While many agencies that undertake advocacy have historically had no code of confidentiality, the Citizens' Advice Bureaux being an exception (Bateman, 2000); Bateman includes confidentiality in his principles of advocacy, which are endorsed by Wilks (Wilks, 2012). Additionally, Standard 7 of the National Standards for the Provision of Children's Advocacy Services envisage that the,

.....Advocacy Service operates to a high level of confidentiality and ensures that children, young people and other agencies are aware of its confidentiality policies.

(Department of Health, 2002: 11)

While the National Standards are specific to children, and they are not legally binding, it is reasonable that any advocacy service that deals with matters affecting children and young people or adults who could be vulnerable or stigmatised should follow at least an equivalent standard.

Boylan and Dalrymple (Boylan and Dalrymple, 2009) critique the standard as allowing exceptions where, “.....necessary to prevent significant harm to them or to someone else or if disclosure is required by a court order” (Department of Health, 2002: 11). They regard any exception as fitting a protectionist stance; hence as eroding the radical edge of advocacy. They cite the Waterhouse review of *Lost in Care: Report of the Tribunal of Inquiry into the Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd since 1974*. Waterhouse does not entirely oppose exceptions but urges that exceptions be kept narrow to avoid discouraging children from seeking help from independent advocates.

The *Protocol on Advice and Advocacy for Parents (Child Protection)* based on Cambridge University’s Department of Health funded study of parent advocacy services also stresses the importance of confidentiality.

.....the confidential nature of the advocate's work underpins the parent's ability to trust him/her, because it creates a private environment in which the parents can explore the issues, and possible solutions to the child protection concerns, without jeopardising their position with the local authority.

(Lindley and Richards, 2002: 21)

A cautious approach clearly has strong support in the advocacy literature, and confidentiality would be fundamental to successful advocacy.

Groupwork built capacities parents would need in order to participate in decision making. 'PF' outlined key differences between groupwork and other methods that explain its value with substance misusing parents.

PF1 47-49 Things come out in groupwork, too, like experiences of leaving school early, family life and how substance use started. Longer interviews and groups mean a different style and culture of working. **3.1.1, 3.1.4.**

PF1 55 – 59 We hear that people are fed up of being told what to do. They benefit from the opportunity to just have a chat. We don't have the tickboxes to complete. We can give information without appearing to be preaching. **3.1.1, 3.1.4, 3.2.2, 4.2.2, 4.2.6.3**

The relatively open agenda and the opportunity to exchange information rather than instructions or admonitions was consistent with an implicitly group-centred approach (Kemp, 1970). The group process, experiential exercises and discussion enabled substance misusing parents and others to achieve group aims in a 'safe' environment.

Focusing on expressive tasks that included social support stressed a safe environment, rapport, and relationship building; which are pre-conditions for successful advocacy (Brandon and Brandon, 2001; Wilks, 2012). Groups, even if they focus on other instrumental tasks, can have a strong expressive focus that develops parents' vital capacities to speak in their own behalf.

There were further benefits of the FaSST's groupwork.

TM1 139-142 Now there is this bit about hard to reach, who is hard to reach. Our understanding, my understanding, is that people are not hard to reach if you can develop ways of reaching them that meets their needs, that suits them. An example of that is perhaps the groupwork that we wanted to develop. **3.1.1, 4.1.3**

PC2 76-77 I don't think as much could be done working just one-to-one. In the ['Incredible Years'] group you see

them sitting upright and their body language changes
3.1.1, 4.2.3.6

Involving either largely substance misusing parents or a broader range of parents, groupwork provided a way of involving individuals as well as developing self-confidence. Confidence has been linked with capacities for self-advocacy (Brandon and Brandon, 2001; Wilks, 2012).

The 'Incredible Years' Webster-Stratton Parenting Programme (Lindsay and Strand, 2013) involved six groupwork sessions; as basic, baby and advanced, differing from similarly named programmes offered elsewhere.

PA1 280-284we particularly try and target people who are vulnerable in some way.....past substance or alcohol difficulty, DV [**domestic violence**] history or perhaps people have had mental health difficulty. So our programmes tend to be a lot smaller than...in the **local schools** or **children's centres**. We wouldn't run it with a group larger than eight. **3.1.1**

Substance misusing parents were not necessarily the majority attending.

'Incredible Years' aimed to boost parental self-confidence while including role play so parents experienced play as a child might and how adult intervention affects that.

PA2 205-208 There's a scenario where parents [pause], the 'child' plays and parents, we tell the parents to basically play alongside them, and you know, take blocks and not to co-operate, and um, the way a lot of parents play is actually quite competitive, and they want to build the tower. So they do that, and the parent acting as the child feels what it is like. **3.1.1, 3.3.4**

Then, repeating the role play, the person taking the parent role offered more praise and less interference or correction.

A3 31-31 I started to play with S, started praising her more, ignoring bad behaviour. **3.1.1, 4.2.3.1**

Parenting skills were built around that, for example; as parents developed more positive and effective bedtime routines.

Working materials reinforced processes by which parents learned less oppressive ways to relate to children and the value of praise. Those were taken home, where participants experienced the impact on children and shared their learning with partners and others; and fed back to the group. Substance misusing parents' accounts evidenced how their behaviour changed at home. Empowerment thus took place in more than one domain (Thompson, 2007), with benefits accruing to children and adults.

'Me Time' was an activity used in some group-based programmes, simple in concept, and clearly focused on needs of parents, who were involved in 'pampering' sessions. Ways of rewarding progress were discussed, and items were provided to participants to aid relaxation at home.

PA1 432-433that really does build up people's self-confidence and reduces the fear of isolation.....**3.1.1**,
4.2.3.6

That provided a means for women to relax when they feel stressed and to reward themselves in less expensive, non-destructive ways.

PE2 261-264they'll get given bath salts and things like that. And I think that's a way of saying that's a way you can reward yourself rather than going out and buying £5 or £10 worth of gear, or you know sort of, you know, a cheap bottle of cider. **3.3.4**

'Me Time' was satisfying for Practitioners, who saw it as a very practical means of support for those stabilising or reducing substance misuse or maintaining abstinence. LA Children and Families Safeguarding and Support Teams would not be allowed to do such work.

'Baby FAST' was run by 'PA' and 'PF' with young parents and other family of children under 3; and it was the only programme in which such young children were directly involved. Having originated in the USA, 'BabyFAST' had not, according to Practitioners, been run before in the UK.

PA1 291-295 I'll be involved in 'Baby FAST' and it's going to be working with teenage parents and their parents andIt's based on the idea of building up the social capital in the family and the community. I'll be working on that. It's....about 60% **volunteers**, 40% **professionals**; and it's based on the peer-to-peer idea, working with the families to bring about change. **3.1.1**

It thus brought together mothers, babies, partners and grandparents or other carers with Practitioners and trained volunteer participants, variously configured in larger or smaller groups over a number of sessions.

Programme details in documentation used by Practitioners described activities across three generations each of a number of families. They put infant children at the centre of everyone's thinking, built the confidence and independence of each mother, involved partners in a supportive way and addressed relations of power in families.

Some activities involved all generations at once; while some divided up for baby massage, and depending on each baby's age, floor play or reading. At times participants divided into breakout groups of new mothers, new fathers and grandparents. Participants were frequently reminded of three themes "For the sake of the baby", "For the sake of the family", and, "It takes a village to raise a child successfully."

What happened reflects power in personal/individual, family/group/team, organisational, and community domains (Thompson, 2007). Individual

mothers' empowerment was promoted by placing each baby at the centre with their mother, building each mother's confidence and independence, seeing partners as a source of support, and clarifying other family members' roles within a wider range of supportive people.

Power manifests in discrimination at personal, cultural and structural levels (Thompson, 1998). Many Practitioners reflected on work around individual and cultural difference and structural boundaries. They addressed each level where it affected substance misusers or families. Work with young mothers, young fathers and grandparents (especially grandmothers) particularly empowered young mothers; aiming to alter patriarchal and intergenerational relations of power.

These aims were consistent with some aims of systemic family therapy (Barker, 2007) or family life cycle family therapy (McCulloch and Rutenberg, 1989), but without in-depth therapeutic intent. Increased self-esteem and self-confidence were intended outcomes with incidental potential to build or reinforce capacities needed to engage in advocacy (Brandon and Brandon, 2001; Wilks, 2012).

'BabyFAST' was discontinued owing to cost and demands of planning and preparation. However, independent evaluation was very positive, and Practitioners were proud of the work done. If revived, 'BabyFAST' could promote at least two forms of empowerment. Tackling problems together to pursue goals as a group would promote 'power with', and developing individual capacities would promote 'power within' (Thompson, 2007).

Strong links were associated with agencies that hosted the FaSST's groupwork activities, an indication of one way interagency work might be enhanced. Extensive approaches had been made to other agencies – statutory and voluntary – to develop interagency working; but generally with limited success. Providing activities on other agencies' premises might thus be more likely to extend empowerment further in organisational and community domains than repeated approaches (Thompson, 2007).

Some FaSST work became commissioned by outside purchasers to other voluntary sector agencies. Where those agencies offered services only on their own premises, whether or not quality was maintained, it impeded prospects for interagency working to flourish, a perverse outcome of service commissioning within network governance (Doherty and Horne, 2002).

Practitioners would have valued more chance to work directly with children and young people, but only the school-based 'Bitesize' Programme was designed to directly and exclusively serve children from substance misusing families. It was to be event-based, issue specific and group-based, and run in conjunction with Mersey Care's Drug and Alcohol Recovery Team and Young Addaction. It aimed to empower pupils and prepare them to mentor others in-school; and like 'BabyFAST', it had scope for empowerment as 'power with' and 'power within'.

The sometimes severe impact of living with parental substance misuse on children's education and life chances (Kroll and Taylor, 2003; Gorin, 2004) might seem reason enough for schools to prioritise such work. However, 'Bitesize' met hurdles.

PA1 484-488 When it's been through partner agencies, the one we're trying to work with currently, **a school**, they said, "Oh, yes, we've got lots of children affected by this," we can provide you with names", and then when it comes to it, they can't actually name the children because they were only working on a hunch.... **3.1.2**

Disappointment and frustration were experienced on two levels, loss of the chance to work with children and schools' non-fulfilment of arrangements.

PA1 539-541 I do miss contact with children. It is the one thing we don't have a lot of here. It is mainly working with parents. So it would have been good to, to have got the group work off the ground with the children **3.1.2**

PB1 365-378 There's often been blocks and barriers in the way to that.....we'd agreed with one of the **senior members of staff** and one of the **Mentors**.....and the day that we arrived.....all the basic requirements that we'd, we'd asked for and been agreed just wasn't in place; and in that sense it was a disaster, really. **3.1.2**

'Bitsize' needed fully prepared partners, responsive to what was intended. Work aimed to empower children but lacked in-school organisational support. It depended on schools identifying those children affected by parental substance misuse who chose to be involved, obtaining consents, and preparing a suitable facility. What happened was surprising.

PB3the room we were in, it was like terrible, um, it was horrendous, oh, loads of health and safety issues in it. **3.1.2**

PB3 243 -248 Um, it became, um, clear when, um, the **[unclear, school staff]** was speaking to the pupils that they hadn't been asked to, to volunteer because the words were, uh, "You've been chosen.....So it wasn't anything in their head, you know..... **3.1.2**

After the room had been de-cluttered and cleaned, discussion revealed that children literally did not know why people had come to meet them.

There was insufficient relevant data to analyse the FaSST's preparatory work with schools; but sustained, time consuming efforts were made in advance with each school. Efforts faltered where schools objected to mention of substance misuse in consent forms, simply instructed children to attend, or delivered unsatisfactory facilities.

There was little evidence to explain why schools themselves struggled. 'PB' and 'TB' speculated that,

PB3 278-281 If it had been a different member of staff, you know, it might have been different; it might have worked.... **3.1.2**

.....working in a partnership.....it's a combination
.....probably having big workloads and not got the time
resources..... **3.1.2**

Practitioners could not confirm such speculations. They might equally have implicated relations of power between school staff and potentially quite vulnerable children.

Other studies have considered why schools might not tackle parental substance misuse. One study of families and drug problems found that some teachers expected family problems to be 'left at the door' and that compartmentalised roles limited schools' involvement (Barnard, 2007). A Department of Education research report on 'family focused support' found that, even if work was authorised at the top, top-down support depended on frontline staff having support from middle managers (Kendall et al, 2010).

While the 'Participation Group' ensured that young people had a voice in NSPCC and sometimes beyond, it was not particular to or fundamentally part of support and advocacy via substance misusing parents. Insofar as it

built confidence and offered opportunities for insight, the 'Participation Group' could have been a potential starting point for children to engage in advocacy (Wilks, 2012). It very successfully involved young people, and created opportunities for them to express views in other forums.

PC1 46-49 I used to help with the 'Participation Group', before PE took that over. It started as a domestic violence related group, but substances were often an issue. They work with young people affected by substance or different things. That informs the work with parents and families.

3.1.1, 3.1.2

Both 'PC' and 'PE' were based with the FaSST, but their lead role in the group was explained insofar as 'PC' started work in NSPCC with domestic violence cases, some also involving substance misuse, while the FaSST was being developed. 'PE's' very wide experience, counselling background, and work with families affected by substance misuse in Children's Centres had prepared her to work with the 'Participation Group'.

As 'PC' noted, the 'Participation Group', by reminding Practitioners of the concerns of children and young people, fulfilled another function essential to support and advocacy. It helped Practitioners reflect regularly on young people's needs and rights, which as chapter 4 concluded must be kept in the foreground, helping ensure that any support and advocacy via parents should be in the interests of children's welfare.

Other work with children was very limited.

PA1 439-440 I think working with children, it's absolutely, it isn't that it wouldn't be important, but I think it's underdeveloped. **3.1.4**

PB1 348-353 There's not a lot of, very little children's workand that is an area that I'm interested in.....I've had a couple of pieces of work with, with children since I've been here; one young woman who's 15; I'm still

working with her, and that around parental alcohol. Um, I worked with a little boy, briefly; that was around, again, mum's alcohol, alcohol use..... **3.1.2**

PC1 46 – 46 I have worked with a few young people affected by their mothers' alcohol use. **3.1.2**

TM2 310-313 I think that's something that needs mention in advance, the children, I mean, the care needs,.....there needs to be some development of services. **3.1.2**

Practitioners only referred seven times to working directly with children outside of explicitly group-based practice; which suggests that little individual work was done with children. That could be appropriate in light of service criteria, which meant some children were infants or toddlers. LA Children's Services had to assess and monitor children's welfare. The FaSST did not have primary responsibility for children's safeguarding and child protection, as emphasised in interviews.

Practitioners clearly valued opportunities to work with children or young people, and 'PA' may have been right about its importance as an underdeveloped area. Support and advocacy could only relate fully to children's interests if Practitioners could work with and know *from each child, in accordance with their age and development²⁰¹, their needs and wishes*. That presupposes, of course, that children should themselves have access to separate advocacy or engage in active advocacy.

One substance misusing mother mentioned a home visit by Practitioners in connection with 'Incredible Years'. 'C' was surprised that the visit was short; and she was unaware of being observed in interaction with her child. A Practitioner confirmed that such visits began the previous year.

There were good examples of family work, with realistic goals and relatively far reaching results, whether or not there were setbacks.

PC1 33-36 I am working with families now and one is doing really well. It is just being consistent with them as well. You need to work to individual parents and families. We attend child protection conferences, supporting them and with other agencies. **3.1.4**

The FaSST sought to provide services for more families. 'TM' approached LAs via managers and team meetings, explaining the FaSST's work and suggesting that work with families might encourage parents to engage with LA staff. A limited response to that, also mentioned by 'PA', explained the ultimately greater emphasis on groupwork and work with adults.

Community Parents probably did more to create social capital (Bourdieu, 1986), as referred to by 'PA', than other initiatives.

PD2 16-18and then we developed the 'Community Parenting' Programme, so I moved away from, you know, substance misuse, to the 'Community Parents' and training, supporting for families and **volunteers**. **3.1.1**

PD1 126-130 It's a service whereby we recruit **volunteers**, we train them, do CRB checks and references, etc., and safeguarding checks, and we link them with families we've recruited through **Health Visitors**, eh, sometimes **school Mentors**, and the families can have a myriad of problems; it's not just substance misuse **3.1.5**

Practitioners assessed each family, provided supervision, and advised 'Community Parents' volunteers. Where necessary volunteers stepped aside if children were referred to the LA under threshold criteria, and Practitioners undertook any work in connection with that. 'Community Parents' provided a valuable, unique family service for struggling, often vulnerable families in South Liverpool.

The programme helped numerous families, based on a national model used by Barnardo's, National Children's Home and children's centres and developed uniquely by Liverpool NSPCC. Extended training mapped to City and Guilds standards offered significant knowledge, particular skills and a values base to each volunteer within an overall model. A collection of resource material addressed difficulties that families might be facing.

Direct professional advocacy (Boylan and Dalrymple, 2009) was limited within 'Community Parents', but volunteers signposted parents, accompanying them where needed. Implicitly that will have involved 'power to' (outcome power) and 'power with' (involving collective power), which with 'power over' (social power) and 'power from within' (involving personal, inner resources) constitute four 'species of power' in the three dimensional, dispositional model of power (Thompson, 2010).

The species of power and issues of dominance highlighted in this chapter operated whether or not Practitioners or parents were aware. That is consistent with the 'intentionality' inherent in Luke's three stage model (Dowding, 2006), and would be an important consideration in advocacy.

Some 'Community Parents' volunteers entered employment or education.

PD1 160-162 We've got a couple who are, actually a **social work student** and one is looking to become a social work student; and the experience of volunteering for Community Parents is absolutely fabulous for them. **3.1.5, 4.2.3.5**

'Community Parents' relied on links with various black and ethnic minority agencies working among the very diverse population on which it based its

work. Practitioners hoped to continue as the focus on black and ethnic communities matched a priority area for NSPCC's internal commissioning,. 'PD' worked with the 'Women's Group' (described in Appendix VI), until commissioning moved it to Person Shaped Support (PSS) and 18 months after that became independent as 'Together Women Liverpool', with a management link to Action on Addiction (SHARP). Less was said about Practitioners' work with this group, but 'B's' responses under the broader theme of Beneficial Outcomes partly relate to it. Members have interviewed applicants for professional courses and spoken out confidently in local forums concerning substance misusing women and their families.

During early meetings with NSPCC and in networking for this research; members of Together Women Liverpool showed capacities of self-confidence, verbal skill, social awareness and technical knowledge necessary to engage in communicative action (Habermas, 1987) and active advocacy. The researcher co-interviewed with members for professional programmes on numerous occasions and interviewed 'Community Parents' volunteers for those programmes. Thus at least some substance misusing parents experienced inclusion and social role valorisation (Brandon and Brandon, 2001), became empowered (Thompson, 2007) and 'came to voice' (Boylan and Dalrymple, 2009).

Prison work was mentioned by 'PA' and 'PC'. It was primarily a one-to-one, fortnightly drop-in provision, dealing with child care proceedings, adoption, special guardianship and contact while in prison. As mentioned earlier, the FaSST service became less busy as solicitors increasingly

offered advice work. 'PC' had informed HMP Styal the work would cease, but 'Community Parents' might offer support.

Practitioners also provided education and training. 'PA' was involved in multi-agency Child Protection training; 'PD' trained other workers and 'Community Parents' volunteers in the community and 'TM' was involved in developing and delivering 'Seeing and Hearing' training.

Inter-agency working and management roles were among notable '**Organisational Roles**'. Practitioner responses evidenced various organisational roles. The Children's Services Manager role was strategic, involving links within NSPCC and with other organisations, bringing Practitioners into decision-making, and providing regular, substantive professional supervision. Most Practitioners were responsible for some groupwork, including volunteer support via 'Community Parents', with some doing little individual work and one doing mostly individual work. Staff covered groupwork for each other as needed.

Midwives held the one exclusively specialist, adapted role to prepare women for and encourage take-up of antenatal services. Sometimes it had an intermediary advocacy element²⁰². It was vitally not social work.

PF1 26-29 My role as **Midwife** is different to the role of other **midwives**. I encourage women to engage with their own **midwife** and help them to be able to ask questions and explain what the Families and Substance Support Team do. It is good to be able to meet some women several times. **3.2.1**

PF1 53-54 Third [**as a most important feature**], looking at maternal and foetal well-being, it is important to ask if a woman can be helped to get to appointments. **3.2.1**

PF1 22-24 Women expect to see a **midwife** there so the majority are quite happy to talk to me. It is preferable to be able to introduce myself as a **midwife** rather than having to do so as a **social worker**. **4.1.4**

The midwife role was the only role that could not be entirely shared, but consultation among staff meant that specialist expertise was freely shared.

The emphasis on groupwork and redundancy of some specialist social work skills had a levelling effect on work sharing. Practitioners with a social work or a substance misuse background did not exclusively hold any particular role. The specialist role of the Practitioner with a substance misuse and counselling background was often shared with Practitioners with a social work background. A counselling background was relevant for individual as well as group-based work, just as staff with children's safeguarding and child protection experience generally had experience and training around substance misuse.

Crucially interagency working met with some issues previously raised.

PA1 455-458 I think the work with the local authority, you know, work on assessments; I think we are underused. That's not formalised. There's a lot of expertise around specialist assessments and that's not happening [**long pause**] and we wanted to..... **3.1.4, 3.22**

The long pause signified frustration. LAs should have valued 'PA's' 27 years LA children and families experience and specialist knowledge. She clearly felt that was undervalued.

PA2 361-365 We've got a lot of these families; children are in care, or, certainly **Social Services** involvement; but the referrals come through the **treatment agencies**.....where there is social work involvement, as well.....we will be asked, um, occasionally just about how they're doing. It's a bit 'hit and miss'. **3.11, 3.2.2**

Referrals should have been greater if an advocacy role had been strongly promoted, given that Children's Services often struggle even to engage with parents²⁰³. However, more referrals came from treatment agencies that hosted the FaSST's group-based programmes than from any other source. Efforts to obtain referrals had increasingly focused on group-based work and on treatment agencies rather than on Children's Services.

Staff mentioned working well with other agencies when they did respond.

PB2 251-255We've all worked in a multi-agency way and that's been part of your, sort of, you know, your core basic training, really, and recognising that from an early point in your career, the importance of that, obviously you have statutory obligations to do with that.....So I think that this Team work really well with **other agencies**. **3.2.2**

PE2 388-391 ... I think sometimes if the service user knows we're all working together then they're more likely to work together so we're setting an example there. You know, whether that be Social Services, drug agencies, housing, school mentors.... **3.2.2**

Sometimes, though, it was about addressing social workers' limitations, representing matters, albeit not necessarily as an advocate.

PB2 278-284where the individual **social workers** haven't got a grasp of some of the issues.....particularly safeguarding, or some of the safeguarding elements of it...about how they haven't gathered all the information that's needed and what information that has been available has not been drawn together yet and analysed properly..... **3.2.2**

Practitioners recalled social work settings other than Children's Services and social care settings where the FaSST informed practice in children's interests. Practitioners had worked with a large range of agencies. 'PC' alone mentioned a number in a few sentences.

PC1 36-45 We work with **Addaction, Nugent Care** and **Guardian Housing**. **Nugent** and **Guardian** are currently

very supportive in getting housing, community care grants and, and help with other charitable sources....**Channel**, which helps to get household goods.....**SHARP**, there again, **[we]** have to encourage them to access them.....I have had contact with **Summergrove**....and then there is the **Drug Dependency Team**, '**Brook House**', etc. **3.2.2**

'Brook House', actually 'Brook Place', refers to the base of Mersey Care's Drug and Alcohol Recovery Team, formerly the Drug Dependency Team.

Often Practitioners reinforced parents' progress with other agencies.

PD2 36-39they're already engaged with.....**drug support agencies** so they're on methadone reduction programmes, a lot of them, so basically I felt my role was just to ensure that they continued with that, that maintenance programme, and in the interim work along with services that would support, that we could identify. We signposted families toward them. **3.2.2, 4.2.1**

PD2 41-46you could identify that the children needed to maybe go to nursery, help liaise with the **Children's Centres** to obtain nursery provision, encourage mothers to attend the **Children's Centres** for 'Stay and Play', and em, support the children in socialisation and development. **3.2.2, 4.2.1, 4.2.4.1**

Maximising use of other agencies' facilities meant that, despite not working face-to-face with children much, the FaSST still promoted services for children themselves that could substantially improve their well-being.

It became increasingly clear that Practitioners had interpreting, intermediary or mediator roles (Wilks, 2012) between parents and professionals, including Children's Services staff. Interpreting would involve acquiring meaning from a particular 'register' or form of speech used by a professional and using a different register to explain it that a non-professional could understand (Thompson, 2003). Wilks similarly describes a 'translator' role (Wilks, 2012). Intermediary roles involving

representation require 'code-switching', communicating in one form of language with staff in agencies and another with (grand)parents (Thompson, 2003). Mediation in a disputed matter involves, "enabling both parties to put forward views and facilitating negotiation between them" (Wilks, 2012), which approximates the 'ideal speech situation' of communicative action (Habermas, 1987; Habermas, 1998).

Without professional help (grand)parents might often struggle to fully participate as equals in communicative action with professionals and agencies in respect of children's interests (Habermas, 1987). Habermas warns that, "the social worker is only another expert" (Habermas, 1987: 370); and professionals might pursue a narrow 'best interests' approach that silences individual voice (Boylan and Dalrymple, 2009).

Boylan and Dalrymple conclude that independent professional advocacy has grown because health and social services personnel have withdrawn from advocacy, "and partly because of the difficulties services users face in communicating with one or more powerful professionals" (Boylan and Dalrymple, 2009: 105). Growth of advocacy for children and other groups also reflects recent legal developments (Brandon and Brandon, 2001).

As concluded in chapter 6, Practitioners could offer realistic assurance to (grand)parents who, as described by Giddens, were anxious or uncertain about accepting help from various agencies (Giddens, 1991). As suggested by Lash (Lash, 1994), Practitioners provided socio-technical information and links to agencies with such information, which could facilitate support and well informed advocacy.

'PD' had more impact in the Somali community by working through others.

PD2 225-229in Liverpool alone; there's about six different tribes. The tribes don't actually communicate with each other or support each other. They're completely separate but I've had to go to the Somali community and I've actually had four **Somali volunteers** so far, so having some effect. **3.2.2**

This work, which partly reflected her 'Community Parents' support role, was vital to reaching black and ethnic minority communities in Liverpool.

Evidence on management roles underscored issues of interprofessional practice and complexity. Those were introduced by network governance wherein various boundaries are crossed by, "radical, complex and multi-level systems", (Anning et al, 2010: 114) in an 'onion' of governance of integrated children's services. As noted regarding children's centres,

.....working in partnership across professional, institutional and disciplinary boundaries, more attention has been devoted to which factors promote successful collaborations rather than the outcomes for children and families.

(Webster and Clouston, 2011: 86)

That resonates with a comment heard when networking,

The individual children's centre reflects health, education or community depending on its Manager's background.

(Children's Centre Manager)

The FaSST could only partly forge the strategically important, mutually beneficial, outside links that it sought among agencies that parents struggle to navigate alone. That emphasises a problem that support and advocacy would need to address in network governmentalism (Davies, 2011). The FaSST had integrated disciplinary capacities, shared generic roles, and linked health and social care concerns among its own staff and

with some agencies in a substance misuse field in which agencies and professionals tend to be mutually wary (Buchanan and Corby, 2005).

Management roles were filled primarily by 'TM' as a 'Children's Services Manager', comprising outside links; national, regional and local NSPCC links; strategic leadership; team leadership and supervision. During networking she was seen to get a positive response in a meeting with LA, GP Practice, NHS Trust, local pharmacy and PVI staff.

Practitioners took various leads. 'PA' attended the Safeguarding Performance Management Sub-Group, which facilitated inter-agency working. Various staff helped to plan and deliver at a conference on Families and Substance via Liverpool Safeguarding Children's Board.

Strategic leadership meant leading discussion and development of the FaSST; and supervision involved regular, sustained discussion and reflection with individual staff.

TM1 198-201 It's about meeting their needs as well, and very much recognising the differences of the different professions and how they might work differently.....and it is made more difficult when they have different values
1.3.3.2, 3.2.3

TM1 224-230 The work of the **Team** itself, is very much having, is about the **Team** having a good understanding and a training so the **Practitioners'** development, I think, is important and crucial.....it's about being treated as an individual and them all recognising one another's skills.....It's about the **Team** being able to adapt.....to changing needs..... **3.2.3**

This was the only time values were directly mentioned in the supervision context. Values may have been less salient in that context for most staff or they may only have been less salient during research interviews.

NSPCC links with which 'TM' was concerned increasingly reflected the new financial strategy, with internal commissioning to Service Centres and Project Managers replacing Children's Services Managers. When interviewing was nearing completion, plans for new programmes involved joining the FaSST's work with the Domestic Violence Team's work, though pending changes could not be discussed fully in this research.

'Instrumental Values, Conditions, Attitudes and Practices' started as several categories that ultimately were combined into one narrower theme. Various comments stressed particular values, attitudes, core conditions or specific practices that tended to be instrumental to the FaSST's work.

PE2 20 – 22 I think it starts from the beginning on the referral around the non-judgemental attitude and I hope that comes across in sort of my manner in working with families when I sort of contact them. **3.3.1**

The above was a recurring point, relating to user friendly practice and sometimes going beyond a non-judgemental attitude. Several Practitioners clearly saw at least basic counselling skills as important; and they emphasised choice, building trust and working at a slower pace. For example, referral of one mother to a parenting course that was expected to help was delayed until she voiced readiness after six months.

Another example was about helping substance misusing parents, especially former Looked After Children²⁰⁴, to understand the focus of social work with children and families. That was a fundamental concern in the theoretical discussion in chapter 4 of parents who even in seeking to promote the interests of children might actually or seemingly engage in strategic, hence

teleological, action (Habermas, 1984). The concern was that parents might be perceived as incongruent, hence not as being open.

Practitioners needed to be aware of values.

PD2 310-312 So it is about recognising that so not, um, imposing your values onto families you're working with but respecting their values, so quite a big emphasis on that.
3.6, 3.3.1, 3.3.2

'PD's' comment recognises value pluralism, which recognises diversity in dispositions and in cultural, religious, professional and organisational values (Clark, 2000).

Several Practitioners emphasised core conditions. 'PA' contrasted attitudes of some LA staff, but her own more positive attitudes were formed before joining the FaSST. 'PA' and 'PC' both emphasised being non-judgemental.

PA1 218-223 I think the strength I had was that I never prejudged a family and there were colleagues who were very damning to people who opted for a lifestyle that involved drugs, mainly, because I think the whole thing around alcohol, it's very mixed up, really. But people can be very derogatory about people who use sub..., I mean drugs.....I don't think that I've become more sympathetic to their situation or more punitive. **3.3.1**

'TM' picked up implicitly on an essential quality.

TM2 89-91with complete honesty [**fundamental to congruence**], and from the outset, some of the **Practitioners** from that first visit, we do need to divulge, you know, we do need to sign consent forms.....there's the element of honesty....**3.3.1, 4.1.3**

What 'TM' described at initial contact would be equally as vital in advocacy (Lindley and Richards, 2002). Being non-judgemental and congruent are core conditions for person-centred work (Coulshed et al, 2006). 'PE', who initially had counselling training, emphasised the core conditions.

PE2 50-52 I mean, therapeutic background is a big part of my work. So although it may not be pure counselling or psychotherapy every day, the core conditions are definitely involved in everyday interactions with families.

3.3.1

Empathy is the third core condition (Payne, 2005). Openness about roles and use of a consent form that reflected obligations to act under children's safeguarding policies matched vital advocacy protocols developed by Cambridge University researchers (Lindley and Richards, 2002).

User friendly practices and offering choice were important to Practitioners and motivated their work in the FaSST.

PA1 54-56 I enjoyed the relationships that develop with service users and the respect of service users and.....that was all changing in the **local authority**. **3.3.3**

PB1 500-509 Obviously if it is voluntary support, if it's their choice, if it's their doing, it's not something they feel they have.....and I think that because of that....they do continue to engage, it's more likely to have positive outcomes for their children.....Think about what we've said and decide what you want to do....putting the ball back in their court, their control.....**3.3.3**

Communication and informality were stressed.

PE1 66-68 I can tell you sort of what makes somebody good working in the field and that's good interpersonal skills, communications skills.....I mean at the crudest level, you know, just very basic understanding and being able to talk to somebody.....**3.3.3**

PE2 22-23 I know it is informal but I don't want to come across too officious **3.3.3**

Building trust and finding the right pace were important.

PE2 65-68a lot of our service users have been through the system quite a lot. Whether that's, you know, with their own children or indeed with themselves as children, gone through care themselves, so.....It's about building up that relationship, really, with the service user.
3.3.3

PE2 61-62and then it's about them choosing when they can take that up as well and how they do that. **3.3.3**

A number of other practices were facilitative.

PA2 278-282usually we start with a general statement and try to get down to a behaviour so that is more measurable, that having, eh, that's been achieved. So that might encourage something like, um, the bedtime routine.....a bit from the child.....a bit from the parent.....and then we try to work backwards to a measurable behavioural thing. **3.11, 3.3.4, 4.2.1**

PA2 325-328 They've got the handbook; we give them the book; they've got the tools there; they know how to tackle things; em, and.....we do a three month call-back to look at.....which bits remain with them and which bits they've been talking about. **3.3.4**

PC2 83-84 I've learned from the groups. I speak positively when I am with parents. I have learned to praise constantly. **3.3.4**

Praise and material rewards were frequently mentioned by Practitioners and often by substance misusing women who were interviewed. Practitioners clearly embraced behaviourist thinking in terms of reinforcement of positive behaviours and not reinforcing negative behaviours (Hudson and Macdonald, 1986).

Reinforcement was offered in each group-based activity.

PE2 272-275 And that's what the Parenting Course has always done. It's always introduced, like you know, here's some hand cream and emery boards for nails; so you know, for men who do the course.....it might be.....hair gels. **3.3.4**

Chapter 4 noted that reinforcement is a major element of Trotter's 'empirical practice model', which integrates behaviourist, task-centred and person-centred techniques, (Trotter, 1999). Trotter also identifies valuable

lessons from research. His work might offer *starting points* for developing a theory, process and method that could combine support and advocacy.

Several staff emphasised service user reasons for involvement consistent with Trotter's concept of an 'involuntary' service user'²⁰⁵, who may be motivated by potential or actual legal intervention or by other pressing social concerns (Trotter, 1999).

PB1 494-496 I think quite often they've, they've reached a point in their lives when they need to, you know, they want, obviously pregnant substance misusers, as well, it's a turning point. **3.3.5**

PB2 24-32 I think that is a bit of an age thing, and you know a combination of things including some element of maturity and they've just reached a point in their lives where they're able to recognise that, you know, if things don't change now.....a referral to social services.....would be impending.....but I think, it was, it was a bit more than that. **3.3.5**

PE2 198-203there can be a lot of anger from service users with social workers and more often than not it tends, boils down to the fact that they feel the social worker is their social worker, not the children's social worker, so that's dispelling any myths about the social worker doing too much for them.....**3.3.5, 4.1.3, 4.2.6.3**

Reasons for involvement were centred on parents' needs, which support and advocacy might start from in work with parents to reflect on the interests of the welfare of children.

Advocacy would need to help parents reflect on reasons before views could be represented to others and before service users themselves promote their own views. 'PE' illustrated very well the difficulty that arises when parents give ambiguous or vague reasons.

PE3 146-150some of them are probably doing it themselves in a purely selfish way because they do not

want to lose their kids, and I know that because they say, “I don’t want to lose my kids”, rather than, “I don’t want my kids to lose their home”. But having said that, then, it’s verbally, it’s what you would say.....so it’s just an expression..... **3.3.5, 4.1.3**

Chapter 4 similarly raised implications if communications are interpreted as teleological action, therefore as utilitarian, hence strategic action (Habermas, 1984).

Another statement by ‘PE’ re-contextualised and re-framed the statement, “I don’t want to lose this child.”

PE3 161-164they always say that, “I know that this is having an impact on the family; this is having an impact on the children”. So a lot of them do have that awareness. A lot of them say, “And I really want to change this. I don’t want to lose this child” [extended pause] **3.3.5**

Seen in that light, the statement truly reflected a motivation to change for the sake of a child or children, self and family.

Practitioners did try to get parents to reflect on what it is they wanted.

PE34 191-192 I think it’s about their own perception of things, you know, sort of sometimes you can point out, “Is that in the child’s interests?” **3.3.5**

If parents genuinely had a concern for and were motivated by the interests of children’s welfare, they might still have needed to look at how to communicate that. Communicative rationality relies on the purposive rationality of a knowing actor who is aware of the facts of a situation, necessary conditions and available means (Habermas, 1987).

Some parents might not find impression management easy (Goffman, 1959). Chapter 4 identified the possibility that a parent speaking entirely genuinely could still be perceived as lacking congruence (Payne, 2005), in

which case their openness may be questioned by social workers. There is mixed evidence for some Practitioners' suggestions that a few social workers with pejorative views might anyway deny that some substance misusing parents could change (Jackson and Klee, 2002; Barnard, 2007).

If parents' motivations were entirely for themselves, efforts to get them to use a specific form of words or manage body language to convey selfless motivation would be pointless, counterproductive and unethical²⁰⁶ (Habermas, 1990a). Advocacy based on communicative action cannot hide motives, for communication must satisfy claims to truth and truthfulness (Habermas, 1990c; Habermas, 1990a). It avoids concealed strategic action, as unconscious deception constitutive of systematically distorted communication or conscious deception amounting to manipulation (Habermas, 1984). Communicative action is not concerned with individual success but rather mutual understanding (Parrott, 2010) that involves all participants agreeing what is best for all (Houston, 2003).

There must of course be, "contingent types of bargaining", and, "strategically negotiated compromises" (Flyvbjerg, 1998), involving parents, professionals and agencies. Such *transparently* strategic actions exclude latently strategic action, and in advocacy they will rely on achieving consensus as to 'truth'²⁰⁷ in various matters, formed via communicative action, which is oriented to intersubjective understanding.

Some Practitioners were mindful of how policy driven change might affect services in future. A number were concerned that Addaction, for example, could face funding restrictions as an agency helping many substance

misusing parents, supporting young people, providing premises for group-based FaSST work and making regular referrals to the FaSST.

PB3 58-60 Addaction, they've, they've a presence all the time in criminal justice and we get a lot of work from there. They're very well networked and looked up to, **Addaction**. It would be very short-sighted if, em, their funding was to be reduced any more, or went. **3.3.6**

Policy driven change within NSPCC also meant that, at least temporarily, group-based interventions were being wound down as interviewing was concluding. That reflected the possibility that the FaSST would be wound up, which would inevitably reduce referrals for a period.

Training had begun for new commissions within NSPCC, though most staff only knew the themes and criteria. Practitioners were optimistic, however.

PD2 205-210 There's flexibility within the Programme to a degree, um, for instance, it might have to change anyway.....We're introducing commissioned services, hopefully Community Parents will fit the BEM model. If it does the Programme might necessarily have to change because it may not be delivered in quite the way it is now. **3.3.6**

TM1 267-271there's been a strategy implemented and there's seven themes.....children, neglect, the under 1's – there's a few themes; but fortunately as a Team we can fit in most of those categories. **3.3.6**

TM2 38-40 So.....there are **five sub-groups**, but we are members of two of them. One is the Carers Group. That, that's pretty much from the actual **[unclear, possibly BEM)** Community and Newly Addicted Offending theme. **3.2.3, 3.3.6**

The FaSST's Practitioners were later incorporated into the Domestic Violence Team, but the model was for Projects within an overall Team; hence work with families with substance issues would change rather than stop. New commissions might also be a real possibility.

Advocacy was specifically addressed in one main question, but predominance of group-based practice complicated efforts to pursue advocacy. Group-based work was time-limited; participants clearly understood that anything said in the group remains there; and any sensitive individual issues disclosed were generally delimited immediately.

'PA' at first struggled to see how advocacy might have taken place within her own very largely group-based practice; but on reflection, if individual issues emerged, she could pursue those outside.

PA2 124-126 **[Voice raised]** Uh, I'm not grasping what you're saying. I would think of advocacy as speaking on behalf of somebody or representing them and I don't see how it would work in the group.....**3.3.7**

PA2 148-149but maybe we could talk to people after the group..... **3.37**

She later described what she termed advocacy outside group-based work regarding a matter disclosed in a group.

PA2 184-190 Her **husband**, who was, ex-partner, who was mentally ill, had been released from, em, she hadn't been told but knew that he was in the neighbourhood and so, you know, we got cameras installed.....on that day, that was a bit of advocacy; with her permission, kind of, letting agencies know that the situation had got into crisis that morning. **3.3.7**

The incident followed refusal of help to avoid potentially serious, immanent harm, which was addressed urgently in representations after the session.

'PE's' view of advocacy reflected awareness from her substance misuse work with grassroots organisations.

PE3 264-266 A lot of it is the liaison with **Social Services** around their rights and advocacy. They don't say that but that is sort of what they're after really, eh, what's going to

happen, what they need to do and support to do that.
3.3.7, 4.1.3, 4.2.6.2

Support and advocacy often required knowledge of law, policy, guidance and local practices.

PE3 268-269 Information, or sort of, support in that, what they're doing, so, uh, helping sort of, to deal with, sort of, the child protection plan. **3.3.7, 4.2.6.2**

Knowing what might happen, alternative responses and what is possible is crucial; going beyond knowing about law, etc. Issues of habitus (Bourdieu, 2010), cultural capital (Bourdieu, 1991; Schwalbe et al, 2000) and relations of power (Bryson, 2003) also underlay advocacy.

'PA' cited an indirect effect of 'Incredible Years'.

PA2 221-229 Em, and the parents, they always, their aim is, they say, "to have children who are more confident", and we say this is going to encourage confidence in your children.....and play is one of the areas where they can have power, and they'll learn to use it.....so put it this way, in terms of advocacy we let them know what it feels like to be a child **3.3.7, 4.2.6.1**

Four points feature here. First, self-confidence is a necessary capacity if parents, or children, are to express wishes and needs (Brandon and Brandon, 2001; Wilks, 2012). Second, parents may need to directly experience children's frustration in order to understand children's needs. Third, it might be hard to empower individual children without working with parents²⁰⁸. Fourth, more by inference, separate advocacy is necessary via parents and children (Boylan and Dalrymple, 2009).

'PA' envisaged that group-based work could inculcate skills for advocacy.

PA2 254-259 The advanced programme, which is just a follow-on from the basics.....that looks at relationships with older children and adults, so people might look at problem-

solving, and that is really looking at the different ways of handling difficult situations so that could be an agency; it could be with a partner.....as a point of what are the alternatives of handling the particular situation. **3.3.7**

This is part of a longer passage in which 'PA' described rehearsing different responses, trying them out and getting feedback; techniques emphasised in the advocacy literature (Brandon and Brandon, 2001). Building skills – including assertiveness, compromise and negotiation, etc. – creates potential for effective advocacy (Bateman, 2000; Wilks, 2012).

It would not be sufficient, either, that parents know about children's needs and wishes. Parents who understand relations of power, power-knowledge relations (Foucault, 1977) and, "language.....as a medium of domination and social power" (Habermas, translated by and quoted in McCarthy, 1978: 183) might reflect on and advocate more fully for children's needs and wishes. That presupposes a particularly well informed advocacy function that addresses parents using accessible terminology. Such preparatory work would encourage parents to pursue their view of children's interests only after reflecting in light of children's needs and wishes and an appreciation of issues of power.

Looking at instrumental values, conditions, attitudes and practices particularly foregrounded advocacy, but Practitioners lacked clarity about what that was. All had some concept of advocacy, whether or not defined; yet there was no explicitly agreed view; hence some who saw it as part of a professional task strained to identify how it manifested in their work.

With no agreed advocacy approach Practitioners could only address the value pluralism mentioned earlier using disciplinary professional theories.

Otherwise they might have particularly reflected on values within advocacy theories (Fook and Gardner, 2007) that are still being defined (Boylan and Dalrymple, 2009). They could also have exercised reflexively about values in relation to the so far insufficient and contested knowledge base of advocacy (Fook and Gardner, 2007; Boylan and Dalrymple, 2009).

Only in an agreed advocacy method that sees how repression produces its own resistance (McNay, 1994) – as well as distortion and deformation as described by Habermas (Habermas, 1987) – could diverse values mentioned earlier be related to a Gramscian analysis of resistance (Gramsci, 1971). That would be a step toward identifying the function of an advocacy approach using Habermas' theory of communicative action.

The broad theme of **Support** covering narrower themes of 'FaSST Work', 'Organisational Roles' and 'Instrumental Values, Conditions, Attitudes and Prejudices' demonstrated clearly the value of a specialist team made up of very experienced Practitioners. A wide range of services were offered almost entirely via parents, relying on the LA and voluntary sector experience of a range of staff.

Most families had become known to LA Children's Services following s. 47 enquiries, but Children's Services made few referrals. A number of agencies made referrals, especially those that offered premises for the FaSST's group-based work; and support tended to come from multiple agencies. One person interviewed had indirectly initiated referral via her child's school and a treatment agency.

Strong reliance on group-based approaches boosted parents' self-esteem and self-confidence as well as parenting skills; Practitioners built stronger links with agencies providing venues. Practitioners' roles were generally clear and distinct, though interchangeable to some extent. Instrumental values, etc., were consistent with person-centred practice (Payne, 2005) and trying to work with persons who often had poor previous experience with agencies. Work with schools was frustrated, and one very successful group-based activity was halted as it required substantial resources.

Support was more evident, being seen in all the FaSST's work, and advocacy less evident. Support was informed by core conditions associated with person centred practice (Payne, 2005), used modelling and role play, and particularly used praise as positive reinforcement in what was effectively operant conditioning (Hudson and Macdonald, 1986).

The FaSST provided significant elements of advocacy, even though it was not defined. The theory of communicative action (Habermas, 1984; Habermas, 1987) complemented by theories of power (Foucault, 2004), resistance (Gramsci, 1971) and habitus (Bourdieu, 2010) could inform a more defined advocacy. Workers would need to understand those complex theoretical underpinnings in relation to an agreed model and method in order to carry out support and advocacy most effectively.

The fourth broader theme, **Beneficial Outcomes**, identified generally how the FaSST might have had positive impacts, largely in a supportive capacity, and specifically how far it succeeded in some aspects of its work. It was defined as follows:

Beneficial outcomes consist of positive expectations of staff or (grand)parents and benefits of intervention.

Beneficial outcomes bring together four narrower themes; **'Expectations'**, **'Benefits of Intervention'**, **'Personal and Family Benefits'**, and **'Getting Heard'**. Some broader and some narrower concepts were identified early in coding for each of these narrower themes. Beneficial outcomes were substantial, varying partly because staff often worked with more actively substance misusing parents, while parents interviewed were abstinent or misused substances less. There was more evidence of how the FaSST's work could contribute to advocacy and how support and advocacy via parents promoted or might have promoted children's interests.

The first narrower theme, **'Expectations'**, related to Practitioners and substance misusing (grand)parents. (Grand)parents and Practitioners did not always have the same expectations.

Practitioner views reflected issues of lack of confidence and self-esteem.

PE2 177-179really it's about belief in themselves, about being a parent, because I think sometimes especially when they're with the second or third child or fourth or whatever, they expect to fail, sometimes, they really do expect to fail **4.1.3**

Despite the expectation some parents initially had of failure, Practitioners recognised how individuals moved on and expected that some could eventually help others. Staff actually involved a few parents who were former substance misusers in supportive work with other families.

All three women interviewed had a capacity to move on. One worked with young people, another was involved in a very active service user group, and one with counselling training expressed a hope to help others when ready.

Practitioners had brought positive expectations when they joined NSPCC.

PA1 44-49 I think it was.....about being able to work with families in the way I want to work with, about having time, having places to meet with them, not being driven purely by targets.....more that really than the actual work with substances..... **4.1.1**

'PB' and 'PB' reported that some persons outside NSPCC, including professionals, were less informed.

PB2 321-323 I think very often **Children's Services**, sometimes, people haven't heard of us, um, or, quite often people haven't got the time to come and have a look at what we do..... **4.1.1**

PE2 105-109.....people have preconceived ideas about what we do **[laughs]** in this agency and so everybody has heard of them so sometimes working for either the NHS or you know **a small charity**, maybe, not everybody has heard.....People seem to think the worst case scenario about our involvement. **4.1.1**

In these circumstances outside professionals underestimated the positive work the FaSST, and Liverpool NSPCC as a whole, could do.

Agencies or individual professionals could expect too much of NSPCC.

PE2 132-134 Other agencies have unrealistic expectations as well. You know, "Oh! Good! The **NSPCC** is involved so we won't need to report it to **[Children's] Services**. **4.1.2.**

Practitioners wanted to change the outdated expectation that once NSPCC was involved other agencies need not report matters to Children's Services.

Individual parents had hopes regarding children's emotional well-being,

A1 53-55 I also want her to, you know, have her self-esteem, that's very important, and I didn't realise, I mean you can, you can seem confident but deep inside it is your 'self' that makes you go out there and do what want to do. **4.1.4**

'A' pinned a strong hope on her daughter developing self-esteem in order to realise more control over her life and a better quality of life.

Some Practitioners mentioned parents' fearful misconceptions of NSPCC.

PE3 98-104 For every service user we always say, "I know you have a perception of what **NSPCC** do, through the adverts or historically", but.....we believe that children are better off with their parents where possible.....That's why we tend to sort of tend to say that we're the **Families and Substance Support Team [laughs]**, rather than the **NSPCC**. **4.1.3**

TM2 73-77 There's people who are; they're entitled; the reason they fear us are the media and what we do find is that if people have got through the door and find out we're not about removing children; we're no different in that respect to the **Social Services** because, although they remove children, they want what's best for the children. **4.1.3**

Not every parent was easily assured that NSPCC and Children's Services were unenthusiastic about removing children, as the media reinforced fears (Parton, 2006), but assurances were given. The issue was complicated since Practitioners had to honestly explain how confidentiality policy and consent forms conform to safeguarding protocols.

Individual and family as well as professional and agency expectations were particularly important to success of the work. Expectations of any of these sometimes had to be corrected.

PE1 148-150 People bring the view of family, professionals and agencies that they can't be better parents, and that view reflects their own upbringing as they have not had a good experience themselves **4.1.3**

Practitioners challenged such stereotypical views (Kroll and Taylor, 2003), explaining that parenting can improve and replacing negative expectations that substance misusing parents can only be poor parents.

Practitioners reported expectations among parents who had been in care that services could be relied upon to intervene to resolve any crises.

PE2 336-339 Yes, it is, it is very about they're dependent, especially if they've been through the **care system** themselves.....when it comes to crisis point, you know, they haven't done anything, then services will intervene and do something. **4.1.3**

That view was a source of disempowerment borne of living with Children's Services' 'power to' and 'power over', which displaces parents' 'power to'(Thompson, 2007). Advocacy had to correct that if parents were to exercise agency in children's interests.

Another problem, of historic origin²⁰⁹, affected community or agency expectations. When NSPCC first tried to introduce 'Community Parents', some community activists were dismissive, regarding NSPCC as one more agency coming to Liverpool 8 for a little while that would suddenly disappear as so many had done before.

Substance misusing women who were interviewed varied in how they saw (grand)children' futures, but they were generally positive about them. Two were concerned that girls should mature without experiencing early motherhood and an intergenerational cycle of domestic violence. Another wanted her child to become a confident, educated adult in self-employment who would experience well-being. One hoped to ensure grandsons grew up respecting women, drug-free and responsible about alcohol.

A1 31-33 I'd like her to go to college, and do something, knowing what she's wanting to do. I want her to definitely be organised with her time and her own study, not relying on me. **4.1.4**

C1 77-81that she ends up in a really good university and she has a fabulous job and she meets the perfect

person.....and becoming a mummy and turning me into a grandma..... **4.1.4**

Those fairly conventional expectations contrasted massively with 'A's' and 'C's' difficult beginnings. 'A' had in mind a vocational college course. 'C' described her statement as, "a bedtime story"; but studying, working and having a family appeared realistic for her daughter.

More fundamentally what all three women wanted was simpler and deeper, exemplified in a series of comments by 'A'.

A1 53-53 I also want her to have self-esteem..... **4.1.4**

A1 57-57to be confident..... **4.1.4**

A3 85-85 Yes, my daughter will experience social respect. **4.1.4.**

Significantly here, substance misusing women interviewed no longer engaged in high levels of substance use. One was abstinent, one largely abstinent and one stable. Parents who Practitioners commented on were more likely to still be more active substance misusers and might or might not have given the same views. If advocacy in children's interests is to challenge injustice and promote children's own sense of control, as a systemic advocacy would (Boylan and Dalrymple, 2009), then logically it is vital that parents will anticipate children's futures as positively as 'A' does.

Benefits of intervention included access to services, though the FaSST was not the only way women learned about services.

A1 42-44 I did ask the **school** to help me. I was just joking **[laugh]** but they listened and I got people to get in touch with me so I can learn, as well as **S**, but for me as the mum, as an adult, about our **S** getting up. **4.2.1**

B1 63-63 I have done the Webster-Stratton group, after **my other daughter** did it and suggested that I do it.....
4.2.1

'A's' laugh might be because when seeking help she was concerned that her former husband could have already approached Children's Services.

Parents might not find a service readily without a personal contact that knew about it. Some struggled to locate even such widely available help as parenting classes. 'C' reached the only service specialising in prescription drugs, only via another treatment agency after assistance from a friend who recognised her long struggle to find help. The specialised service did not suit 'C', however; who preferred the first agency, which ordinarily deals with misuse of illegal substances.

'A' and 'C' exemplified how involvement in one service led to beneficial help from other services.

A3 23-23 **Addaction** put me onto 'Incredible Years'.
4.2.1

C3 91-94all the counselling, all the advice, all the information from the **GP**; the best thing that **Addaction** did for me was to put me onto the **NSPCC** course. **4.2.1**

'C' had done a parenting course in Manchester previously but had not found one in Liverpool, even with other help.

The experience of all three women interviewed showed that a range of services had been helpful but sometimes hard to independently find and approach. That added significance to numerous Practitioner references to signposting, making appointments, referral or introduction to services.

Practitioners' comments indicated how support might have therapeutic effects that could affect recovery.

TM2 104-104 I think in our particular area of work it is more trauma being in recovery. **4.2.2**

PC2 78-80 There will often be tears from somebody. People empathise, suggest places to go and who to see; and they say, "It's OK to feel that way". "Guilt, remorse and regrets" come out in the [**Incredible Years**] group. **3.1.1, 4.2.2**

'PC's' statement suggested a number of benefits, but the whole range of Practitioner responses reflected a very much broader range of benefits. Practitioners ascertained that home situations were stable, albeit that involved little work directly with children, but some parents were helped practically or periodically sought advice.

Some Practitioners reported that parents sought advocacy, while others did not immediately see the FaSST's work as having any element of advocacy. Neither parents nor the generality of Practitioners automatically mentioned that advocacy was part of the service. That contrasts with 'TM's' assurance in 2005 that an advocacy model would be used, and it has long been known that limited information affects take-up (Street, 1978).

Therapeutic benefits once substance misusing women took up services could be numerous, even when they were not conceived as such. They included dealing with anger about being estranged from family, understanding that a parent had been oppressive and gaining more confidence. 'C' gained insight regarding her own daughter.

C2 37-48 I, I, I've had enough counselling at this point in time; I can confidently say, "I've been unfair to her....."
4.2.2

Women were conscious of a number of ways they had been helped and identified help that was still needed.

B3 34 – 36 The greater confidence enables me to speak up in other ways. In the family everyone, “tends to talk of trivia”, not things that are important. When my father was dying, I asked about what he would want and how he would want the funeral, but my mother did not want to talk about it and my sister did not either. I was the only one who could speak up about those things. **4.2.2, 4.2.3.1, 4.2.3.5, 4.2.3.6**

B1 81-82 I need to learn more about domestic violence. I need to do a domestic violence programme and my daughter may need to do that. **4.2.1**

PC2 49-51 The needs are different for each parent. The issues are whatever they are facing now, and they are not exaggerated fears from the wider world. It can be anything, housing, money or how to deal with a drug dealer to whom they own money. **4.2.2**

The first statement evidenced a wider impact on ‘B’, but all three women reported greater self-confidence and increased self-esteem. These are important capacities not just for dealing with serious issues like domestic violence and for day-to-day coping with varied tasks. As noted earlier, they would also be vital if women are to come to voice or engage in active advocacy (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009).

Bourdieu provides a basis to understand why that is so. He suggests that individuals have dispositions acquired during socialisation that lead to their making or not making frequent self-corrections and apologies consistent with social position (Bourdieu, 2010). Those of higher status make fewer corrections or apologies and show less deference even when they are dealing with less familiar matters (Bourdieu, 1991). As a result higher status persons tend to get a more favourable response.

Parents might thus need not just information, advice and coaching on ‘the rules of the game’ (Bourdieu, 2010) to participate in children’s safeguarding forums and other settings. They would also need strong self-confidence to participate as equals, a prerequisite of the (more or less) ‘ideal speech situation’ essential to communicative action (Habermas, 1987).

There was therapeutic benefit in helping parents to maintain progress in reducing drugs. ‘Me Time’²¹⁰ in group settings helped parents to know how they might reward their own progress or relax without drugs, and it boosted self-esteem. Parents were encouraged to practice social skills learned in the ‘Incredible Years’ Webster-Stratton Parenting Programme, for example, using praise in other situations in order to get better responses from a wider range of people. Persons involved in ‘Community Parents’, who helped families around Liverpool 8, benefitted from considerable training and for some it led to employment or more advanced education or training.

There could be risks in mixing advocacy with a more full brokerage model carrying elements of care management (Wilks, 2012) and possibly affected by managerialism (Boylan and Dalrymple, 2009). Brokerage is likely to involve ‘power over’ (Thompson, 2010). Advocacy and support could, though, secure help within a continually changing provider network; and it might be more practicable for staff in some agencies to advocate externally than internally (Brandon and Brandon, 2001). Linking women into a range of services would be vital, and signposting and pre-arranged appointments benefitted some parents.

Referral and personal introductions would also be vital to take-up as many substance misusers do not contact services to which they are signposted (Keene, 2010). Practitioners attended services with some women to introduce them and ensure a better reception.

Some potential 'benefits' could represent unmet needs. Despite her and her daughter's experience of domestic violence, and previous involvement in domestic violence services, 'B' still wanted both to attend a domestic violence programme.

The most enthusiastic responses identified benefits of the 'Incredible Years' Webster-Stratton Parenting Programme that taught parenting skills, partly through active play. Benefits came through insights into parents' own childhood experience, knowing how differently it feels when play is not forced by adult intervention and knowing the importance of praise. One parent had tried techniques from the *Super Nanny* programmes, which left her child frustrated. She abandoned those and quickly saw beneficial changes as she introduced Webster-Stratton techniques. Both parents and Practitioners reported increased self-confidence among those who completed an 'Incredible Years' Programme.

Capacity had increased in terms of parenting skills, and much was said about them, though largely set out under other themes and concepts.

Substance misusing women were enthusiastic.

A2 317-319 By just playing, just playing with your kids, and I'd always, you know try and tell **me mates** about, em, how to talk to them, you shouldn't just leave them playing. It is dead important to play with them. **4.2.3.1**

C2 43-44 I, we use the techniques that we learned in the course. I take everything home and we've been very largely on the same page. [4.2.3.1](#), [4.2.4.2](#)

As examples above indicated, and as 'B' found when her daughter suggested 'Incredible Years', parents wanted to share the benefits. All three women had some capacity and a desire to use their experience for others, at any rate, when ready.

Practitioners cited evidence that parents used new knowledge and skills.

PC2 84-86 When they come back [to 'Incredible Years'] and say how they have praised their children, "It is great when they do that". The [children](#) ask, "Why are you talking to me like that, [mum](#)?" [4.2.3.1](#)

All three women sat upright when describing their new found strengths, spoke steadily and maintained eye contact. Practitioners attested to changes in how women presented.

PC2 71-73 In groups, "they are so great". When they come out at the end of a [['Incredible Years'](#)] group. In the group, "you see them grow.....They start sharing", with each other. They are, "so open and honest with each other". [3.1.1](#), [4.2.3.6](#)

PC2 76-77 I don't think as much could be done working just one-to-one. In the [['Incredible Years'](#)] group you see them sitting upright and their body language changes, it is more positive. [3.1.1](#), [4.2.3.6](#)

Educational and vocational benefits had less mention, apart from benefits of the 'Participation Group' to young people and benefits of 'Community Parents' to volunteers. All three women interviewed finished study courses before coming to the FaSST and enjoyed group-based work.

The FaSST helped women indirectly to take up education or vocational opportunities; signposting or referring to other agencies, including

treatment agencies, children's centres and other facilities that offered training. Given the interest of all three women interviewed in taking up other activities there was potential that could be utilised.

Much the same could be said for personal and family benefits. The substance misusing women interviewed said that they had experienced personal growth, self-confidence and self-esteem.

A1 19-21 It's been a motivation thing, having respect for yourself, knowing what respect is and having the knowledge, being educated, educated to stand up to your boyfriend.....4.2.3.6

B3 78-79 "I have learned a lot more about myself, and my life, in the last 2 years. The life skills I have are just amazing." 4.2.3.6

C2 102-104 I would go away and put it into practice and then I would go back and tell them and they would praise me, you know [voice quieter] and it was very self-affirming. 4.2.3.6

Children gained from the attention of their mothers, who engaged in play; offered praise, strategically ignored some negative behaviour, built bedtime routines and found more positive ways of managing children. Women's self-confidence with their children was evident even where they still had to address significant personal issues.

C3 227-229 I would say R's life has improved 70%. The only reason there are still some areas lacking is because I still take some medication; I'm still ill and I have mood swings. 2.3.3, 4.2.4.2

Parents reported changes in how they ran their households, not necessarily because of the FaSST, but at least as overall progress.

Practical help was cited by 'B' as having helped her daughter.

B3 10-12 They helped her with food parcels and with Christmas presents for the children that they would not

have had. **[My daughter]** eventually recognised that they had done things for her and there was “some good” that came out of it. [4.2.3.2](#)

It was unclear if Children’s Services or Channel helped, but the effect was positive.

Two substance misusing women made clear that they were more able to protect their children, and one was aware of what was vital to protecting her grandchildren. ‘A’ and ‘C’ were more able to do so because recently they recognised historical abuse in their family of origin. LA social workers had helped ‘A’ learn how to keep her daughter safe.

Beneficial change was evident in rebuilding family and social networks. All three women rebuilt some family contact, despite earlier estrangement. ‘A’ increased contact between her daughter and her ex-husband. ‘B’ spoke to her daughter and regained contact with several grandchildren.

‘TM’ commented on the importance of re-building contact with neighbours.

TM2 108-110 Some might have lost all contact with their **neighbours** from the area and might be slowly repairing the traumas for them. [4.2.2](#), [4.2.4.3](#)

The Scottish Government definition of recovery in *The Road to Recovery: A New Approach to Tackling Scotland’s Drug Problem* implies a similar concern with wider re-integration.

Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users’ needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process.

(Scottish Government, 2008: vi).

The Report's chapter on children of parental substance misusers is, however, silent about integration, aspiration and person-centred practices. Needs are seen largely in terms of a framework of intervention, facilitating kinship care, and encouragement to report children's safeguarding and child protection issues.

A more consistent approach to recovery might incorporate concern with full inclusion (Thompson, 2010) and an existential person-centred approach involving agency (Thompson, 1998). It would have greater merit in work with families affected by substance misuse. It should seek to bring both parents and children to voice (Boylan and Dalrymple, 2009).

The recovery model, which incorporates the idea of agency and 'working with' (Thompson, 2010) first emerged from a service user perspective wedded to a civil rights agenda (Paylor et al, 2012). It would clearly go beyond integration as,

.....the emergence of the individual as holding personal agency, and presents an alternative from which to articulate experiences of 'recovery' *'in'* drug misuse as opposed to 'recovery' *'from'* drug use; to talk of processes in 'recovery' (as opposed to outcomes) and to engage the politics of drug treatment provision.

(Paylor et al, 2012: 83)

The recovery movement among substance misusers might thus facilitate agency, peer advocacy, active advocacy and a more emancipatory, human rights agenda. Opportunities could be extended in various forums to utilise communicative action (Habermas, 1987). Meantime, it would help to have a way to identify capacities and needs on which to build.

The Outcomes Star participatory assessment model was developed by St. Mungos in 'bottom-up' participatory action with homeless persons to support an empowering recovery model of change (MacKeith, 2011). Twenty variants were constructed with service user involvement, including one to identify capacities and needs of substance misusers, so it might appear broadly suitable. The 'Drug and Alcohol Star' (Burns and MacKeith, 2012) does not, however, address more 'political' roles of advocate or campaigner or identify capacities communicative action.

All three women interviewed wanted to help others. Volunteering and taking up new opportunities had built social networks for 'A' and 'B', who had new outlets via involvement in community groups. 'A' was doing so via the youth facility in her neighbourhood and that responsibility had reinforced her public self-awareness. 'B' was helping via Together Women, which came closest to recovery within a service user perspective, and she was assisting her daughter and her children.

'C' asked how she, too, might help others. All three women had gained greater confidence from group-based activities, counselling at Addaction, and other help that enabled them to think in such terms. Other parents who were not interviewed had volunteered with Community Parents.

(Grand)parents could be an example for (grand)children. 'B', who had become abstinent, cited massive lifestyle changes that she had experienced on giving up drugs. She described her house as attractive, comfortable and "calm"; wanting her grandchildren to experience that.

B1 67-70 I have a new build house with a front and back garden and it is lovely. Before that I was in a very poor flat. He could have time in the garden to be by himself and have time on his own. I would like the quiet to rub off on the children. They will be able to see the difference.

The new house also contrasted with the poor fabric, disorder and noise of her daughter's house; and 'B' hoped that would help grandchildren turn away from substance misuse, an intergenerational effect. 'A' wanted her daughter likewise to realise what a difference being substance free makes.

The narrower theme of getting heard within the FaSST was limited for parents, though young people did evaluate NSPCC services. No parent reported being heard directly within the agency.

PE1 150-153 There isn't a group for parents like the 'Participation Group'. That reflects the aims of **NSPCC** as it is about children. Parents only come together in the parenting groups. Parents do evaluate the service, and they can speak up in the parenting group, which is mostly where they do that. **4.2.5.1**

There was evaluation built into some provision, as 'PE' indicated. What she said about why there was no group for parents, like the 'Participation Group' for young people, was enigmatic insofar as NSPCC did little work directly with children or young people outside that Group. If the agency did little work directly with children, then as desirable as it was to hear children's voices, it was also vital to have maximum feedback from parents in order to continually improve services.

Early in planning for the research there were women from 'Together Women', which the FaSST initiated, who attended discussions. Creating a new group within NSPCC would have been more consistent with a support and advocacy provision. Recently women's points of view have

been represented, only via Practitioners, in meetings in the agency or outside. Young People continued to have the 'Participation Group', not specific to the FaSST, which was excellent.

Without a separate forum for evaluation, none of NSPCC's functions benefitted as much as they might have from parents getting heard.

C3 336-340 I would not dare venture in R's teen years without another course. I'd definitely go on another course and, and start again, you know, probably before her teens. Because she's no longer a toddler; she's a school kid now and in the next she's going to be learning so much about life and her environment. I would like; she's going to start acting differently and I like to know how to approach that..... [4.2.5.1](#)

The above text indicated felt need (Forder, 1974) for more parenting skills support as C's' child grows older, which might be an issue for other parents of younger children. If so the feasibility could have been explored for future service development.

'B' was engaged with a user-led group that undertook educational work with substance misusers and more widely. It has also put on presentations for professionals and for the public and assisted in interviewing potential students and staff for at least one local university.

Rights and empowerment consisted of changes in relations of power, advocacy, and having a direct or indirect voice. There was a significant amount of text around this narrower theme, for example;

A3 62-63 The course was just great. It was good just to be part of it. It does empower parents. [4.2.6.1](#)

A memo recorded what this could represent in light of its context. It could be about becoming more able as a parent, feeling less anxious generally

or having acquired enough capacity to politely challenge a teacher over the use of demeaning language with 'A's' daughter.

Power was re-balanced in the work. 'A' challenged her daughter's teacher, which particularly given previous deference, represented a change in institutional and intersubjective relations of power, which Foucault would describe broadly as heterogeneous, often negative, but fundamentally enabling (McNay, 1994). Seen another way, 'A' was able to speak, listen and be heard equally with the teacher; hence to engage in communicative action in an ideal speech situation (Habermas, 1998). That implies that 'A' demonstrated a habitus (Bourdieu, 1994) that would be difficult or impossible without self-confidence.

Information and advice Practitioners made available in group-based work about how to speak to professionals²¹¹ thus combined with personal traits to constitute 'power from within' (Thompson, 2010). For 'A' to challenge a teacher required 'power to', as well, which the FaSST's group-based work, and possibly other agencies' work, facilitated.

Practitioners felt that they enabled parents themselves to alter relations of power in day-to-day situations, as 'A' had done with the teacher. Self-esteem, self-confidence, self-affirmation and true assertiveness could multiply benefits of the FaSST's work, not just in a broadly therapeutic sense but also in terms of active advocacy (Brandon and Brandon, 2001).

'B' noted that the 'Incredible Years' Webster-Stratton Parenting Programme was empowering and that counselling via Addaction had boosted her

assertiveness. That indicated the importance of multi-agency working in which each of several agencies makes a contribution.

'Baby FAST' may have been particularly effective in facilitating 'Power to' (Thompson, 2010) for women as younger mothers within intergenerational relations of power.

PF3 46-47 The ['Baby FAST'] sessions tend to deal with the situation where **grandmothers** take over their daughter's roles. **3.1.1, 4.2.6.1**

BabyFAST might also have developed 'power with' by creating alliances among mothers, grandmothers, other women and professionals to challenge patriarchy.

'B' had no direct advice or advocacy around Children's Services.

B3 15-18 There has been no help or advice for me to deal with **social workers**. I don't know if there was any for my daughter, but then, "I know she didn't", get help with that. I could have done with help at the time, but I did not know of any services that did that. There was no help with the services that I used to support or advocate for a **parent** or **grandparent** around these issues. **4.2.6.2**

However, in some instances, representations were made in order to restore contact with Looked After Children. Practitioners emphasised that such representations must be in the interests of children's welfare.

PE1 142-142 "representing families, not exactly advocacy, but it is explaining things properly....." **4.2.6.1, 4.2.6.4.**

PE3 264-266 A lot of it is the liaison with Social Services around their rights and advocacy. They don't say that but that is sort of what they're after really, eh, what's going to happen, what they need to do and support to do that. **3.3.7, 4.1.3, 4.2.6.2**

There might have been further scope to promote empowerment, even where there was advocacy.

PC2 15-16 I've spoken up for the **[Prison]** work at a meeting recently. I have said about the needs of the parents and how those can be met through the work we are doing. That is a form of advocacy. 3.1.3, 4.2.6.1

'PE's' representations might have combined with explanations to promote 'power with' and 'power within' (Thompson, 2010). 'Power to' might have been realised if parents actually pursued rights they were informed about.

'PC' clearly engaged in advocacy with those who have 'power over', which may have preserved a space in which to empower substance misusing women in other ways, at least for a while. However, women at Styal were not directly empowered, either to exercise 'power with' the FaSST's Practitioners or in establishing 'power to' (Thompson, 2010).

There is a danger that engaging in representations with professionals reinforces 'power over' between parents and professionals. Likewise, empowering parents might reinforce adult 'power over' children. If parents were involved in decisions about what to advocate and learned about advocacy, per se; then as well as benefitting in terms of 'power within' they could also benefit more fully in terms of the dispositional model.

Practitioners mentioned that they informed service users about LA powers and duties and ways of working. They also explained and clarified issues, helping them understand that LA social workers are employed in children's, not parents', interests.

They represented parents' views in discussions with Children's Services to ensure they were heard.

PE1 142-143 Representing **families**, not exactly advocacy, but it is explaining things properly, making sure people are told about their rights. **4.2.6.1, 4.2.6.4**

They also challenged those who were pessimistic about substance misusing parents changing or who unrealistically demanded rapid change. One spoke of unrealistic expectations that LA services could have and the importance of engaging with social workers to modify those. That is best done, sometimes can only be done, from outside the managerialist LA (Brandon and Brandon, 2001).

The wider theme of **Beneficial Outcomes** was strongly evidenced with substantial, varied effects. Practitioners supported very actively as well as less actively substance misusing or abstinent parents. As such Practitioner expectations varied by family; but parents' situations, as approaching or in recovery, explained Practitioners' generally realistic optimism.

(Grand)parents and Practitioners shared a hope that parents' self-esteem and confidence would increase and that better parenting would ensure similar benefits to children. Women tend to emphasise relationship, connectedness and affiliation (Josephs et al, 1992) so the parallel hopes of (grand)parents and Practitioners should be no surprise. (Grand)parents hoped their progress would help children avoid difficulties in their youth and adulthood that their parents and sometimes grandparents had experienced before them. Parents own self-esteem and self-confidence were capacities to move on and make a wider positive social contribution.

(Grand)parents interviewed hoped that (grand)daughters would be respected as young women and that (grand)sons would show such respect, that domestic violence would be avoided and that young women, particularly, would have more full lives than their mothers. Women had made real progress in managing, reducing or becoming abstinent from substances, and massive lifestyle changes were cited. Longer term benefits to children were anticipated in (grand)parent and Practitioner responses, though it was beyond the scope of the study to validate those.

How individual parents, family, professionals and people in general viewed NSPCC was an issue. Some expected NSPCC to take over a safeguarding role, some feared that NSPCC favoured removing children, and the general public often were pessimistic about whether substance misusing parents could change. Some Children's Services staff knew little about NSPCC and its resources, while Parents who had been 'Looked After Children' expected that NSPCC or Children's Services would resolve their every difficulty. Practitioners faced resistance in the Toxteth community from those who felt that no outside agency could be relied upon to stay there.

Practitioners had to counter all these expectations, which represented real barriers. Overreliance on NSPCC or Children's Services would be risky for family units, NSPCC professionals and both agencies; and such dependency would tend to disempower parents.

'Benefits of Intervention' depended primarily on group-based activity, especially the 'Incredible Years' Webster-Stratton Parenting Programme. Involvement with more than one agency had benefits, but parents struggled

to find certain kinds of help without helpful contacts or agency support. Some FaSST work helped women maintain progress of treatment programmes via substance misuse agencies.

Parents were not helped directly to be heard, though groupwork gave some confidence to speak up in their own right, and one actively spoke up for substance misusing women and former substance misusing women. Rights and empowerment were served primarily by Practitioners speaking up for women, and Practitioners still differed in how far they immediately saw it as part of their role. They had no clear, shared definition of advocacy.

Advocacy would depend on increasing self-confidence and self-esteem, especially for active advocacy, and on clarifying sources of anxiety and dependency (Brandon and Brandon, 2001). The strong legal and ethical requirements to explain confidentiality and children's safeguarding requirements when offering advocacy and support brought dilemmas as they limited the assurances that could be given to (grand)parents. However, they were also an opportunity to clarify wider expectations. Awareness of advocacy varied among Practitioners, and there was a need for an agreed advocacy approach, which had never been resolved.

Further, tentative theorisation follows from analysis of recurring issues. The dispositional model (Thompson, 2010) can inform issues of power among a range of actual and possible approaches to work with substance-misusing parents. Responses evidenced how group-based work contributed both to recovery and to parents' capacities to speak up. Both person-centred work

in 'Incredible Years' and structured experience in 'Baby FaST' contributed to changes in relations of power (Thompson, 2007).

The FaSST assisted with access to services through signposting, referral and personal introduction, which are commonly functions of advocacy (Keene, 2010). However, advocacy should not become brokerage, which through its association with care management tends to involve 'power over', a contradiction according to the dispositional model of relations of power (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009; Wilks, 2012).

Information, advice and development of particular skills each contribute to initial capacities for support and advocacy (Bateman, 2000; Wilks, 2012). Parents would need increased self-confidence and self-esteem to engage as equals in communicative action (Habermas, 1987). Involvement in 'Community Parents' and the now independent 'Women Together' could enable at least some to move on and to come to voice (Boylan and Dalrymple, 2009) in broader contexts. Capacities for advocacy would need to be informed by Practitioners' understanding of how dispositions gained via socialisation affect habitus (Bourdieu, 2010), partly to prepare parents themselves to be ready to provide such support.

Thus a recovery model encompassing agency and a three-dimensional, dispositional model of power (Thompson, 2010) could, after the example of mental health service users (Nathan and Webber, 2010), build or re-build capacities. Having 'come to voice' (Boylan and Dalrymple, 2009), parents might speak out on substance misuse and the politics of service provision

(Nathan and Webber, 2010); engaging in communicative action under the approximate conditions of the ideal speech situation (Habermas, 1987).

Chapter Summary and Next Chapter

This chapter has further reported findings from coded material based on interviewing of two substance misusing parents, one formerly substance misusing grandparent and seven staff. Findings have been complemented by information gathered via observation and networking. Tentatively conclusions can be made on the scope for support and advocacy based on communicative rationality. Expectations of substance misusing women interviewed were not necessarily different from those of parents in general, except insofar as they were informed by individual personal experience. The FaSST's largely group-based work created scope for development of advocacy, but without a specific, developed advocacy model. Parents and Practitioners described instances of advocacy, and parents interviewed voiced their interest, with two currently involved in helping others.

In terms of research objective 1, circumstances of women who misuse substances and children affected were, despite the small sample, further contextualised in terms of the broader theme of possibilities for support and advocacy under narrower themes of support and beneficial outcomes. It was again clear how far circumstances might differ from one person to another; how the FaSST tended to work with parents who were further on towards recovery, albeit they could have serious setbacks; and how far three (grand)parents interviewed were into recovery.

Research objective 2 has been more closely informed in terms of experiences and concerns in respect of children's welfare. Conclusions in chapter 6 about risk have been reinforced. Most families known had been subject to s.47 enquiries at some point so they were at least likely to be aware that family members could be separated. The FaSST gave realistic assurance to persons who experienced risk, more as uncertainty in accepting help as Giddens has described (Giddens, 1991), however, rather than the broader fear or fear and avoidance claimed respectively by Beck and Parton (Beck, 1992; Parton et al, 1997). Parents benefitted from socio-technical information and links to agencies with such information as suggested by Lash (Lash, 1994).

Research objective 3 has been informed primarily around the support provided from NSPCC itself. Attempts to work directly with children via schools were frustrated, but children's views were obtained by the Team, in the 'Participation Group'. Otherwise service users and staff tended to agree concerning the FaSST's work with (grand)parents and families.

Work with adults met both support and advocacy goals, but Practitioners offered more support to (grand)parents than advocacy between (grand)parents and Children's Services or other agencies. Practitioners carried out intermediary, interpreter or mediator roles more or less consistent with advocacy (Thompson, 2003; Wilks, 2012), speaking up for parents, though no particular advocacy model was defined or developed.

Practitioners and parents interviewed were broadly agreed as to the benefits of the 'Incredible Years' Webster-Stratton Parenting Programme

and 'Me Time'. Substance misusing women demonstrated an interest in working in their own behalf or in behalf of others. One had been involved in 'Parents Together', initiated by the FaSST but now separate, which gave recovering or abstinent substance misusers a platform to speak out. Two were involved in voluntary work or mutual support and campaigning, and another had counselling training and expressed an interest in helping others. At least two and possibly all three parents interviewed had potential to engage in some degree of active advocacy now or in future.

Research objective 4 was most fully addressed by increasingly clear evidence of how far the FaSST already fulfilled, or interview responses anticipated, beneficial outcomes that provide scope for support and advocacy. A more defined understanding is needed for possible future advocacy via parents in children's interests. Protocols should be established on ways of working, safeguarding obligations and boundaries of confidentiality; and those should be explained to persons taking up advocacy (Department of Health, 2002; Lindley and Richards, 2002).

In theoretical terms, some substance misusing parents might ultimately gain capacities from person-centred and cognitive-behavioural work, including group-based work. Augmented by enhanced interpersonal skills based on an understanding of habitus (Bourdieu, 2010), those capacities could be enabling in active advocacy informed by the theory of communicative action (Habermas, 1987). Such advocacy could implicitly reflect Foucauldian, Gramscian understanding (Davies, 2011), with emancipatory goals for parents and children.

Advocacy should also incorporate participation in systems advocacy to influence the public, professionals, agencies and policy. Such activity,

.....influences change in the larger political and social arenas, because - without change at this level - positive change for individuals is difficult to achieve.

(Family Advocacy, 2000: 1)

Individual and group-based work could thus enable parents and children to 'come to voice' (Boylan and Dalrymple, 2009) within the perspective of the socially constructed, normative foundational, human rights approach discussed in chapter 4 (Whiteside and Mah, 2012).

This chapter taken as a whole suggests that how staff worked was on the whole consistent with elements of Trotter's empirical practice model (Trotter, 1999). Actual or anticipated beneficial outcomes suggest scope for developing a more cohesive advocacy method, model and process, though it might be within a separate advocacy approach.

Chapter 8 reflects on the research itself and on the researcher's standpoint toward the research and research participants. In a social field that often responds to parental substance misuse pejoratively, in which parents and children may be particularly vulnerable, there was a strong obligation to ensure that nothing in the research process itself was a source of harm. Equally, there was a need as far as possible to ensure that analysis and conclusions have not been prejudiced.

Conclusions are drawn together across each of the research questions using findings and analysis from chapters 6 and 7. There is an overall theorisation in respect of the research question, including an outline of

eleven matters that support and advocacy would need to address using Habermas' ideas and to some extent Bourdieu's ideas.

Conclusions and theorisation are then summarised, identifying scope for advocacy with substance misusing parents in the interests of children's welfare and a need for a theory, process and method for advocacy. Further research is outlined that might take forward conclusions and work is identified to pursue matters that could not be addressed in the thesis. The scope for advocacy via substance misusing parents in respect of children's interests is formulated as it relates to Habermasian ideas and to a particular human rights perspective.

Chapter 8

Reflection and Conclusions

The research involved individuals who can be vulnerable, among a group whose substance misuse may well test boundaries of social values and kindle appeals for or against 'a moral view' of substance misuse (Gossop, 2007; Keene, 2010; McKeganey, 2011). Since no researcher is value free (Gouldner, 1969), processes of reflection on my own standpoint have been central right from the planning phase and continually necessary thereafter. This chapter therefore begins with reflection on research ethics and on my position regarding the research topic and research participants.

After that, combining analysis from chapters 6 and 7 and integrating that with theory, conclusions are reached in respect of each research objective and the research question. Issues are identified that emerged too late for or exceeded the scope of this research; and possible further work is identified, after which overall theoretical conclusions are formulated.

Reflections on Research Design

This research reflected the importance of clear ethical decision-making based on criteria of a transformative stance for research involving vulnerable persons (Mertens and Ginsberg, 2008). Insofar as practicable, it integrated criteria recommended by Mertens and Ginsberg into the research design. Care was taken not to harm vulnerable parents and to ensure that participants could withdraw. The research did not promise direct voice, and it was never intended in itself to involve advocacy; but it was always intended to inform Practitioners and have wider dissemination.

Researchers must accept responsibility for how research might be interpreted once it is disseminated (Mertens and Ginsberg, 2008). This thesis promotes more positive views of substance misusing parents where that is consistent with research findings, challenging extant viewpoints that reflect social constructions of women as mothers and substance misusers. Fortuitously, parents seen were in recovery, retained responsibility for children, were articulate and aspired to help others.

Pen Portraits in Appendix VII account for periods when each mother was heavily reliant on substances, where in at least two instances the impact on children was more severe; yet none presented stereotypically. Mothers presented as articulate, increasingly confident persons, with varied lifestyles, in recovery, able to realise the impact substances had on children, having sought help, and caring strongly about children's futures.

Ontological authenticity (Mertens and Ginsberg, 2008) requires presentation of a knowledge participants have themselves created and ensures rigour by referring back to participants. Responsive interviewing provides opportunities to return to particular points, focusing on those in second or third interviews (Rubin and Rubin, 2005). In an example, at final interview, a closed question clarified a point discussed earlier.

DH – Eh, you talked about, um, the pills so, she's so very young and might be affected by it. Do you think that risk has altered?

C3 244-246 – I've learned how when she reacts to, how not to react aggressively to it, how not to sort of, what it is, is I feel an immense amount of guilt because my baby's crying because of me and I get hard, I snap at her, and that doesn't happen anymore, or it's so rare. [4.2.3.1](#)

Emphasis on presenting 'a knowledge' created by participants is consistent with feminist critiques of often socially constructed knowledges that are frequently treated as 'the truth' (Finkelhor and Hashima, 2001). It acknowledges the possibility of multiple standpoints; privileges research participants' perspectives in forming knowledge; and contextualises research data, which has been described as an ethical concern (Humphries, 1994).

'Splitting' discerns 'good girls' and 'bad girls' in a "psychical fantasy of Woman" (Cornell, 1995). 'Passing' as 'good girl' (or 'good mother') may be more available to white, middle class women in recovery insofar as they are not racially or ethnically stereotyped. The three substance misusing women interviewed were white, born in the UK, but not all middle class. There could have been, "fading of the diversification and differentiation of the feminine" (Cornell, 1995: 77). A wider range of participants including black and ethnic minority women might have generated as valid 'a knowledge' with different findings and conclusions.

Responsive interviewing also facilitated educative authenticity (Mertens and Ginsberg, 2008). Practitioners were advised when that might improve decision making, for example, clarifying manifestations and uses of advocacy. That was reinforced in the evaluative report to the agency.

In one instance a Practitioner said that confidentiality precluded some forms of advocacy in work she engaged in. The researcher suggested that advocacy might take a particular form.

DH – I wonder if self-advocacy can be helping people to improve their behaviours when they're challenging decisions.....

PA2 254-257 – The advanced programme.....more likely.....people might look at problem-solving and its really looking at different ways of handling difficult situations so that could be an agency; it could be with a partner. **3.3.7,**
4.2.6.1

That reflected an assumption in responsive interviewing that the interviewer is involved in a two-way exchange, sharing information to encourage openness or explore particular points (Rubin and Rubin, 2005).

Parents were sometimes also left better informed, though care was taken to refer them to Practitioners for advice. For example, a mother and a grandmother were, respectively, advised that other agencies offered further Webster-Stratton parenting skills programmes and the Freedom Programme²¹², but they were referred back to staff for signposting.

Ethical concerns gained importance insofar as this research was exploratory and matters studied had as yet largely been unexplored and untheorised. There was initially a substantial literature on substance misuse but much less on advocacy with substance misusing mothers. Only one published source (Big Issue, 1999) was then available for citation that pre-dated this research, claiming an unmet need for advocacy via substance misusing parents concerning children. While qualitative research is appropriate to develop themes and concepts in less explored areas of interest for further qualitative or quantitative study (Bryman, 1988), how to develop and present those involves ethical considerations.

NSPCC research on Merseyside that led to the FaSST being set up was more concerned with identifying the scale of substance misusing mother's needs and opportunities for interagency support involving a number of disciplines (Doherty and Johnson, 2000; Doherty et al, 2004). Advocacy, per se, was discussed with the Children's Services Manager as an emerging idea in about 2007.

This research bears out the value of a qualitative method for a hitherto unexplored area of interest that might produce unexpected findings (Bryman, 1988). It became clear when moving from initial to exploratory questions that Practitioners' conceptualisations of advocacy varied.

Asked about advocacy, one initially spoke more loudly in apparent surprise or protest. Some voiced surprise that helping mothers recall important points from discussions with social workers or building confidence to enable a person to complete a telephone call was advocacy. Practitioners all very clearly regarded FaSST work as enabling and empowering and ultimately provided examples of their own advocacy.

Advocacy extended as far as negotiating with Children's Services social workers to modify unrealistic child protection plans. Advocacy also involved helping women regain contact with Looked After Children, which especially featured in work done at Styal Women's Prison.

Operational definition of advocacy in quantitative research as a particular set of Practitioner or parent behaviours should quickly have evidenced that advocacy was taking place. It may not have discovered that participants were sometimes unaware they had carried out advocacy.

Quantitative research with closed questions or pre-defined responses may not have accounted for women's own, spontaneous advocacy in children's behalf, which utilised self-confidence gained in group-based activities. It might have missed that one mother, who previously felt unable to do so, spoke to her child's teacher about a comment that could have affected her daughter's self-esteem. It might have missed another's challenge to how youth workers spoke to young people.

If Practitioners and substance misusing women had felt unable to explore issues freely findings might have understated the scope for advocacy. Interview responses evinced how team discussion about advocacy among Practitioners might have promoted a more consistent, planned advocacy.

Personal Standpoint, Interviewing, and Data Analysis

It was vital to minimise the influence of the researcher's individual standpoint in interviewing, data analysis and reporting findings by acknowledging own values, attitudes, beliefs and assumptions. Extensive reading and widespread networking identified wide variability in how substances are used, substance misusers' lifestyles, treatment approaches, public policy and substance misusing women's experiences in particular. That helped in clarifying and reflecting on standpoints.

Care was needed in dealing with own personal experience of substance misusers, which has involved family as well as friends and others known over a long period. Vicarious experiences have included steady, controlled drinking at unhealthy levels, severe episodic drinking and illicit, 'hard' drugs. There have been numerous deaths, including suicide and

overdose; and substance misuse has been associated with depression, serious child abuse, domestic violence, homelessness and attempted murder. A few have entered recovery and maintained that, and some have had long, productive lives. Reflection drew together that experience very early in the research process.

Therefore hearing stories of depression, child abuse, domestic violence, emotional volatility and recovery was not alarming. Parents said in interviews that they appreciated what they described as “empathy” and “a non-judgemental attitude”. Parents clearly felt a genuinely supportive response, saying they felt valued and more confident after each interview. Interviews themselves effectively generated the ‘core conditions’ linked by Rogers with effective intervention and therapeutic benefits (Payne, 2005).

That is expected to some extent in responsive interviewing (Rubin and Rubin, 2005). There was explicitly no therapeutic intent, though, and the researcher reflected on the appropriateness of encouraging substance misusing women to explore issues. Exploration had to be pertinent to the research question and research objectives; it had to avoid unsettling or damaging probing; and it could not pursue therapeutic aims, per se. Issues of method and ethics were thus inseparable.

A balance has to be maintained in therapeutic contexts between too little and too much empathy, especially with persons whom Trotter terms ‘involuntary service users’, including substance misusers (Trotter, 1999). Practice outcomes are poor with low empathy; and risk increases if empathy is either too low or too high. That resonates with research

findings in children's safeguarding (Spratt and Callan, 2004). Spratt and Callan are very critical of social workers who show little empathy.

It follows that a balanced approach to empathy is needed in research to avoid risk to substance misusing parents and children. Some empathy is needed to facilitate the conversational space on which responsive interviewing depends (Rubin and Rubin, 2005).

At some points in this research an empathic response that might have encouraged risky behaviour was withheld or carefully formed. 'A' started an extended, somewhat emotional discussion about a confrontation. It was hard to know where it was going, but clearly 'A' felt pressure from within to share the account. The response when A referred to retaliation or restraint was empathic but carefully worded.

A2 205-206 Restrained is, in other words, you're not going back on the bounce, um.....You're not going to retaliate. 'The police should be protecting me. This isn't something that I should deal with on my own.....' **[No specific code]**

Empathy conveyed active listening in a measured, timely, ethical response (Rubin and Rubin, 2012), reinforcing neither anger nor any tendency to act inappropriately, avoiding harm and reinforcing adaptive behaviour. The discussion did not address the research question or objectives and would not be coded so it was soon returned to the research purpose.

Having had a background of social work practice and a tutor role provided experience of maintaining boundaries. Keeping to the research question and research objectives was similar, particularly insofar as research ethics forbids non-purposeful interviewing²¹³ (Rubin and Rubin, 2005). Planning

semi-structured interviews, and focussing more in interviews helped maintain relevance and purpose.

Recognising and bracketing own experience and personal viewpoint was helpful during data analysis, where the research question and research objectives guided the choice of data incorporated into findings. Biases arising from personal values, attitudes, beliefs and assumptions were minimised by excluding data that did not address the question or objectives or could not be included in themes. Equally, the commitment to represent participants' views accurately and show care about how dissemination might be affected by future interpretation required sensitive treatment of matters that others could later distort or sensationalise.

Integrating and Theorising the Research Objectives and Research Question

A sample of three substance misusing women and seven Practitioners enabled findings based on a rich set of data. However, numbers limited the opportunity for firm conclusions on some matters like broader theories of risk. Interviews with (grand)parents and Practitioners provided sufficient data to broaden contextual information. Interview responses and other sources informed issues of governance and managerialism and revealed concerns, fears and hopes of substance misusing women. They identified how the FaSST supported parents and how far advocacy had been and might be developed. Remaining sections of this chapter integrate theory and formulate conclusions for each research objective and the research question based on findings in chapters 6 and 7.

Research objective 1 sought to,

find out and contextualise numbers and circumstances of women on Merseyside who misuse substances and numbers and circumstances of children of those mothers.

Despite its intrusion into family lifeworlds of those affected, the state has made little effort to identify numbers of parents or children affected nationally by parental substance misuse (Klee, 2002e). Only those attending a treatment agency are likely to be counted (Roxburgh et al, 2011) unless there has been a LA assessment or investigation, particularly understating numbers of female and black and ethnic minority substance misusers (Webb, 2012). Poor statistical knowledge limits opportunities to challenge stereotyping.

Local statistical evidence was reviewed in chapter 1 in light of the limited national statistical base and local research. Conservatively it could be estimated that around 6,000²¹⁴ children on Merseyside were living with *at least one drug misusing parent* in the study period, significant numbers with a drug misusing mother. The figure for children of *at least one substance misusing parent* might double to about 12,000.

About 25% of children in LA child protection services in England have been identified as having a substance misusing parent; and children with a substance misusing parent are twice as likely as others to be subject to care proceedings (Horwath, 2007). Numbers of children with which LA Children's Services have continued involvement at any given time are much lower (Parton, 2006).

Liverpool Safeguarding Children Board omitted 2011/12 figures for the number of substance misusing parents from its *Annual Report* (Liverpool Safeguarding Children's Board, 2012). It did record 5,143 referrals, 670 CAF assessments, fluctuating between 465 and 564 on child protection plans at different dates, and around 965 Looked After Children. The implication is that a large proportion of children of substance misusing parents in Liverpool had no continuing Children's Services involvement.

LA Children's Services were, or had at some point been, involved in a substantial but never specified proportion of families with which the FaSST had involvement. At least one family had no such involvement. A relatively high incidence of Children's Services involvement suggests that most had experienced quite substantial difficulties at some point, yet the FaSST tended to work with parents when they were not any using substances in a particularly uncontrolled way. Those involved with the FaSST were probably more representative of a smaller population among substance misusing parents in general.

Some children had been removed at birth or subsequently; relatives had some children; some parents had day-to-day care; and some were seeking to regain contact or care of children. Practitioners and parents who were interviewed described stigmatisation of parents and children and a likelihood of blaming by professionals (Klee, 2002a; Barnard, 2007).

Substance misusers are often pejoratively described (Lupton, 1999). Socially constructed views characterise substance misusing women as deviant, outsiders engaged in unseemly practices to obtain and use hard

drugs and thus unnatural and irresponsible in terms of womanhood and motherhood (Ettore and Riska, 1995). A 'chaotic' lifestyle is generalised, relegating natural 'partner' and 'mother' capacities to getting the next 'fix' and risking children's welfare and safety (Klee, 2002b; Lewis, 2002).

Some theorists represent that as natural, cultural fact and as functional shaming (Douglas, 1992), but substance misusers can also be understood in terms of individual biographies and reasons for drug use (Ettore, 2004). Findings in this research did not support a generalised, pejorative understanding. Circumstances of substance misusing women and children the FaSST worked with differed substantially from one person or family to another, favouring an individual, non-pejorative interpretation.

The FaSST worked with individual women, some couples and some male single parents, who might be abstinent or seeking abstinence at any given time. Misuse included prescribed drugs, alcohol, cannabis, cocaine, heroin, or mixed substances. Intensity of misuse varied, with individuals at various stages of recovery, though individuals sometimes had serious setbacks like those described in Barnard's account of parental substance misuse (Barnard, 2007). The FaSST did not generally work with substance misusing women during severe substance dependency, apart from some who were met at clinics by seconded Midwives who would have been hard to engage with effectively elsewhere.

Women the FaSST worked with tended to have experienced uncontrolled substance misuse in specific periods and circumstances. A literature on attachment and parental substance misuse describes varied degrees that

uncontrolled substance misuse can affect children's attachment (Levy and Orlans, 1998; Cleaver et al, 2011). That can bring unpredictability and undermine family life in those periods (Barnard and McKeganey, 2004).

Domestic violence and mental health issues also affected many families (Kroll and Taylor, 2003). It might be hard to distinguish the impact on attachment and child development of substance misuse, domestic violence, mental health, the young carer role, and removal to care (Sanders, 2004; Cleaver et al, 2011). All these circumstances featured frequently in interview responses, making it unsafe to make claims about any single factor among them.

Of three substance misusing women interviewed, hopes and concerns for (grand)children of two who had previously used non-prescription drugs in an uncontrolled way differed very little, reflecting experiences of intra-familial abuse, early motherhood and domestic violence. The third woman interviewed, who had used prescription drugs in an uncontrolled way, had similar hopes and concerns. Parents and Practitioners generally reported that substance misusing parents had concerns and hopes for children's futures. Those were clearly expressed in the three (grand)mothers' responses. Parents also had some anxiety concerning Children's Services involvement but did not necessarily reject or avoid that.

One mother lived with her partner and child, another with her daughter, and a grandmother lived alone but was in contact to varying degrees with children and grandchildren. Each had a network of relationships, including extended family and multiple organisational links, providing access to

information and help. Networking gave a range of points of reference, such that individual identity may have been a more important defining characteristic than social class, as Beck suggests (Beck, 2001b).

Biographies resonated with institutionalised individualisation (Beck-Gernsheim, 2001a), making personal independence possible and to some degree ensuring it happened. The three (grand)parents' narratives fitted a, "new normal female biography" (Beck-Gernsheim, 2001a: 58) whereby women networked and gained a voice among family, friends, treatment organisations, voluntary activities and social media. That was so at least for parents interviewed, who were possibly further along a path of recovery.

In terms of lived experience, voiced concerns, and hopes; substance misusing (grand)mothers had formed positive personal narratives. Those presented more as meta-narratives of 'realisation' (fulfilling what it means to be authentically human) and 'progress' (with a sense of achievement) that might lead to 'emancipation' (involving empowerment and voice) (Adams et al, 2012). Progress could be fragile, but improving circumstances showed scope for empowerment in terms of Luke's three dimensional model as 'power to', 'power within' and 'power with' (Thompson, 2010) and for coming to voice (Boylan and Dalrymple, 2009).

Research objective 2 was to,

identify and give voice to common experiences, concerns, fears and hopes of mothers on Merseyside who misuse substances, and where available fathers of children concerned, in respect of children's welfare.

Most families had been subject to Children's Services involvement at some point and knew that family members could be separated. More generally, experiences, concerns, hopes and fears about children's and grandchildren's welfare directly voiced by the three substance misusing women interviewed reflected individual life experiences. Practitioner responses indirectly confirmed the range of life experience.

Parton has commented that diagnostic categories based purely on particular characteristics or statuses are fallible (Parton, 1997). That is seen locally in threshold criteria in the protocol for children's safeguarding (Liverpool Safeguarding Children's Board, 2007). Children of substance misusing parents are located at least at Level 3 (complex needs) and raised to Level 4 (requiring core assessment) if substance misuse, domestic violence and a mental health issue coincide.

In some instances there may have been risk of significant harm. One Practitioner related a disclosure in group-based work that she immediately referred under children's safeguarding protocols. There had also been referrals to Children's Services in respect of families involved with the 'Community Parent' Programme, and one person interviewed had requested intervention in respect of children.

Research findings are consistent with a view that it is unsafe to rely upon an actuarialist risk calculus based on multiple factors (Koubel and Yardley, 2012) that risks false positives (Munro, 2004b). There were households with substance misuse accompanied by domestic violence, poverty, poor housing and mental health issues; and child protection referrals were

made under threshold criteria. However, neither parents nor Practitioners gave accounts of serious injury or other comparable harm to children.

(Grand)parents hoped (grand)children would avoid problems they had themselves experienced; including concerns about intergenerational patterns of domestic violence, child maltreatment, and early, repeated pregnancy. Women were interested in children's welfare, in self-esteem and self-confidence of (grand)daughters, and in grandsons' capacity of respect for young women. Those interests suggest a regard for children's wishes and feelings to build upon and to enlist parents' support in promoting children's exercise of agency and 'coming to voice'.

A larger study might or might not replicate findings about parental fears, but there was consistently little evidence of the generalised, irrational or media driven fears implicated by a 'risk society' thesis (Beck, 1992). There was little evidence, either, of broader fears and avoidance regarding children's safeguarding and child protection as claimed by Parton in support of Beck's theory (Parton et al, 1997). While Beck and Parton raise other pertinent points that are relied upon elsewhere in this thesis, findings from research data do not support Beck's risk society theme.

Giddens' theory of late modernity, which describes an alternative risk model in terms of uncertainty and a distrust of agencies and professionals (Giddens, 1991), resonates with a number of interview responses. The FaSST provided realistic assurance to persons whose uncertainty might otherwise have made them concerned about accepting help. Parents also

benefitted from socio-technical information and links to organisations with such information, which is consistent with Lash's risk theory (Lash, 1994).

Socially constructed decision-making (Tilbury, 2004; Beck, 2008), mathematicized morality (Munro, 2004b), and distrust of social work (Parton et al, 1997) relate to processes of governmentalism, managerialism, juridification and penetration of lifeworlds that Habermas has described (Habermas, 1987). Giddens' (Giddens, 1991) and Lash's (Lash, 1994) ideas can also be accommodated as issues in juridification and network governance (Parton, 2006; Ayre and Calder, 2010).

There is no evidence to say if fathers would report experiences, concerns, fears and hopes comparable to those of mothers or how they might voice those. Given that they might have traditional or even re-constructed patriarchal assumptions (Silva, 1996c), men's perspectives could differ on domestic violence, sexuality and early parenthood. However, fathers are as likely as women to have directly or indirectly experienced domestic violence in childhood, and they may to some degree have experienced early parenthood and its effects on young women. They could well prefer that daughters and sons achieve self-confidence, self-esteem and a more settled life, but clarification would require new research.

Women clearly did have hopes that the next generation would grow up more confident and happy, with self-esteem and self-respect. That was consistent with the emphasis women in general tend to give to affiliation and relationship (Josephs et al, 1992). Hopes of the three substance misusing women interviewed anticipated welfare issues; education, work,

a home, a partner who would offer respect, and grandchildren. Parents in general, again, tend to have broadly similar hopes (Park et al, 2013). These findings once more have positive implications for advocacy via parents in children's interests and wider emancipatory goals.

Research objective 3 was to,

establish what support and advocacy is available on Merseyside that could address common experiences, concerns, fears and hopes of mothers/parents for their children.

Service users and staff tended to describe the FaSST's support and advocacy similarly. All attempts to work directly with children, in schools, were frustrated; but the 'Participation Group' did register children's views.

Legal provisions requiring availability of advocacy for children do not extend to parents (Brammer, 2007). Interview responses and networking found very little advocacy available locally via substance misusing parents in respect of children's welfare. A Merseyside-based national organisation provided a legalistic advocacy service solely via children.

Over a decade after *The Big Issue* identified an absence of such help in Liverpool (Big Issue, 1999), the FaSST was the only Liverpool-based agency advocating via parents in children's interests. Treatment services operating across Merseyside offered support and sometimes advocacy only in respect of parents' own needs. Three Sefton-based services that offered advocacy via parents in children's interests, incidental to wider services, were vulnerable to commissioning and funding decisions.

The FaSST's outstanding, motivated, very experienced, largely social work trained staff mostly left LA child protection owing to organisational and policy change (Doherty and Horne, 2002), a few spending an interim period in other voluntary agencies. Two Midwives joined on secondment from the NHS, and a substance misuse counsellor came by natural career progression from the PVI sector. This range of backgrounds facilitated scope to offer skilled support and advocacy.

Staff welcomed the opportunity to work constructively with parents via the FaSST. LA social work had been repeatedly restructured (Leach et al, 1994; Farnham and Horton, 1996), organisational culture had changed (Tilbury, 2004; Coulshed et al, 2006), and professionalism had been eclipsed by computer driven practice (Parton, 2009a). Policy from the 1980s onwards had restricted LA staff to conducting surveillance and monitoring risk (Ayre and Calder, 2010).

The FaSST's work with (grand)parents met both support and advocacy goals, but Practitioners offered more support to families than advocacy between them and Children's Services or other agencies. Intermediary, interpreter and mediator roles undertaken were consistent with advocacy (Thompson, 2003; Wilks, 2012). Staff spoke in behalf of parents, but advocacy was neither defined nor developed in terms of a particular model.

Research objective 4 was to,

explore what support and advocacy services for mothers/parents could do to promote their involvement and the welfare of their children within the regulatory child care framework.

Many responses evidenced how support and advocacy could promote parents' involvement in children's interests. There was scope to address benefits of intervention already experienced, anticipated, or hoped for as well as (grand)parents' concerns. Beneficial outcomes they anticipated or desired did not particularly differ from those of parents and grandparents generally. Comparable concerns were reported in *British Social Attitudes: The 30th Report* (Park et al, 2013) based on a substantial, national cross section of parents. Similarly concerns about stigma, bullying, isolation, sexual vulnerability, transition to adulthood, and young people's potential substance misuse reflected grounded individual experience.

There was clearly scope to address issues of parental participation in LA decision-making. Concerns about LA involvement, and parental anxiety regarding LA intervention might have been expressed more strongly if the FaSST had focused on parents with higher or unstable levels of substance misuse. NSPCC research that led to the FaSST found significant numbers of children in such families who were with kinship carers or had become 'looked after' children (Doherty et al, 2004).

Practitioners in the current research said more about participation in LA decisions about children than (Grand)parents interviewed. Practitioners expressed concern about parents' trust of professionals and agencies and raised issues around Children's Services intervention in families on a number of occasions when particular families were affected.

There was scope for advocacy insofar as Practitioners and parents reported distrust of agencies and professionals. Whether or not that might

result from the irrational, generalised risk emphasised in risk society theory (Beck, 1992), parents' grounded experience, or because trust is a vital issue in late modernity (Giddens, 1991) was not always obvious. Parents' grounded experience was sufficient to explain issues of trust.

A Liverpool-based study found that parents' fear and anger moderated in recovery, particularly if children stayed with them or returned (Bates et al, 1999). It also reported how staff across several professions tended to over-estimate the propensity of other professions to seek children's removal; while few among them actually believed that children should be removed. Such issues might be resolved if parent's participation spurs on communication among professionals and agencies (Longley and Sharma, 2011). Thus advocacy could reassure parents, enable their participation and improve interprofessional practice among the wider range of agencies.

The FaSST had developed parents' strengths enabling them in turn to foster children's strengths as well as enabling them to articulate in their own behalf and in behalf of others. 'Me Time' and 'Incredible Years' Webster-Stratton Parenting Programmes benefitted women's self-confidence and self-esteem. Mothers passed on benefits to children from 'Incredible Years' and 'Baby FaSST'. The three (grand)parents interviewed described openly and articulately their experiences, concerns, beneficial effects and hopes. Each wanted to work in her own behalf or in behalf of others.

Wider, systems advocacy might also ensure that juridification and network governance in Children's Services does not so often result in perverse decisions driven by lack of time, funding issues or defensive practice.

Staff in the FaSST were aware of these issues, having left LA practice reluctantly because demands and constraints of new managerialism and national and local governance were having such effects (Saint-Martin, 1998). Ensuring that decision-making in a wider range of services is thorough, involves parents, focuses on children's interests and has full regard for children's own needs and views would be a legitimate aim.

Practitioners who spent time in the voluntary sector had been further affected there as commissioning reflected juridification and led to closure of high quality services. Advocacy might enable parents to come to voice, always respecting children's voice, and influence the range of provision of services for children and families (Prior, 1999; Nathan and Webber, 2010). That would be consistent with the emphasis in discourse ethics on the widest possible opportunities for maximum participation on an equal basis (Alexy, 1990; Habermas, 1990a).

(Grand)parent responses underscored how capacity was developed for women to network and have increased voice. One formerly substance misusing woman was involved in 'Parents Together', providing a platform to speak out in recovery. Two undertook voluntary work or mutual support and campaigning, and another who had counselling training asked about helping others. At least two and possibly all three had potential to engage in some degree of active advocacy now or in future.

Research Question: Conclusions, Theorisation and Implications

The research question asked,

What are the implications of support and advocacy with substance misusing women during pregnancy and after in

promoting parental involvement and children's welfare within the regulatory child care framework?

Absence of a specific advocacy model at the FaSST and a low sample size limited the findings of this thesis. Findings did show the value of exploratory, qualitative research; which encouraged openness among participants and privileged their views. Findings developed around **circumstances** in chapter 6 and **possibilities for support and advocacy** in chapter 7 have been interlinked in considering research objectives early in this chapter. Discussion now turns to overall conclusions, theorisation, implications, and the research question.

Conclusions have identified how issues raised by *themes of 'governance' and 'risk', looked at in chapter 6 as **circumstances***, related to the regulatory framework of children's social care. Thus children's safeguarding and child protection concerns, changes in governance in children's social care, and juridification of family life worlds significantly affected families with a substance misusing parent.

These same changes prompted well prepared staff to join the FaSST to offer specialised help for pregnant substance-misusing women. Observational evidence and interview data confirmed that the FaSST was an effective multi-professional Team with a broad consensus of values and an agreed way of providing support but a less defined use of advocacy.

Conclusions were also reached regarding how *themes of 'support' and 'beneficial outcomes' for substance misusing (grand)parents, looked at in chapter 7 as **possibilities for support and advocacy***, show scope and

potential for advocacy based on the theory of communicative action. It was concluded that expectations of substance misusing women who were interviewed were not necessarily different from those other parents might have, though they were informed by individual personal experience. Parents had realistic hopes, fears and concerns.

Substance misusing parents crucially required information, advice and advocacy in the technically demanding environment juridification creates for some families; where officials, agencies and courts might consider removal of family members. Parents, many of them single parents, would need reassurance and support to deal with issues of trust regarding professionals and agencies if concerns about stigmatisation and removal of children were not to be a barrier to getting help.

It was also concluded that parents' strengths might be developed or enhanced by support work. Outcomes of the FaSST's largely group-based work, as increased parental self-confidence and self-esteem, created scope for advocacy, including active advocacy, to promote parents' participation in children's interests. Parents wanted children to experience self-confidence and self-esteem; hence parents might accept support to promote children's own direct voice.

Theoretically, early chapters reviewed the rich background in terms of which the research question was set. It was situated partly in relation to the regulatory child care framework. That reflects juridification (Habermas, 1987), protectionism (Parton, 2006), regulatory reform (Humphrey, 2003), managerialism (Barnes and Prior, 2009), actuarialism

(Koubel and Yardley, 2012) and governmentalism (Davies, 2011). Juridification grew alongside struggles among professional, organisational and state interests (Foucault and Ringelheim, 1994), extending into children's safeguarding and child protection (Dickens, 2008).

The 'refocusing debate' from child protection to child welfare (Department of Health, 2000b; Platt, 2001), in which 'ideas of practice' have displaced 'ideals of practice', has done little to improve partnership (Spratt and Callan, 2004). The response to the death of Peter Connolly (Department for Education, 2011) might yet lead to a more positive approach. That would require changes to professional practice and a reining in of the managerialism, actuarialism and governmentalism reflected in the ICS (Chard and Ayre, 2010; Wastell and White, 2010). Advocacy will remain important in any new context (Sayer, 2008).

The research question also situated the thesis in relation to risk theory, but the sample of substance misusing women was insufficient to provide conclusive evidence. Data barely supported Beck's risk society thesis (Beck, 1992), as taken up by Parton and others to address developments in child care (Parton et al, 1997; Parton, 2006; Kemshall, 2010). Risk society theory implies that parents tend to experience generalised, irrational anxiety (Beck, 1992). Beck's and Beck-Gernsheim's concept of institutionalised individualisation (Beck and Beck-Gernsheim, 2001) and Parton's wider critique of UK children's safeguarding and child protection (Parton, 2006) nonetheless retain explanatory value.

Evidence of parents' responses more closely approximates to Giddens' conceptualisation of concern and issues of trust in Late Modernity (Giddens, 1991) and Lash's view of the importance of access to technical information and informational networks (Lash, 1994). It would require a larger sample to confidently validate various risk theories. Qualitative or mixed methods research could usefully start from categories identified in this study, or a further exploratory strategy might again start from open coding (Richards, 2005). Alternatively, categories could be incorporated into a quantitative study (Bryman, 1988; Blaikie, 2000; Punch, 2005).

The research question situated the thesis most significantly in terms of Habermas' theory of communicative action (Habermas, 1984; Habermas, 1987) and its implications for involving parents. Insofar as parents' concerns derived from grounded experience that they might tackle pragmatically and rationally, rather than from an irrational, generalised, overwhelming sense of fear, communicative action informed by the theory of rational choice could realistically address them (Habermas, 1998). That would include negotiation and compromise (Habermas, 2001). Advocacy should enable parents to engage in communicative rationality geared to mutual understanding and non-coercive, unifying, consensus-oriented argumentative speech (Habermas, 1998).

Many parental concerns and hopes found in this research could be discussed both privately in respect of particular children's interests and more openly in public forums concerning children in general. Parents could benefit from information, advice and help to enable them to most

effectively participate in discussions; and some could move on to engage in wider discussions to influence services, policy and practice. That would be consistent with Habermas' emancipatory claims (Habermas, 1987).

Practitioners encouraged parents to speak to doctors, teachers, children's centre staff, midwives, family planning advisors, housing services, substance misuse workers and others to obtain information, guidance and help for themselves and children. Utilising signposting, referral and personal introductions; parents were encouraged to be open, ask questions and be assertive.

Where necessary, Practitioners contacted professionals and other staff directly to represent parents' views. Making contacts might be regarded as support, advocacy or both; and it could involve mediation, negotiation or direct representation or a combination²¹⁵. That would depend on the aims, for example, protectionist (Lindsey, 1992; Boylan and Dalrymple, 2009), pragmatic (Boylan and Dalrymple, 2009), empowering (Thompson, 2007) or liberationist (Boylan and Dalrymple, 2009).

Concerns arising from the juridification of family lifeworlds that Habermas' discusses (Habermas, 1987) could only be resolved in individual instances by participation in confidential decision-making forums of children's safeguarding and child protection. A number of families had these more demanding concerns; and parents needed support in interviews, decision-making forums and wider forums.

Advocacy, often following on from support, was incidental to other work, but accounts showed scope to develop it. Practitioners and substance

misusing (grand)mothers accounts of benefits to (grand)parents and children included an underpinning of self-esteem and self-confidence that would be crucial alongside understanding and skills (Brandon and Brandon, 2001; Thompson, 2007), particularly for active advocacy (Boylan and Dalrymple, 2009).

Parental concerns reflected tensions underlying efforts to rebalance a legalistic, protectionist response and a supportive and enabling approach to families (Parton, 2006). It was concluded that access to technical information via networks would be vital, as part of support and advocacy, to resolve practical concerns individually and in public forums (Brandon and Brandon, 2001; Lash, 2001). That would be all the more important where resolution of concerns requires participation in the complex, technical area of children's safeguarding and child protection. Parents would have to establish claims to truth, normative rightness, and truthfulness in communicative action (Habermas, 1998).

Such work is likely to involve support as much as advocacy, per se. It is perhaps optimistic to think that the amount of preparatory work involved in developing parents' capacity to participate in communicative action could be contained solely within an advocacy approach.

Advocacy would have a number of features. Advocacy should be rights-based, raise ethical grounds (Sen, 2004), reflect justice as 'responsibility for' (Bauman and Tester, 2001), and be informed by but not restricted to existing protocols concerning children's human rights (Sen, 2004). Advocacy should ultimately enable parents to challenge social

construction, stereotypes, stigmatisation, poor assessments and particular decisions. It would conform to communicative action (Habermas, 1984; Habermas, 1987; Brandon and Brandon, 2001) in an 'ideal' communication community (Apel, 1990; Habermas, 2001) bounded by rules of rational discourse (Alexy, 1990).

Advocacy should always have regard to children's needs, wishes and human rights; recognising that decision-making can be optimised only if *parents and children* have voice. That depends on a wider effort to remove restrictions on communication²¹⁶ (Habermas, 1971) via systemic advocacy (Boylan and Dalrymple, 2009) and a wider social movement of 'critical outsiders' (Brandon and Brandon, 2001; Davies, 2011).

A socially constructed, normative foundational approach to human rights would combine ethical public discussion in relevant communities with scrutiny from a distance (Whiteside and Mah, 2012). The capability perspective could accord human rights to children and persons who may have temporary or permanent impairments of capacity (Sen, 2004).

A theoretical advocacy model is needed that would pursue the principles of communicative rationality. It could empower parents, indirectly or as active advocates, to challenge staff in the regulatory child care framework to hear voices of families, including children, and to improve decision-making in children's interests. It should be consistent with direct professional advocacy, active advocacy by parents, recognition for active advocacy by children, systemic advocacy to promote wider change and encouragement of parents to network (Brandon and Brandon, 2001).

Various writers have emphasised the need for advocacy to be well defined (Bateman, 2000; Brandon and Brandon, 2001; Boylan and Dalrymple, 2009; Wilks, 2012). However, no specific advocacy model was found in the FaSST or in agencies networked, nor was a well-developed model found in the extensive literature search. Habermas does not elaborate on the advocacy he calls for in *The Theory of Communicative Action* (Habermas, 1987). He says little, either, about barriers to discursive decision-making created by relations of power, such as problems in socialisation, poverty, abuse, marginalisation, and institutional provision needed (Flyvbjerg, 1998).

Chapter 7 concluded that Trotter's empirical practice model (Trotter, 1999) might offer *starting points* for developing a theory, process and method combining support and advocacy. Trotter's model may or may not itself be suitable; but support could be served by elements that facilitate the welfare of parents and children; and the task orientation, person-centred approach and use of contract would be enabling and empowering. An appropriate model might lay more emphasis on building capacities through self-esteem, self-confidence and interpersonal skills.

Eclectic practice could be useful if planned and consistently carried out with consultation and supervision (Payne, 2005). Some substance misusing parents might ultimately gain capacities from support that is person-centred, task-centred and cognitive-behavioural work, or a combination; which could include individual, group-based and family work.

It is hard to see how any model, process and method could be developed and practiced safely without involvement of professionals or other long-

serving individuals of exceptional background and ability. Staff, volunteers and peer advocates would need systematic preparation, empirically-based knowledge and strong supervision to ensure consistent practice.

Enhanced interpersonal skills based on an understanding of habitus (Bourdieu, 2010) could augment parents' self-confidence and self-esteem, as a part basis of the 'power within' (Thompson, 2007) needed for active advocacy. With emancipatory goals for parents and children and informed by the theory of communicative action (Habermas, 1987), advocacy could implicitly reflect Foucauldian, Gramscian understanding (Davies, 2011).

Habitus is the embodied state of cultural capital that consists of, "long lasting dispositions of the mind and body" (Bourdieu, 1986: 47). That would be vital to help parents deal with professionally run services driven by regulatory governance and legalism (Parton, 1997).

Where some parents struggle to appreciate that social workers are employed in children's, not adults', behalf; there might be a disposition to dependence (Bourdieu, 2010). Thus parents who themselves grew up in public care could expect a social worker to resolve things for them as if still *in loco parentis*. Brandon and Brandon deal with similar issues, descriptively, in their account of advocacy (Brandon and Brandon, 2001).

Chapter 4 discussed theoretically how parents' statements could be misconstrued as self-seeking when they were sincerely child-centred, owing to difficulty in impression management (Goffman, 1959). Chapter 7 discussed Practitioner responses in which parental concerns may have been misunderstood.

Practitioners should therefore work with parents on issues of culture and habitus (Bourdieu, 1991; Schirato and Yell, 2000). Parents who are misunderstood might be construed as engaging in what Habermas would term dramaturgical action within systematically distorted communication (Habermas, 1984), prejudicing outcomes of participation.

Understanding relations of power, discussed at length in chapter 2, should help Practitioners and Parents reflect on how advocacy can promote children's interests and why it must acknowledge children's own right to voice (Bryson, 2003). Parents and advocates need to understand how power operates personally, culturally and socially (Thompson, 2007). All should reflect on how problems are individualised (McNay, 1994), on rationalisation and normalisation (Rodger, 1996) and on how to effectively offer resistance at micro or macro levels (Boylan and Dalrymple, 2009). 'Power with' and 'power to' should be promoted by understanding of children's needs and parents' and children's rights (Thompson, 2007).

Habermas views emancipation in terms of transformation of understanding of ourselves through reflection, involving removal of psychological blocks and identification of dominant ideologies (Outhwaite, 2006). His broader view of social science is promising in the context of work with marginalised groups. His themes of communicative rationality and communicative action (Habermas, 1987), communicative ethics and discourse ethics (Habermas, 1990c), and procedural universalism (Habermas, 1990b) have much to contribute to human emancipation and human rights.

Procedural universalism relies upon standards of the ideal speech situation (Habermas, 1998) that approximate with Alexy's rules and forms of practical discourse (Alexy, 1990). That means more than representing parents' views and ensuring that parents themselves conform to rules and forms of practical discourse. Advocacy should seek changes in how professionals and agencies engage with parents in interviews and in how decision-making forums operate (Brandon and Brandon, 2001), not least so that, increasingly, parents can be heard equally with other participants.

Support should consider each parent's stage of recovery, involve parents in service evaluation, raise consciousness of relations of power, and promote voice. A strengths model could thus support a 'realisation' narrative (Adams et al, 2012).

Advocacy should also involve opportunities for wider activity to influence the public, professionals, agencies and policy in a systems advocacy that,

.....influences change in the larger political and social arenas, because - without change at this level - positive change for individuals is difficult to achieve.

(Family Advocacy, 2000: 1)

Additionally, a 'Parent Participation Group' should provide opportunities for mutual support and to come to voice (Boylan and Dalrymple, 2009), as the 'Participation Group' did for children and young persons.

Finally, given that Habermas identifies participation in discourse as a path toward universal human rights, it follows that advocacy should as far as practicable offer opportunities for substance misusing parents to join networks, challenge prevailing stereotypes and enter political discussion

(Lash, 1994; Brandon and Brandon, 2001). Consistency requires that advocates help enable parents and indirectly children to 'come to voice' (Boylan and Dalrymple, 2009) within the perspective of a socially constructed, normative foundational, human rights approach (Whiteside and Mah, 2012) while reflecting on children's interests, rights and agency.

Encouraging parents to participate as fully as possible in discussions in decision-making forums of children's safeguarding and child protection thus requires understanding of Habermas' as well as Bourdieu's ideas. Using those ideas together could help overcome pitfalls referred to in earlier chapters, as outlined below.

- a. A parent might be incorrectly perceived as incongruent, hence as covertly seeking strategic success, hence engaging in teleological action (Habermas, 1998), rather than as acting from genuine belief in the rightness of a particular action. That may happen where;
 - i. cultural dispositions embodied in habitus affect how parents' speech acts are received (Bourdieu, 2010),
 - ii. a parent fears stigmatisation (Goffman, 1959), or
 - iii. a parent's latently strategic, distorted communication (Habermas, 1987) affects impression management.

Subject to confirmation of parents' actual intent, work would be needed on interpersonal skills.

- b. Parents' communication could be regarded as subjectively truthful but still be treated as latently strategic, systematically distorted communication (Habermas, 1979). It may be necessary to clarify

what is meant and what is being sought and how it can best be reconciled and put into words.

- c. Parents who experience strong emotions could express those in ingratiating behaviour (Jones et al, 1968), frustration-aggression (Sears et al, 1991) or learned helplessness (Seligman, 1975); which arise from cultural dispositions embodied in habitus (Bourdieu, 2010). Helping parents to alter such behaviour could avoid their being viewed as manipulative or strategic, which would otherwise frustrate equal participation in discussion and decision-making.
- d. Parents could be perceived as using defences of identification, denial, or projection, especially when dealing with staff whose backgrounds reflect therapeutic disciplines. Again unless, or until, parents can be enabled to present as communicating openly and transparently, they would be seen as engaging in latently strategic, systematically distorted communication (Habermas, 1979).
- e. A parent could conflate their own subjectivity (formed in their internal world) with normative validity if they claim superiority within a hierarchy of substance misusers (as a 'claim to truth') (Habermas, 1998). It is only fair to advise that professionals would perceive such a statement as minimalisation or as excusing and blaming, which are associated with resistance (Miller and Rollnick, 2002).
- f. Parents' cultural dispositions embodied in habitus could result in parents making frequent apologies and corrections that tend to reflect

a subordinate position in relations of power (Bourdieu, 2010), which may require increased self-confidence as well as coaching.

- g. Some persons could have less opportunity than others to speak and to listen as well as to question and answer in discussion, reflecting lack of the symmetry required by rules of discourse (Alexy, 1990), which are vital to communicative rationality (Habermas, 1990a).
- h. Communication could be “disturbed when.....presuppositions of direct understanding in an interaction are not satisfied” (Habermas, 1984: 131). Messages might need to be interpreted in a necessarily co-operative process in order to proceed with communicative action.
- i. Limited technical knowledge, unfamiliar jargon or cultural difference that limits understanding could increase parents’ concerns and issues of trust (Giddens, 1991). Parents might require specialist technical information from a wider network (Lash, 1994) or from support and advocacy, including legal provisions, procedures and jargon.

Some possibilities relate particularly to those who support or carry out advocacy or to child care agencies and their staff.

- a. Advocates could presume to ‘win’ solely by forceful, argumentative behaviour, which as noted earlier is inconsistent with Habermas’ wider concept of rationality. Supervision or coaching would be needed that promotes a more effective, less overtly conflictual approach (Habermas, 1987; Bateman, 2000; Wilks, 2012).
- b. A professional or agency could stymie advocacy by refusing co-operation to reach understanding (Habermas, 1987). Systems

advocacy would be needed before, alongside or following any other advocacy (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009).

The above necessarily presupposes that support and advocacy would be promoted by staff familiarised with a number of aspects of the theory of communicative action who also have an understanding of habitus. In practice staff would undoubtedly utilise a wider range of theories.

Developing parents' capacities for communicative action should have wider benefits for them and for their children. Encouragement to speak to staff in a range of services would address issues of trust (Giddens, 1991), which were described by Practitioners in this study.

Networks of agencies and activists could potentially offer much technical information and help parents understand and use that. Relationships formed during network activity would constitute increased social capital (Bourdieu, 1986). Even at this level, parents will sometimes need support to communicate with best effect, informed by Habermasian theory and a Bourdieuan understanding of habitus (Bourdieu, 2010).

Finally, advocacy roles could be seen as part of professional practice; but they might be carried out by a wide range of non-professionals, including peer advocates and citizen advocates (Brandon and Brandon, 2001; Wilks, 2012). It is implicit in the idea of active advocacy that people can and where possible should advocate in their own behalf (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009). Nonetheless, more fully defined support and advocacy in respect of substance misusing parents would almost certainly require, at least indirectly, a professional contribution.

Butler's critique of Habermasian social theory, that the language is "*decidedly unordinary*" for something that people in general might employ (Butler, 1995b: 138, with original italics), would also apply to Bourdieuan and Foucauldian language. That is a major issue for development of a method, model and process, which requires a more 'ordinary' language.

Even then, a workforce would be needed with so specific a working knowledge that professionals at initial qualification might struggle with it every bit as much as dedicated non-professionals. Therefore it is likely to be a specialist field for which a quite specific preparation will be needed. Furthermore, an ability is needed to help a wide range of people, who vary in how socialisation has prepared them to directly understand and use professional jargon, let alone even a simplified version of 'decidedly unordinary' language (Butler, 1995b).

Outstanding Matters and Overall Theoretical Formulation

Some theoretical matters that were beyond the scope of this research to explore could not be more fully developed in the thesis, and some that were identified only in the final stages of writing up can only be referred to. These will be briefly discussed before formulating an overall theorisation.

A survey of advocacy literature found neither a dynamic advocacy method nor as yet even one that is a work in progress. The need cannot be overemphasised for a specific advocacy method, model, and process consistent with Habermasian, Bourdieuan, Foucauldian and Gramscian theory. Discussion has drawn attention to elements of Trotter's work (Trotter, 1999) that might be incorporated into advocacy, but the work of

relating those to critical theory is at best a future prospect. Brandon and Brandon's concern that behaviourist techniques, used in Trotter's approach, may disempower must, and undoubtedly can, be resolved if reinforcement is to play the part that appears to be necessary.

A much more detailed consideration will be needed of how discourse ethics might inform advocacy (Benhabib and Dallmayr, 1990; Kelly, 1990). The eleven examples outlined above need to be expanded and analysed further in Habermasian and Bourdieuan terms as a basis for understanding how to support and enable parents to participate effectively in discussions concerning children's interests. Each needs to be looked at critically in terms of wider relations of power and how advocacy can contribute to empowerment while resolving issues through communicative action.

Advocacy with substance misusing parents in children's interests will need collective as well as individual and group approaches to address systemic issues (Brandon and Brandon, 2001). Identifying more fully how each might help overreached the research question and research objectives, which were to identify scope for advocacy. Further investigation is needed.

Reconciling apparently opposed ideas of Bourdieu, Foucault and Habermas might offer a more coherent understanding of issues of power, identity, agency and emancipation. Allen identifies convergence in these respective theorist's later work (Allen, 2008); but her very interesting work was seen too late for examination in this thesis and falls outside its scope. If these theories can be bridged, they might be employed more confidently in

constructing an advocacy to enable and promote substance misusing parents' participation in decision-making forums of child protection.

Turning to final theorisation, the research question situates the thesis in relation to Habermas (Habermas, 1984; Habermas, 1987) in terms of support and advocacy and the promotion of parental involvement and children's welfare in the regulatory child care framework. Findings reflect the penetration of legal protection and basic rights that Habermas describes into the family lifeworld as juridification with negative and unintended consequences (Habermas, 1987). Relevant parts of the sociology he expounds as a science of crisis can also be endorsed.

Habermas characterises drug culture in advanced capitalist society as a form of withdrawal (Habermas, 1973; Habermas, 1987). Some families affected by parental substance misuse did experience isolation and exclusion at certain times and convergence of lifestyle with juridification. The varied lives and circumstances of parents in this study suggest that it is simplistic to employ terms like 'withdrawal' or 'retreat'.

While much of social theory is terminologically challenging, Butler's point about Habermas' language must be taken (Butler, 1995b). His theory of communicative action must be made accessible if it is to help a wider range of individuals and groups. Support and advocacy workers can adapt their own speech in day-to-day practice, but Habermasian theory has yet to be adapted to an accessible language.

There is also a need to conform to particular principles or protocols (Department of Health, 2002; Lindley and Richards, 2002), without which it

is hard to envisage an advocacy that genuinely promotes communicative action. Protocols need to reflect an understanding not just of legal powers but of relations of power as they permeate the whole of people's lives (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009). Protocols should be observed on ways of working, safeguarding obligations and boundaries of confidentiality (Department of Health, 2002; Lindley and Richards, 2002). They should ensure each child's voice is respected (Boylan and Dalrymple, 2009); reflecting a socially constructed, normative foundational, human rights approach (Whiteside and Mah, 2012) that recognises children's interests, rights and agency. All protocols should be clarified at the start and recorded in an individual agreement (Brandon and Brandon, 2001).

Habermas called for advocacy in a context of juridification of family lifeworlds that distorts communication and its impact on families (Habermas, 1987). This thesis necessarily extends beyond his ideas insofar as he said relatively little himself about the forms advocacy might take. Theory and concepts were brought into the thesis from Foucault, Bourdieu, risk theorists, human rights theorists and others to examine research data in relation to the initial research question and research objectives. That has helped to begin to explore how Habermas' ideas might be given practical, ethical and fully emancipatory effect. In direct answer to the research question, support and advocacy with substance misusing women during pregnancy and after can promote parental involvement and children's welfare within the regulatory child care framework insofar as it is informed by Habermas' theory of communicative action.

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ENDNOTES

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- 1 'Misuser' is used in this thesis to represent unjustified use of one or more legal or illegal substance(s). The term may be used irrespective of whether use of a substance is regarded as problematic by the individual concerned. Thus deliberate use of a proprietary remedy or prescription drug at a dosage, frequency or duration that exceeds its therapeutic purpose is termed 'misuse'. The line between 'use' and 'misuse' may be thin, especially there is no maximum agreed dose.
 - 2 Habitus as Bourdieu defines it is a, "partly unconscious 'taking in' of rules, values and dispositions.....gained from our cultural history that stay with use across contexts" (Shirato and Yell, 2000: 42). It has also been described as, "a coherent set of values and orientations" (Duncan and Ley, 1993: 4).
 - 3 Punch regards that question-method fit depends on all components of a research project. The question should have conceptual clarity, and be part of a larger fit among the component parts of the research, including paradigm, study design, data collection procedures and data analysis (Punch, 2005).
 - 4 'Nomothetic' refers to those things that people tend to have in common or to more general principles, while 'idiographic' refers to those things that are unique about individuals; hence the former favours studying groups of people, while the latter favours studying individuals (Malim et al, 1992).
 - 5 A 'hypothesis' was provided in some formal documentation to conform to the standard pro forma required by South Manchester NHS REC.
 - 6 The research objective was decided before identifying the issue of how far the research can 'give voice' and the importance of ensuring that participants can 'come to voice'. Henceforth, the thesis generally uses the phraseology 'come to voice'.
 - 7 In Scotland the Children's Reporter ensures consideration of children's welfare needs via a Children's Hearing System that minimises adversarialism in contrast to the system in the rest of the UK. Cases may be referred on a number of grounds, including evidence of neglect, abuse or offence grounds (Daniel and Baldwin, 2010). In 2008 there were 50,314 children referred, of which 40,204 were other than for offending and 14,506 on offence grounds, with some overlap (Scottish Government, 2009).
 - 8 Reference is to Schedule 1, Criminal Procedure (Scotland) Act 1995. That lists offences, of such nature or seriousness that where conviction results in a sentence of imprisonment a Children's Reporter may treat it as a ground for action to be taken to protect children.
 - 9 Recommendations for future practice at *Families First* (Woolfall et al, 2008) had to some degree been incorporated already into work in the

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- FaSST, including trying to work more closely with GPs, availability of housing support, and follow-up for periods beyond one year.
- 10 South Liverpool Drugs Forum was at the time convened regularly via NHS providers, including the Drug and Alcohol Action Team, to link work of NHS, LA and non-statutory agencies.
 - 11 Sure Start began in 1998 in areas of especial need in the UK. It “aims to improve the life chances of younger children through better access to early education and play, health services for children and parents, family support and advice on nurturing” (Glass, 1999: 257). Plans in 2004 were to establish 2,500 (later 3,500) Sure Start Children’s Centres, no longer limited to areas of particular need.
 - 12 The NDTMS covers only England. It is accessible on-line using the View-IT application, allowing selection of various categories.
 - 13 “The expression juridification [*Verechtlichung*] refers quite generally to the tendency toward an increase in formal (or positive, written) law that can be observed in modern society.....the last stage (to date) led finally to the *democratic welfare state* [*soziale und demokratische Rechtsstaat*] which was achieved through the struggles of the European workers’ movement in the course of the twentieth century and codified” (Habermas, 1987: 357, original emphasis).
 - 14 The lifeworld [*Lebenswelt*] derived from Schutz and Luckmann (1973) is the “correlate of processes of understanding. Subjects acting communicatively always come to an understanding in the horizon of a lifeworld, which is formed of more or less diffuse, always unproblematic, background convictions. The lifeworld background is a source of situation definitions that are presupposed by participants as unproblematic” (Habermas, 1984: 70). Intrusion of formalisation into family life in the fourth stage of juridification introduces constraints on family members’ lifeworlds, tending to separate family members and disintegrate life-relations (Habermas, 1987).
 - 15 Time spent with service users in statutory and PVI sectors is equal averaging 26% (Baginsky et al, 2010).
 - 16 Addaction is a major treatment agency for adults, young people and young carers affected by substance misuse, with a significant presence on Merseyside and beyond. NSPCC’s FaSST has provided services on Addaction premises, and some parents the FaSST worked with received help or follow-up help from Addaction.
 - 17 SHARP is part of Action on Addiction, a large national agency. SHARP makes a very significant provision in Liverpool, relying on a 12-step approach. The FaSST works with a number of the parents who receive help from SHARP.
 - 18 The Social Partnership is a substantial local agency working with substance misusers on Merseyside and a training provider. One Practitioner received extensive training with the Social Partnership

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- before coming to NSPCC. The FaSST worked with parents who received help from The Social Partnership.
- 19 Mersey Care NHS Trust provides services for adult and for child and adolescent mental health as well as for services dealing with head injury, learning disability and substance misuse. At least one person had help from both the FaSST and Mersey Care's mental health services. It is likely that others had support from other Mersey Care provision.
- 20 Lyotard described post-modernity, "as incredulity toward metanarratives", including systems theory and structuralism, that seek to provide encompassing explanatory schemas for all that happens in the world (Lyotard, 1984). Although critical of metanarratives, he did much to popularise the concept (Giddens, 1991). Lyotard particularly critiqued Habermas (Roberts, 1995).
- 21 Culture is in descriptive terms the, "totality of communication practices and systems of meaning" (Schirato and Yell, 2000: 188). Culture can be looked at in terms of descriptive, historical, normative, psychological, structural and genetic definitions (Smith, 2001). Culture is also defined as symbolic representation, with "the whole framework of meanings and actions" (Thompson, 2003: 20).
- 22 Some writers use a concept of habitus in relation to risk society (Adams, 2006) or when acknowledging the risk society position on social class (Reay, 1997), while in new modernity it is, "the concept of practical experience (similar to Pierre Bourdieu's (1984) concept of "habitus")" (Beck, 2009: 18).
- 23 Rubin and Rubin clearly embrace feminist theory in terms of a critical theory that seeks to bring women themselves to voice. Post-modern theory is represented in the assumptions that reality is not fully knowable, truth is impossible to define and neutrality is impossible. Interpretive constructivist theorists are concerned with obtaining interviewee's views of their world and the events they have experienced; and they embrace different views of the same things as well as meanings that are shared in a cultural arena.
- 24 Punch cites Wolcott's distinction between theory verification and theory generation. 'Theory first' research starts "with a theory, deduce(s) hypotheses from it, and design(s) a study to test the hypothesis", and in 'theory after' research, "we do not start from a theory...the aim is to end up with a theory, developed systematically from the data" (Punch, 2005: 16).
- 25 'Chattel' was incorporated into law in Medieval England to denote property, whether animate or inanimate, since the more valuable item commonly held if a man had property was a cow. A man could be compensated for an assault on his wife or child, on the basis that their value was affected, but they could not seek compensation in their own right. They were thus treated 'as if they were chattel'.

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- ²⁶ The earliest forced child migration, to Virginia, was in 1618. The last child migrant to Western Australia arrived in 1968 (Parliament of Australia Senate Community Affairs References Committee, 2001).
- ²⁷ According to Beck, first order risks are tangible, often physical, like disease, while second order risks like unemployment or family breakdown that are less tangible and harder to recognise or control, have become more important (Bostock et al, 2005; Denney, 2005).
- ²⁸ It is ironic that confidence was higher at that time, when professional social work education had yet to reach a substantial proportion of LA social work staff (Youngusband, 1978).
- ²⁹ Beck used the term 'risk society and later moved to 'reflexive modernity' but prefers 'second modernity'(Boyne, 2003). In reflexive modernity society, its members would be more reflexive about actions that when undertaken as responses to one set of risks may in turn create a new set of risks, though as yet people are not necessarily reflexive. For example, Internet controls that are designed to protect children impinge on the balance of opportunity and risk in children's Internet use, but those issues are treated as if they are independent (Livingstone, 2003; Livingstone, 2010).
- ³⁰ Giddens writes of 'radicalised modernity' but resists notions of 'post-modernity' or 'second modernity' as premature, preferring to refer to 'late modernity' (Giddens, 1990).
- ³¹ 'Anthropogenic risk' refers to risk resulting from, or that might result from, human activity rather than from wholly natural events. Such risks are "person made" (Beck and Willms, 2004: 23).
- ³² There are contested knowledge fields insofar as experts themselves are increasingly unable to provide complete answers and may even doubt that there is a 'truth' to be discovered. Within 'realist' thinking, for example, scientific understanding is seen to 'approximate' reality', departing from the positivism of Popper and Kuhn somewhere between objectivism and relativism.
- ³³ Rupture in this context refers to breakdown of public trust in experts.
- ³⁴ Beck rejects the relativism of post-modernism, but he embraces some of its ideas, including social construction. What post-modernism sees as chaos or lack of pattern, Beck interprets as risk (Giddens, 2006).
- ³⁵ These Foucauldian concepts are used in discussion of the body and relations of power. Foucault identifies moralising and normalising influences of carceral, institutional prison and asylum settings, particularly identifying moral treatment from the 19th century in the Yorkshire Retreat (Foucault, 1961), and as the thaumaturgical figure of approval and disapproval in Freudian psychoanalytic practice (McNay, 1994). Normalisation began in early penal settings; and it continues in social work, criminal justice, psychology, etc. Foucault mentions moralisation directly in his 11 January, 1978 lecture when discussing bio-power and mechanisms of power (Senellart, 2004);

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- normalisation in his 15 January, 1975 lecture looking at madness and crime in relation to medical and judicial power (Foucault, 2003); and normalising judgement in *Discipline and Punish* (Foucault, 1977).
- ³⁶ Active advocacy involves people speaking for themselves (Boylan and Dalrymple, 2009). Brandon and Brandon are less clear about how far active advocacy equates with self-advocacy and collective advocacy (Brandon and Brandon, 2001). Advocates could face dilemmas when women themselves hold views that are socially constructed, particularly when expressing those that may positively or negatively influence outcomes or how women feel about themselves.
- ³⁷ O'Malley and Valverde identify early use of the word 'craving' in a report by Rowntree and Sidwell in 1899, where it denotes, "an effect and an intensifier of bodily misery", and the, "traditional valorisation of the excesses of the lower orders" (O'Malley and Valverde, 2004: 34). It was used later by psychologists and the temperance movement.
- ³⁸ Ettore refers to "'hegemonic' moral panics" (Ettore, 2004: 326); but the article cited (McRobbie and Thornton, 1995) questions both the extant concept of moral panic and use of hegemony, describing it as out of date and arguing that increasingly marginalised groups themselves have their own media or manipulate the mass media.
- ³⁹ Actuarialism uses calculative approaches to standardised risk measurement in place of risk assessments based on individual knowledge and ability (Koubel and Yardley, 2012). In children's safeguarding and child protection its purpose is to avoid errors; but it has resulted in deprofessionalisation of social work; and new anxieties about gathering required information and meeting assessment deadlines increase pressures on families (Foster and Wilding, 2000).
- ⁴⁰ Vincent maintains that the UK definition of 'harm' includes substance misuse in pregnancy (Vincent, 2010) but that is unclear. The Children Act 1989 defines harm in more general terms, neither mentioning substance misuse, nor much less pregnancy. *Working Together* Guidance outlined potential sources of harm associated with drug misuse and alcohol misuse, but it also cautioned that substance misuse in pregnancy does not always lead to harm (Department for Children, 2010).
- ⁴¹ A 2011-12 study of 6,915 UK children considered mothers' alcohol use and children's balance at age 10 (Humphries et al, 2013). It showed no adverse effect on children of moderate maternal alcohol use in pregnancy. An apparent beneficial effect of greater use was explained by a confounding factor, i.e., higher alcohol use coincided with greater social advantage. This confounding effect may explain some studies in which alcohol use has been associated with *better* neurodevelopmental outcomes, and it may explain why previous studies have not led to consensus about alcohol use in pregnancy.
- ⁴² 4X175 mm glasses of wine per day is 8.4 units daily against a recommended level of 4.2–6.3 units for a woman who is not pregnant

or 6.3–8.4 for a man. However, 4X294 mm glasses of 4.5% beer would be 5.6 units (Drinkaware, 2012).

- 43 Lyotard describes meta-narratives of ‘emancipation’ and ‘progress’, tracing those to their origins and concluding that they are unsatisfactory in post-modernity (Lyotard, 1984).
- 44 On Merseyside both the Social Partnership’s Alcohol Recovery Project and Park View Project employ substantial numbers of former substance misusers. Mentors in one programme are all recovered former substance misusers, whose own narratives may both reflect and influence narratives of others.
- 45 Anne Robinson’s autobiography recalls a similarly shaming impact when, ironically, a UK judge pronounced that, “I do not find her an unfit mother”, and then placed her daughter in, “sole custody, care and control”, of her former husband in 1973 (Robinson, 2001: 139).
- 46 A wide range of cannabis treatments have been used historically in obstetrics and gynaecology, whether or not efficacious (Russo, 2002). Contemporary anecdotal accounts and research suggest that cannabis treatments can resolve morning sickness, prolong gestation, revive contractions in exhausted individuals and manage uterine bleeding. Deleterious effects are limited; and some, such as reduced birth weight, may result from confounding factors.
- 47 It is by no means clear that this model need be utilised only in that way, for emphasis can be put on how social relationships and social context provide triggers for addictive or dependent behaviour (DiClemente and Prochaska, 1998). Some substance misusers undoubtedly find the model empowering.
- 48 Pastorship is, “a form of regulation that is originally extraneous to the realm of the state but is eventually absorbed into governmental techniques” (McNay, 1994: 119).
- 49 Interpolation is the process by which cultural institutions produce ‘cultural identities’ for individuals and groups (Shirato and Yell, 2000).
- 50 Foucault describes the generalisation of surveillance as panopticism in a disciplinary society where the disciplinary mode of power is infiltrated into all areas, including schools, workplaces, hospitals, etc.
- 51 Rationalisation in the Foucauldian sense is not the general rationalisation of Weber but rather a question of specific rationalities. For example, rationalisation in respect of the regulation of sexuality initially served the purposes of reproduction of the workforce and later fulfilled a multiple set of channels. The first phase suppressed sexuality, while the second desublimated it (Foucault, 1978). The regulation of substance use might be seen similarly, with some drugs having become prohibited over time and others encouraged or tolerated, including some that once were severely regulated or prohibited (Davenport-Hines, 2001; Booth, 2003; Moxham, 2003).

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- 52 “Systemic advocacy seeks to initiate change in systems that impinge on.....lives” (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009: 88). Cause advocacy links individual concerns with pursuing social justice, often via legal or policy change (Wilks, 2012). It is not clear how far the difference is just terminological. Brandon and Brandon outline a theory of the ‘service forum’ whereby advocacy should challenge service postures at organisational or policy level and service cultures in terms of organisational culture (Brandon and Brandon, 2001).
- 53 Civil society was represented in Greek and Roman times as synonymous with the state or political society, much as it was taken up by Locke, Kant and Rousseau in political thought up to the 18th century. Locke, Paine, and Smith separated civil society from the political state. Hegel assigned it the modern meaning as a separate area of ethical life, including social and civic institutions, sitting between family and state. While Marx narrowed civil society to cover only private property and market relations, Gramsci returned to Hegel, linking civil society to hegemony; a view utilised in Davies’ challenge to network governance (Davies, 2011).
- 54 “Ideologies try to convince groups in a culture that the value that is assigned to certain signs or markers of difference (gender, skin, colour) is natural” (Shirato and Yell, 2000: 74).
- 55 Bourdieu largely avoids the term ‘False consciousness’ that is used extensively in Marxist/Gramscian analyses of power. In *Language and Symbolic Power* he refers to, “the apathy (false consciousness) of the dominated classes” (Bourdieu, 1991: 167). In *Masculine Domination* he argues that exposing false consciousness in order to instigate change is inadequate because – “for lack of a dispositional theory of practices – [of] the opacity and inertia that stem from the embedding of social structures in bodies” (Bourdieu, 2001: 40).
- 56 “Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition – in other words, to membership of a group – which provides each of its members with the backing of the collectivity-owned capital, a ‘credential’ which entitles them to credit, in the various senses of the word” (Bourdieu, 1986: 246).
- 57 Luke’s three-dimensional view of power (wherein social patterns effect social relations) contrasts with a one-dimension view of power (ability to achieve ends) or a two-dimensional view of power (controlling the agenda) (Thompson, 2007). An intentional stance recognises that agents don’t always know how far they are participants in their own domination, nor do agents who are dominant always know that they are dominant (Dowding, 2006). In that sense neither those who acquiesce in being dominated nor those who are dominant, owing to subtle collective action problems, necessarily occupy the same power relations or have the same moral responsibility.

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- 58 “Power to’ equates with the individual, dispositional model of power”.....’power over’ refers to how power can be used to dominate, to produce a relationship of subordination.....’power with’.....involves a sense of the whole being greater than the sum of the individuals, especially when a group tackles problems together.....’power from within’ [is] the spiritual strength and uniqueness that resides in each one of us and makes us truly human, its basis is self-acceptance and self-respect.....” (Excerpted from original text and quotes in text, Thompson, 2007: 14-16).
- 59 Denis O’Neill was neglected, ill-treated and beaten to death aged 13 by his foster father in the early 1940s. The Curtis Committee looked at the welfare of children in foster homes and residential children’s homes, who often had no visitors, and experienced variable standards of care. Evacuation revealed that many children were experiencing infestation, malnutrition and other significant health problems and were poorly clothed.
- 60 In this context, ‘*benign*’ means ‘without a capacity to harm’. Illich and others identify how medical interventions can prove harmful, conceptualising it as ‘iatrogenesis’ (Goldstein, 1979; Armstrong, 1994). Iatrogenesis arises from false positives, false negatives, treatments, side effects and institutionalisation. Poor definition of child abuse in itself risks iatrogenic harm to children and families.
- 61 Social work was a profession staffed more by women than men in practitioner grades but nonetheless managed almost entirely by men, reflecting values of family and patriarchy (Coulshed et al, 2006). Paternalistic social work offered *maternalistic* support; and social work’s caring role expressed a gendered trait, matching the gender of those who, as mothers, they were most likely to meet (Orloff, 1996; Misra and Akins, 1998).
- 62 ‘Help in kind’ is non-cash, material help.
- 63 An ‘association’, where two variables move in tandem, does not denote causation; and even measures of correlation cannot resolve causation (Moser and Kalton, 1971).
- 64 Research published in 1946 documented skeletal injury and subdural haematoma; work published in 1953 suspected parental carelessness; and a paper in 1955 first suggested that parents or others may have deliberately caused injuries (Jones et al, 1987).
- 65 Mid-19th century disease control efforts utilised an epidemiological approach; moving from general concerns about air, light and ventilation to fully embrace a bacteriological disease theory (King, 1972). Modern epidemiology studies ill-health in populations rather than individuals (Lilienfield, 1978; Milner, 1998), while the ‘disease’ model itself still assumes scientific rationality, objectivity and reductionism and emphasises individual ‘patients’ (Helman, 1994). Child abuse gave doctors a chance to seek explanatory characteristics in the 1970s among abusive parents and families

(Parton et al, 1997), when the issue began to be researched in the USA (Kennison and Goodman, 2008).

⁶⁶ Foucault regarded power relations as embedded within discourse (Thompson, 2003). “Social discourse positions subjects in a field of power relations and within particular sets of practices” (Layder, 1994: 95). Discourse systematically organises knowledge and experience; conveying that the author has a facility others do not have. Thus Kempe’s model allows control by doctors over parents, children and other professionals, albeit UK social workers did not immediately lose their central role in co-ordinating responses to child abuse.

⁶⁷ Abandonment, neglect, exploitation, physical abuse, sexual abuse and infanticide had all been highlighted in campaigns in previous periods. In a lecture at the University of Liverpool in 1970 on ‘the battered child’, Kempe included failure to thrive, referred to neglect, mentioned a ‘battered child’ and suggested asking any older child if s/he tries to, “look after Mummy” (Unattributable Notetaker, 1970).

⁶⁸ DHSS gained responsibility for Social Services Departments, which incorporated the work of Children’s Departments from April 1971.

⁶⁹ Maria Colwell’s death dominated professional journals and wider media from 1973 until after the Report’s publication in 1974. Her former foster parents recounted efforts to persuade social workers not to return her to her natural mother. New provisions in the Children Act 1975 addressed those issues; but social workers continued to be pilloried. “Child abuse inquiries followed thick and fast in the 1970s, with much criticism of social workers for exposing children to risk in their birth family homes” (Fox-Harding, 1996: 163-164). Strong pressure favoured removing children permanently from abusive situations, rapidly increasing numbers in care.

Stanley Cohen describes similarly as ‘moral panic’ how a media inspired police reaction to youth culture resulted in larger social problems in the 1960s, reflecting a process of ‘media amplification’.

⁷⁰ Diagnostic inflation is the tendency to incorporate more and more individuals, made more likely if diagnostic categories are vague (Dingwall, 1989).

⁷¹ Jasmine Beckford, aged 4, was starved and beaten to death by her stepfather, having had only one visit from a social worker over a period of months despite having been in care for 2 ½ years previously.

⁷² Earlier enquiries revealed what could have been considered evidence of sexual abuse, e.g., the Darryn Clarke Inquiry was aware that Darryn’s penis had been mutilated.

⁷³ Ironically, Cleveland identified both a reliance on poorly validated data and an irrational rejection of a growing body of opinion among paediatricians by two police surgeons; which begs the question of whether ‘medical science’, or lack of evidence-based medical practice, should have been at issue.

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- 74 This effectively became the difference between cases where there would be assessment under s.17, CA 1989, which might lead to advice or supportive services, and others where investigation under s.47 might lead to intervention.
- 75 A signifier is a carrier of meaning (Hodge and Kress, 1988).
- 76 Secondary prevention is specific to individuals exposed to risk who may experience serious problems if such help is denied. An agency may, for example, provide support for children's carers. Tertiary prevention refers to intervention in situations where problems already exist and deterioration is likely without intervention. An agency may, for example, intervene to help a mother with depression whose child lacks stimulation and would otherwise be developmentally delayed.
- 77 Used in social work for many years (Brearley, 1982), it was relatively superficial and less helpful than other approaches (Denney, 2005).
- 78 The *Quality Protects* initiative addresses a number of sources of risk to children and young people, including staff recruitment and selection, supervision, care plans, standards and rights.
- 79 There are helpful strengths models such as the 'Three Houses Model' and variants which were praised by Munro (Munro, 2011a). The 'Buffalo Model' is used in Scotland and some parts of England.
- 80 The rule of optimism or hope, while essential to effective social work (Trotter, 1999), is implicated in some serious case reviews as a source of error (Rapoport, 1970; Munro, 1999).
- 81 "This in turn conceals an irony, the irony of the promise of security made by scientists, companies and governments, which in wondrous fashion contributes to an increase in risks" (Beck, 2008: 2).
- 82 Another debate surrounds how decisions about pollution, for example, mean that harm could be shared equally by those who have made decisions. Some therefore argue that Beck's view that risk has replaced social class as the key source of inequality is wrong, but Beck's view takes into account that harm is not always distributed straightforwardly (Arnoldi, 2009). "This does not exclude risks from being distributed in a stratified or class-specific way.....risks seem to *strengthen*, not to abolish, the class society" (Beck, 1992: 35). Nonetheless, in the UK, Giddens' (Giddens, 2000) and New Labour's (Social Exclusion Unit, 2001) thinking, which was inspired by risk theory, largely replaced discourses around social class and poverty with new ones around social exclusion linked to concerns about childhood risks and fear of crime and anti-social behaviour.
- 83 'Fabricated illness' was initially termed 'Munchausen's syndrome by proxy'. A Royal College of Paediatrics and Child Health working party favoured 'fabricated or induced illness' as a term because, "Munchausen's by proxy' is no longer appropriate or helpful and should be abandoned" (Royal College of Paediatrics and Child Health, 2002: 9). Revised documentation advises that, "Detailed descriptions

of the impact of the carer's behaviour on the child are more useful than 'pseudo-diagnostic' labels" (Royal College of Paediatrics and Child Health, 2009: 11). This new claim to 'knowledge' recalls early developments leading to the discipline of psychiatry wherein doctors developed a descriptive formula that elevated their experience of 'disease', even if superficial, as accurate (Foucault, 1973).

- ⁸⁴ 'Shaken baby syndrome' has alternative explanations. It assumes that three symptoms – brain swelling, retinal haemorrhage and subdural haematoma - occur solely with violent shaking; questioned by the Court of Appeal as at best a hypothesis in litigation (Court of Appeal, 2005).
- ⁸⁵ McKnight's thesis could apply to advocacy if expanded to a large scale. Advocacy is a burgeoning area for various groups, including substance misusers, though not for substance misusers as parents, *per se*. Substance misusing parents can be, however, especially vulnerable without support and advocacy owing to juridification.
- ⁸⁶ Probabilistic risk deals with measurable risk where the *a priori* probability of particular outcomes is known. Statistical risk is based on collecting and analysing information about previous events and extending that forward as a predictive judgement. Otherwise risk can only be estimated, which is mostly how individuals and organisations make day-to-day decisions (Boyne, 2003).
- ⁸⁷ 'Diachronically' means not static (May, 1997). As one is eliminated another may well emerge or an existing one may be adapted.
- ⁸⁸ Subsidiarity is the principle of keeping decisions at a higher level only where necessary (Burns et al, 1994), which is consistent with denationalisation and supra-national governance, e.g., within the European Union.
- ⁸⁹ Davies critiques assumptions that network governance can facilitate participation, picked up later in chapter 4, when discussing potential for utilising networks in advocacy.
- ⁹⁰ Autotelic denotes, in an activity or a creative work, having an end or purpose in itself (Soanes and Stevenson, 2006: 108).
- ⁹¹ Davies is here summarising others' views, not his own, in the context of his own critical examination of network governance, about which he is deeply critical.
- ⁹² Persons with more than one diagnosis are often referred to by the term 'dual diagnosis', in this context referring to persons affected by mental illness and substance misuse. Following incidents in which serious assaults or self-harm were attributed to such persons; drugs agencies have increasingly been expected to work closely with social workers, and community psychiatric nurses and psychiatrists to monitor such persons. The term is problematic insofar as it is also used in connection with learning disability and mental health problems and in other combinations.

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- 93 Later, Spratt and Callan write that, “we have endeavoured to draw attention to a degrading of the links between policy and practice wherein the performance has become a performance” (Spratt and Callan, 2004: 221). They cite the many exhortations to follow policy in official documents and in reported research, and their sometimes political content, which have deeply affected practice.
- 94 Language may be more than representation (Thompson, 2003: citing Shotter). The ‘language of governance’ reinforces discourse that legitimates social workers to act on a centrally determined evidence base and work within prescribed assessment frameworks.
- 95 Digital democracy includes cheap, fast broadband access for all.
- 96 ICS is a national standard of assessment, documentation and data management that each UK LA must utilise. Each authority designs or commissions an IT solution to support it.
- 97 The Common Assessment Framework is a web-based IT system linking agencies. Social workers, teachers, health workers and others enter information about individual children to obviate repetition of assessments by a range of agencies. The Common Assessment Framework is also a common reference point to facilitate communication among agencies. ContactPoint was intended to provide another common reference point but has now been cancelled.
- 98 Peter Connolly died aged 17 months with over 50 injuries in 2007 in the London Borough of Haringay, where Victoria Climbié had died in 1998. Opportunities to intervene were missed in each case, but in his case there had been many more home visits. His death led to the Munro Review of Child Protection and plans for transformation of children’s services, regulatory frameworks and social work education.
- 99 The five outcomes are ‘being healthy’, ‘staying safe’, ‘enjoying and achieving’, ‘achieving economic well-being’ and ‘contributing to the community’.
- 100 The General Social Care Council was the registration body for social work, which also dealt with disciplinary matters and regulated social work qualifying and post-qualifying programmes. It closed in 2012 and its functions were distributed to the College of Social Work and the Health and Care Professions Council.
- 101 The Social Care Institute of Excellence is a source of information for evidence-based practice in the development of UK social work. It marshals together numerous resources for social workers, which can be used for professional updating.
- 102 Unsupported, precipitous withdrawal from alcohol is believed to have caused many deaths. Deaths from delay in disseminating information about that would be *upstream systemic failure*. Such deaths would only recently have become attributable to *active failure by staff* as for a long time they could not have known, i.e., it was a *latent condition*.

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- ¹⁰³ Partnership is more than involvement or participation; information and decisions must be shared, and it involves redistribution within power relations of professionals and service users (Jordan, 2001).
- ¹⁰⁴ In the managerialist context of Peter Connolly's death, partly referring to an interview of Eileen Munro on Radio 4' Today programme, Wastell and White note that, "The result is a system that is bureaucratically perfect – literally, no one is to blame – and humanly a nightmare.....As the LSE's Eileen Munro noted: 'Haringay had a beautiful paper trail of how they failed to protect this baby'.....The ICS fails on all counts" (Wastell and White, 2010: 109). Thus management establishes formal procedures to maintain a satisfactory audit trail, ensuring that risk is transferred or reduced.
- ¹⁰⁵ Green describes 'the shared *telos*' of a profession or a craft as the core values and standards. After MacIntyre, Green suggests that the best practices are identified in relationship to the *telos* (Green, 2009). At best performance measures only vaguely reflect values, and if timescales are shortened and rigidified they may make some values impossible, for example, precluding work in partnership with parents or collaborative work with a variety of others.
- ¹⁰⁶ Luckock does not state what the 'paradigm' or 'paradigms' might be, but clearly has in mind proceduralism and managerialism, which tend to be antithetical to ethical, professional practice founded on a more critical understanding of values, theory and research.
- ¹⁰⁷ While each of these models has its place in assessment, a sound assessment that treats people as having real knowledge and often an expertise on their own problems tends to incorporate an exchange model wherein staff follow what people are saying and seek to use service users' internal and external resources to help them identify how to meet what as far as practicable are their own goals. A questioning model assumes that staff have all the expertise, and a procedural model is more suited to service delivery by relatively less informed staff, often using checklists (Milner and O'Byrne, 2009).
- ¹⁰⁸ At one point, completion of more Common Assessment Framework (CAF) assessments is cited as a benefit of those assessments. However, an argument that X is (choose an adjective) because there is more of 'X' amounts to 'arguing in a circle', hence it is a material fallacy (Ross and Haag, 1962). Even seen as an attempt at enthymeme, syllogistic reasoning in which the major premise is unstated, the major premise would be open to challenge (Freeley, 1966), and the conclusion would have anyway to be modified. For example, if the major premise is that it is beneficial to share the content of the CAF, then the minor premise that more CAFs are being completed would lead to a 'valid' conclusion that the Framework should have beneficial effects. A CAF might be regarded as a 'wicki-assessment', but with no more validity than its poorest contribution!

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- 109 The focus here is not the limits of knowledge, or more pejoratively a lack of sophistication, but rather “being uninformed or misinformed about facts or ideas that are *deemed* to be known.....or more precisely.....*claimed* to exist” (Ungar, 2008: 303, original emphasis).
- 110 Micro resistance is a Foucauldian concept explaining how individuals and groups who are oppressed nonetheless show resistance, albeit not necessarily continuously (Feenberg, 1991). McNay comments that, “.....if power generates a multiplicity of effects, then it is only possible to discern these effects by analysing power from below, at its most precise points of operation – a microphysics of power” (McNay, 1994: 91).
- 111 Assertive casework has long been used to keep contact with those who are reluctant to engage with mental health and other services, ensuring they know what is available and how to seek help in future.
- 112 “Speech acts.....serve to express lived experience, that is, they serve the processes of self-representation – in which case the speaker makes reference to something in the *subjective world* to which he has privileged access” (Habermas, 1990c: 136, original emphasis).
- 113 Individualism has a number of variants; it is apparent in the atomism of behaviourist theory and in the writing of Spencer, for example, which has a Darwinian emphasis (Lukes, 2006).
- 114 *Legitimation Crisis* (Habermas, 1973) discusses crisis at length as issuing from unresolved steering problems, which subjects may or may not consciously know about, relating to the connection of life-world and system. There can be *economic, rationality, legitimation* or *motivation* crises. I would infer from his account that there is scope for substance misusing parents to be affected by a legitimation crisis arising as inputs from the political system or economic system or by a motivation crisis arising as outputs from within the socio-cultural system. Habermas characterises drug subculture in relation to legitimation crisis in advanced capitalism, quoting Keniston, as “retreatist”; contrasting it with, “the student movement, revolts by school children and apprentices, pacifists and women’s lib”, on the ‘activist’ side (Keniston, as quoted in Habermas, 1973: 92).
- 115 Wittgenstein describes how in terms of language games the meaning of words and concepts may have some commonality in usage or interpretation yet will often be used slightly differently, with a likelihood that they will sometimes lead to misunderstanding, ambiguity, frustration, etc. (Thompson, 2003).
- 116 “Austin used illocution to denote the act of uttering sentences with propositional content.....he contrasted the force of an utterance with its meaning, conceived as a property of the sentence uttered” (Habermas, 1998: 7-8). Habermas proposes an adaptation, bringing meaning and force together; hence meaning is not separate from the act of uttering a sentence. Thus Habermas joins Austin and Searle in moving beyond assertoric and descriptive modes of language to

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- address more ways of using language, including, acts of promising, requesting, warning or confessing. His concept of illocutionary force as a rational force includes the speaker's implied undertaking to give reasons if challenged.
- 117 Hermeneutics is concerned with the theory and practice of understanding, particularly interpretation of meaning in texts and actions. Habermas aimed to integrate hermeneutic philosophy with other traditions, including, phenomenology, pragmatism, linguistics and Freudian analysis (Bleicher, 2006).
- 118 Weber's rationalisation is a generalised process that involves a disenchantment of pre-reformation religious belief, which he regarded as an important step toward rationality (Gane, 2002).
- 119 "On a *metatheoretical level* [sociologists] chose basic concepts [of action theory] that were tailored to the growth of rationality in the modern lifeworld. Almost without exception, classical figures of sociological thought sought to lay out their action theory in such a way that its basic categories would capture the most important aspects of the transition from 'community' to 'society'. On a *methodological level* the problem of gaining access to the object domain of symbolic objects through 'understanding' was dealt with correspondingly. Understanding rational action orientations became the reference point for understanding all action orientations. This connection between (a) the *metatheoretical* and (b) the *methodological* question of a theory of interpretive understanding..... that clarifies the internal relation between meaning and validity....was connected with the *empirical* question – whether and in what sense the modernization of a society can be described from the standpoint of cultural and societal relationships" (Habermas, 1984: 5-6, original emphasis).
- 120 Reification, "refers to the process by which the products of the subjective action of human beings come to appear as objective, and so autonomous from humanity" (Edgar, 2006: 563). While reification has a more specific meaning in Marx's writings, it is treated more generally by some, for example, Adorno, for whom it is the basis of a theory of social determination of language and thinking; and Berger and Luckmann, who see it as an extreme step in objectification.
- 121 Decentration of ego enables children, as they develop to adulthood, to reach a point where they are able to form a lifeworld with its always unproblematic, background convictions and to participate in communication communities. "The world-concepts and the corresponding validity claims provide the formal scaffolding with which those acting communicatively order problematic contexts of situations, that is, those requiring agreement, in the lifeworld, which is presupposed as unproblematic (Habermas, 1984: 70).
- 122 In Occidental society the sacred has been delimited in a process of disenchantment while mythical worldviews (that persist in some other societies) have become linguistified, a precondition for the creation of

a domain of objectivity in an external world, which permits development of a domain of subjectivity in an internal world. The traditional later gave way with development of an ethic identified with reformation ideas and capitalism that relies on normative behaviour (Habermas, 1984).

- ¹²³ When the reproduction processes of cultural reproduction, social integration or socialisation are, “interfered with, there arise disturbances in the reproduction process and corresponding crisis manifestations: loss of meaning, withdrawal of legitimation, confusion of orientations, anomie, destabilization of collective identities, alienation, psychopathologies, breakdowns in tradition, withdrawal of motivation” (McGrath, 1984: xxv).
- ¹²⁴ The requirement Habermas makes here for co-operation between two or more persons is a problem for advocates who presume they can ‘win’ solely by argumentation (Habermas, 1987). It would be equally so insofar as ego (advocate/parent) may be stymied if alter (social worker/agency) refuses co-operation necessary to understanding. In the latter instance, systems advocacy (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009) would need to precede or work alongside other efforts.
- ¹²⁵ A perlocution is a communicative act with an action as its aim that does not itself effect or constitute the action (Soanes and Stevenson, 2006).
- ¹²⁶ The objective world is, “the totality of all entities about which true statements are possible”; the social world is, “the totality of all legitimately regulated interpersonal relations”; and the subjective world is, “the totality of the experiences of the speaker to which he has privileged access” (Habermas, 1984: 100).
- ¹²⁷ Habermas distinguishes communication acts in terms of, “domains of reality”, “attitudes of the speaker”, “validity claims under which the relations of reality are established” and “general functions that grammatical sentences assume in their relations to reality” (Habermas, 1979: 68). Propositional truth relates to the objective world; normative rightness relates to the social world; and subjective truthfulness discloses the speaker’s subjectivity.
- ¹²⁸ Assertoric sentences express the speaker’s belief or knowledge, which may be true or false, that something is the case (Habermas, 1987). These give communicative acts power to coordinate actions via rationally motivated agreement. Intentional sentences express the speaker’s intention to perform an action so that something will be the case. They can be reconstructed from teleological sentences.
- ¹²⁹ Habermas states that, “false consciousness, whether collective or intra-psychic, in the form of ideologies or self-deceptions, is accompanied by symptoms, that is, by restrictions that participants attribute not to the environment but to the social life-context itself, and that therefore, they *experience* as repression, however, unacknowledged” (Habermas, 1987: 234). He also refers to

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- fragmented consciousness, when everyday consciousness is robbed of its power to synthesise, enabling colonisation of the lifeworld.
- 130 Habermas says little specifically about race, ethnicity, or women. He uses a concept of intersubjectivity in relation to the shared lifeworlds in which groups may have widely varied experience (Habermas, 1984). He writes that “the interrelation of the objective, social, and subjective worlds gets prejudged for participants in a typical fashion” (Habermas, 1987: 187), which is consistent with the concept of intersectionality.
- 131 Project8 worked with substance misusers with mental health and domestic violence issues for a number of years, closing in 2007
- 132 Logos is a word of Greek origin that refers to ‘word, reason’ (Soanes and Stevenson, 2006: 1031).
- 133 Habermas uses force only in the sense of ‘the force of argument’. Any other use of force is inconsistent with communicative action.
- 134 Teleology is, “the explanation of phenomena by the purpose they serve rather than by postulated causes” (Soanes and Stevenson, 2006: 1813). Teleological action involves a choice of means to bring about particular ends in goal-directed, problem solving in the objective world, fitting a strategic, utilitarian model (Habermas, 1984).
- 135 Lack of congruence is identified by professionals when they detect inconsistency between statements made and non-verbal aspects of interpersonal communication.
- 136 In latently strategic action at least one party engages in self-deception, that what they are seeking to do is merely engaging in communicative action, not in action oriented to success. Thus ego unconsciously and, “*inconspicuously* employs successful illocutionary acts for perlocutionary purposes” (original emphasis, Habermas, 1998: 140). Perlocutionary purposes are those that go beyond, “the understanding and acceptance of speech acts under illocutionary success” (Habermas, 1998).
- 137 The frustration-aggression hypothesis assumes that anger comes from frustration or attack, and expressing anger reduces aggressive in those in whom it has built up through frustration or attack (Sears et al, 1991).
- 138 Learned helplessness is the state of a person who loses motivation, mental clarity or health following (a) significant event(s), owing to a series of previous, often minor, experiences of inability to control or influence their environment (Seligman, 1975). It can also arise from never having had to do so, e.g., while a ‘Looked After’ child.
- 139 Greater participation is a legitimate, desirable goal for systems advocacy that would promote children’s rights and voice.
- 140 S.8, CA 1989 relates to a residence, contact, prohibited steps or specific issue order. Part IV relates to supervision, education supervision or care orders or to interim orders or discharge or

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- variation of those orders. S.1(1) specifies which CA 1989 provisions are subject to paramountcy.
- ¹⁴¹ This is clearly intended in the Foucauldian sense of normalisation and moralisation.
- ¹⁴² The Official Solicitor may be appointed in respect of *any party* to family proceedings, often being appointed for a child in proceedings in which it is concluded that separate representation is desirable.
- ¹⁴³ Bauman settled on *Individualised Society* for his own volume.
- ¹⁴⁴ Others conflated Bauman's postmodernity with post-modernism, from which he seeks to differentiate his own ideas. He regards Giddens' late modernity' as "empty", like postmodernity and Beck's second modernity, so Bauman proposes liquid modernity as both "continuous (melting, disembedding) and discontinuous (no solidification of the melted, no re-embedding)" (Bauman and Tester, 2001: 98). He cites Bourdieu's analysis of culture in history and the present, and relegates past exclusivity in culture to Beck's 'zombie category' (Bauman, 1973). Culture no longer civilises the masses, converts uncivilised colonial populations or maintains orderliness; in liquid modernity it assimilates migrants and immigrants, ensuring that nothing quite settles.
- ¹⁴⁵ There may be a contradictory element here insofar as Bauman has said that people (in general) do not have to be complicit or compliant with dehumanising social and historical circumstances, yet oppressed minorities are apparently deprived of such autonomy. Possibly it would suffice as a limiting case to say that brotherhood enables minorities to exercise autonomy.
- ¹⁴⁶ The Interim Munro Report recounts themes from workshops held in Tower Hamlets with front-line social work practitioners in which they concluded that, "prescription led to a description of the child and family circumstances as opposed to an understanding of the family, the child(ren) and how the family was functioning"; and, "the child's story was often deconstructed or absent across the different domains and not a central feature," in the IT-based ICS records (Munro, 2011a: 56). The Report noted that In Cumbria, "systems requirements limit face to face contact with service users" (Munro, 2011a: 68).
- ¹⁴⁷ Contrary to some claims, there was no marital right of sexual intercourse prior to 1992. Even consummation of marriage was not a right and consummation did not absolutely determine if a marriage was 'void' or 'voidable'. The 'right of consortium' often used in determining whether a marriage should be dissolved did exist (Douglas, 2004). It could include but did not necessarily require a sexual relationship, which was merely evidence – albeit strong - of consortium, which establishes 'common enterprise' in Common Law.
- ¹⁴⁸ How adults can realise their human rights when they are subject to a compulsory measure under the Mental Health 1982 (as amended) or affected by the Mental Capacity Act 2005 is subject not only to those legislative provisions and UK Codes of Practice but also to the

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- European Convention on Human Rights, either via the Human Rights Act 1998 or directly (Edwards, 2012).
- ¹⁴⁹ Jones and Basser Marks point out that claims to protect young women from exploitation by sterilisation are suspect when sterilisation makes sexual exploitation virtually risk free, young women involved cannot speak, or their accounts are apt to be disregarded.
- ¹⁵⁰ Children have been involved in promoting the Convention.
- ¹⁵¹ Within the caretaker thesis children are dependent on adults and women are dependant because they look after children. Children are regarded as vulnerable and having no independent rights.
- ¹⁵² Giddens' argument that multi-nationals do not have the vast prerogatives of nation states has some validity, but he also acknowledges their globalising influences in other terms.
- ¹⁵³ The welfare principle originated in case law and entered statute law in guardianship to balance the position of mothers and fathers. Judicial interpretation enlarged its scope and meaning. 'Paramountcy' only applies where the welfare of a child is directly at issue before a court in *some* proceedings (next footnote). It's importance is in the risk that even children's own views may be given insufficient weight in relation to other factors (Gilmore, 2001).
- ¹⁵⁴ Ss.1(3), CA 1989 requires that, "the court shall have regard in particular to (a) the ascertainable wishes and feelings of the child concerned (considered in light of his age and understanding)", in any proceedings concerning the upbringing of the child or certain property matters that involve a s.8 order or certain orders under Part IV of the Act. It does not extend to all decisions concerning children, and insofar as it does apply the courts have determined, in a series of precedents starting with *Gillick v West Norfolk and Wisbech Area Health Authority and Another (1986)* (Brayne and Carr, 2010), a further principle for determining the weight to be given to any individual child's wishes and feelings.
- ¹⁵⁵ The HRA 1998 sets out European Convention on Human Rights provisions in Schedule 1, Part 1 as Articles 2, 3,4, 5, 6, 7, 8, 9, 10,11, 12, 14, 16, 17, and 18 and in Parts 2 and 3 similarly.
- ¹⁵⁶ Legitimate aims are set out for each of the qualified rights, i.e.; Arts. 8, 9, 10 and 11. The test of proportionality is that interference with a Convention right is 'necessary in a democratic society' (Wadham and Mountfield, 1999).
- ¹⁵⁷ A test case strategy consistently takes those cases to appeal that are considered more likely if successful to result in a favourable precedent and less likely to be unsuccessful.
- ¹⁵⁸ Individuals may quite legitimately seek judicial review in their particular interests, subject to exhaustion of a number of other means of redress and a tendency of government to settle cases prior to judgement where the outcome may not favour the status quo (Braye and Preston-

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- Shoot, 1995). It follows that precedents favourable to human rights may be frustrated, and precedents will be established from time-to-time that are less favourable to individuals' human rights. A test-case strategy might maintain a balance or influence changes in the balance between favourable and unfavourable precedents.
- ¹⁵⁹ Husserl described the need for sociologists to engage in *epoché* (bracketing) in order to be able to observe and interpret within his 'transcendental phenomenology', particularly when investigating *Lebenswelt* (lifeworld) (Moran, 2012). It neutralises the 'natural attitude' "through disconnecting or setting aside preconceptions, ignoring cultural prescriptions, symbolic patterns and meanings" (Sarantakos, 2005: 44). "The natural attitude is a complex constellation of attitudes which presents the world as pregiven and simply there for me, spread out in space in time" (Moran, 2012).
- ¹⁶⁰ Small agencies on Merseyside have in some cases been asked by IMCAs to advocate for persons who have IMCA involvement because IMCAs have insufficient time to advocate for older persons or persons with learning disability once mental capacity assessments have been completed. Any advocacy approach would need to work well for various vulnerable groups via one or more advocacy agencies.
- ¹⁶¹ Definitions of theory, method, model and process vary; and authors are sometimes inconsistent or contradict one another. This thesis relies on the following definitions. Theories are ideas that explain the world of the service user; define professional practice; and inform how to practice (Parker, 2010); albeit they are contested, not 'truth' (Stepney, 2000). Methods describe how, not why, factors inter-relate (Thompson, 2000). They are systematic, based on theory, tested in practice, researched, adapted to circumstances, explicitly value based and embrace practice technology (Doel, 2010). Models are accounts of how to carry out work (Sibeon, 1990). Process is undertaken without advance knowledge of a specified outcome and involves initiating, sustaining and terminating a relationship (Smalley, 1970).
- ¹⁶² Involuntary service users may be compelled to take up services by the courts, under the gaze of children's safeguarding, by actual or potential compulsory mental health intervention, or because of addictive behaviours that threaten health or well-being. It does not follow that there will be real engagement. The integrative model of empirical practice engages openly with involuntary service users by negotiating terms of intervention for more effective engagement and positive outcomes.
- ¹⁶³ Sarantakos explains that ontology deals with, "the nature of reality", and asks, "What is the nature of reality?" He describes epistemology as, "[t]he nature of knowledge", and asks, "How do we know what we know" (Sarantakos, 2005: 30).
- ¹⁶⁴ The epistemological refers to, "the relationship of the researcher to that being researched" (Creswell, 1994: 15).

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- 165 Creswell describes a 'qualitative paradigm' and a 'quantitative paradigm' (Creswell, 1994); but Bryman and Punch question the dichotomy between qualitative and quantitative research (Bryman, 1988; Punch, 2005); Punch treating them as 'approaches'. ".....[W]e cannot find out everything we might want to know using only one approach, and we can often increase the scope, depth and power of research by combining the two approaches" (Punch, 2005: 238). Punch looks for a 'question–method fit' within an overall research design rather than choose a qualitative or a quantitative approach and select methods from that approach. This study has reflected his view.
- 166 "Basic assumptions of the transformative paradigm [are presented] as an organizing framework with its associated axiological, ontological, epistemological, and methodological beliefs.....the axiological assumption regarding the meaning of ethics and constitution of moral behavior defines ethical choices as those that support the pursuit of social justice and human rights" (Mertens and Ginsberg, 2008: 486).
- 167 Both grounded theory and responsive interviewing use several stages to move from general, very open questions to more targeted interviewing in order to encourage openness and limit interviewer influence; and line-by-line coding used for data analysis and theory generation in grounded theory is sometimes used in responsive interviewing. It was used more than once in this research.
- 168 All Practitioners had regular professional supervision from the Children's Services Manager, who had supervision from the locally based Assistant Director; and there were regular Team meetings that involved review, reflection and consultation around on-going work.
- 169 The conference on 20 October, 2005 on 'Substance Misuse in Pregnancy and Parenting', was presented by Liverpool NSPCC with Liverpool Safeguarding Children Area Child Protection Committee.
- 170 Sefton Drug and Alcohol Action Team (Sefton DAAT) has recently shortened its name to Sefton Drug Action Team, hence Sefton DAT. The organisation is linked to the NHS and the LA, including a Sefton Adult Services social worker.
- 171 This is more than opportunity sampling (also referred to as 'grab' sampling), insofar as purposive sampling identifies a particular population accessed by a specific route to obtain research data.
- 172 'Dialectical' refers to Greene and Caracelli's position, favouring openness to both the quantitative and the qualitative, which seeks some synthesis where feasible but does not assume that synthesis is always possible (Shaw and Gould, 2001).
- 173 'Reflexivity' refers, "to the central part played by the subjectivities of the researcher and those being studied" (Shaw and Gould, 2001: 7).
- 174 Work is 'interpretative' where the, "main task is to explicate the ways people in particular settings come to understand, account for, take

action and otherwise manage their day-to-day situations” (Miles and Huberman, 1994: 7).

- 175 The inter-view presupposes an encounter of two separate entities occupying separate spaces, experiencing the other as *other* and each with partial views, “here and now complexly in relation to theres and thens”, where any attempt to exert control adds to sources of distortion (Shostak, 2006: 15).
- 176 Intersubjectivity is the space in which researchers establish the common world of shared meanings in order to interact and communicate with each other (Samuels, 2008).
- 177 “.....discourse being ‘a relational ensemble of signifying sequences’.....that is, each element (signifier, signified, or word, phrase, sentence and so on) is marshalled into relationships to produce significance, meaning, a way of unifying disparate elements of life into frameworks, into identities, into categories that can be communicated to others, that can be open to contestation or concealed” (Shostak, 2006: 31).
- 178 Smith (Smith, 2001: 197) describes hermeneutics, “as an area.....concerned with issues of meaning and mutual understanding. Traditionally, it has tended to be subjective, humanistic, individualistic, aesthetic, philosophical, and phenomenological in orientation”.
- 179 Shostak’s analysis refers to Hegel’s Absolute Reason and Master-Slave relationship where, “as knowledge is developed the power of the Expert replaces that of the Hegelian Master – the Slave becomes Expert” (Shostak, 2006: 163).
- 180 Discretion is more likely to favour disclosure if a matter involves severe violence to a person or some other more major criminal act than if it involves common assault or ‘abstraction of electricity’. There are limits to the limited protection afforded to those who withhold information from the Police. For some matters, for example, involving a fatal traffic accident, it is an offence to withhold information from the Police. It is an offence to mislead the Police by giving false information, to dispose of evidence, or to withhold information in return ‘for a consideration’ (for instance, that the person agrees to counselling). Any person may be compelled to disclose otherwise privileged information when ordered to do so in court.

Legislation has modified the position of the courts on privileged information. Solicitors, bank managers, investment advisors and others have an absolute legal obligation to disclose information that may relate to certain financial matters irrespective of the privileged nature of the relationship in which they have knowledge of them. However, the general principle remains that where actual or pending commission of a crime is disclosed *in a privileged relationship* there is discretion to withhold or to disclose that information.

- 181 ‘*Significant harm*’ is bifurcated by the CA 1989 in terms of “significant harm” or “risk of significant harm”. It provides criteria for the LA’s duty

to investigate and for orders available to the courts that may authorise compulsory action including Child Assessment Orders, Police Protection, Emergency Protection Orders and Supervision and Care Orders. Harm may be physical, emotional or psychological; and it covers sexual abuse and physical abuse.

- 182 Intimacy and integrity are fundamental welfare values, respecting individual privacy, personal boundaries and security (Williams, 2000).
- 183 Advocacy in this context is, “not just to do research *on* subjects but research *on and for* subjects”, and it, “formalises what is actually a rather common development in field situations, where a researcher is asked to use.....skills or.....authority as an ‘expert’ to defend subjects’ interests....speaking on their behalf.” Empowering research is, “research on, for and with” (Cameron et al, 1992: 15).
- 184 ‘Theoretical saturation’ is the end stage in grounded theory research, “when further data produce no new theoretical development” (Punch, 2005: 214-215).
- 185 Practitioners worked with women who were actively misusing substances, with some who had become abstinent; and some who had become abstinent but whose daughters were substance misusing mothers. No distinction was made since all could voice hopes and concerns about children in light of their experience as substance misusing parents.
- 186 As explained in a footnote to chapter 1, this thesis came to favour the phraseology, ‘come to voice’.
- 187 Risk was not referenced to or examined in terms of Beck, Giddens or Lash in that study; but Parton was extensively referenced.
- 188 Radcliffe-Brown’s concept of social structure and the metaphors of the ‘fabric’ and ‘web’ of social life increasingly influenced anthropologists and sociologists from the 1930s to the 1970s. The metaphors were used to look at how interweaving and interlocking relations organised social actions (Scott, 2000).
- 189 Nota Bene v9 was available as a word processor that incorporates Ibidem, Orbis, and IbidPlus. Rubin and Rubin (Rubin and Rubin, 2012) use it for retaining text material for research and writing. In some respects it duplicates Endnote and word processor programmes, with a cost considerably below them. While its features go well beyond those for data analysis, it would be a significant additional cost to anyone who already has both. Nota Bene did not install directly to unmodified Windows 7 operating systems until v10 beta became available in December, 2012. An Advanced v10 beta was being provided in January 2014 that works with Windows 8.
- 190 Rubin and Rubin describe *case-focused theories* as offering an explanation of what has been learned through interviews, suggesting also broader theoretical concerns. They describe *middle-level* theory in terms of how far principles and processes discovered in the

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- research might extend. *Grand* theories are the broadest scope of theory, addressing a range of issues based on a wide range of studies extending across many situations, places or times. Studies using responsive interviewing to gather information directly from interviewees are by nature unlikely to reach that far.
- ¹⁹¹ 'VPI' denotes voluntary, private and independent sector; which is often used to denote agencies or practice outside the public sector.
- ¹⁹² Increasingly work is commissioned by the courts, private legal firms or CAF/CASS to private sector social work agencies.
- ¹⁹³ Giddens sees the self as a continuous, pervasive, reflexive project, with a trajectory of development from past to future. The concept incorporates self-identity, self-actualisation, authenticity, and a balance of opportunity with risk within a life course. Self has an internally referential line of development. In the context of responses considered here, individuals monitor their own family lifeworlds and turn to experts when confronted with risks affecting the moral thread of authenticity, "as a moral force that includes references to other people only within the sphere of intimate relationships" (Giddens, 1991).
- ¹⁹⁴ Citing Foucault's *Society Must be Defended*, Allen suggests that, "when we study power, we ought to look for it at the extremities of the social body, at the points where it becomes "capillary"....power comes from below, which is to say it is generated in the myriad mobile force relations that are spread throughout the social body" (Allen, 2008). Thus use of 'chaotic' in drugs services and in the whole social body reflects a wider technology of domination around substance misuse.
- ¹⁹⁵ Sister Audrey Flynn, former Principal of the College of Moral Welfare, spoke on the subject in the early to mid-1970s in lectures at the Liverpool Polytechnic Department of Social Work, which is now the Liverpool John Moores University Centre for Social Work.
- ¹⁹⁶ MFSA staff described their support for women to engage with family planning services during a networking visit on 14 October, 2008.
- ¹⁹⁷ Kyi's first Reith Lecture broadcast on BBC Radio 4 (Kyi, 2011) on 28 June, 2011, an hour before 'B's' third interview, made reference to her experience of 'unfreedom' while under house arrest in Burma. To hear the same word in a research interview was startling. 'B's' reference at the end of her last interview also resonated with the lecture, when she said she needed, "to be committed to something, to be able to define that commitment, and to have a perspective". However, 'B' did not appear to have heard the lecture.
- ¹⁹⁸ The survey includes journals, books and reports on substance misusing women, barriers to take-up of services, statutory intervention, family support, therapeutic approaches and advocacy.
- ¹⁹⁹ Paracetamol is, for 'safety' reasons, the favoured analgesic for UK adults and children. Successive governments have declined to add an inexpensive, available antidote to each tablet to neutralise its

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- potentially serious toxicity. Therefore 10 tablets per 24 hours, only slightly more than the UK recommended maximum of 8 tablets, could be lethal for some adults. At two tablets per dose, which is common, that requires only one extra dosage in 24 hours to create a potentially life threatening situation. In some persons the administration of 75 mg/kg of paracetamol can be fatal. An overdose may be more serious for a child or an older person, owing to a lower capacity to metabolise drugs or where there is a lower body mass, especially if there is malnourishment or some systems are otherwise compromised.
- 200 The Carers (Recognition and Services) Act 1995 creates a duty for LAs to assess a carer's needs when carrying out an assessment under the National Health Service and Community Care Act 1990, the Children Act 1989 or the Chronically Sick and Disabled Persons Act 1970, which is unambiguous in its application to those of all ages (Brayne and Carr, 2010). There are relevant provisions via the Health and Social Care Act 2001 and the Carers (Equal Opportunities) Act 2004, albeit the boundary is unclear between those under 16 and those above in each Act.
- 201 Even an infant may react in ways that reflect differences in attachment or general well-being, and that is particularly so as very young children become mobile and communicate both non-verbally and verbally.
- 202 There is a risk that a power imbalance could affect attempts at partnership involving agencies and service users; and advocates attempting to mediate could be drawn into 'acting in a best interests approach' that tends to deny choice (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009).
- 203 LAs might well have made more referrals. Sefton Children's Services fund and frequently refer to Sefton Advocacy and Sefton Carers. Sefton and Liverpool funded Merseyside Family Support Association (MFSA) and with two other LAs referred numerous parents, often substance misusers, with whom there was conflict to MFSA, which closed during the study period.
- 204 The CA 1989, s.22(1) defines a 'Looked After Child' as follows:
"In this Act, any reference to a child who is looked after by a LA is a reference to a child who is –
(a) In their care; or
(b) Provided with accommodation by the authority in the exercise of any functions (in particular those under the Act) which stand referred to their social services committee under the LA Social Services Act 1970."
- 205 Involuntary service users may be compelled to take up services by the courts, under the gaze of children's safeguarding, through enforceable mental health intervention or because of addictive behaviours that threaten health or well-being. It might not follow that there would be real engagement. The integrative model of empirical practice

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- engages openly with involuntary service users by negotiating terms of intervention for more effective engagement and positive outcomes.
- ²⁰⁶ Habermas' communicative ethics is extensively examined in an anthology (Benhabib and Dallmayr, 1990); with contributions from Benhabib, Dallmayr, Apel, Habermas, Bohler, Alexy; Hoffe, Ilting, Lubbe, Schnadelbach, and Wellmer. All contributors to the volume, despite other theoretical differences, are sympathetic to Habermas' theory of communicative rationality and to a communicative ethics.
- ²⁰⁷ Habermas defines validity as consensus without force, according to what he terms the universalisation principle' of discourse ethics (Benhabib, 1990). The only force allowed in communicative action is the 'force of the better argument' (Flyvbjerg, 1998). Validity claims depend on truth, normative correctness and truthfulness (Habermas, 1998). He writes that, "The universal-pragmatic meaning of truth, therefore, is determined in terms of the demand of reaching a rational consensus" (Habermas, 2001: 89).
- ²⁰⁸ It may be particularly difficult to empower children living in a family unless simultaneously work is undertaken to alter relations of power within the family by, at very least, working with parents, whose 'power over' children is a source of domination (Thompson, 2007). That can only reinforce Boylan and Dalrymple's view that *parents should not be recruited as advocates in behalf of children*. By contrast, this thesis argues that parents, or others advocating via parents, should advocate in the interests of children while consistently supporting children's agency and voice as fundamental to children's interests. It follows that *parents and children may each need to engage in active advocacy, or that each may need someone to advocate in their behalf*, and that differing points of view might be argued.
- ²⁰⁹ Initiatives have brought outsiders into inner-city Liverpool since the mid-19th century to experience the realities of urban life in exchange for work in disadvantaged communities. That accelerated in the 1960s and 1970s, with the growth of community development and various government funded initiatives, starting with Educational Priority Areas, the Vauxhall Community Development Project and the Neighbourhood Organisations Committee anti-vandalism project. All recruited outsiders, with limited, temporary effect, and national and local government initiatives have continued the pattern. Consequently local community activists, including some who came from outside in the 1960s and 1970s, tend to distrust any new initiative that does not arise purely from 'grassroots' activists. That is particularly so in Liverpool 8, around which Community Parents was centred.
- ²¹⁰ 'Me Time' uses aroma therapy, relaxation techniques and take away items for home use. One interviewee described how she asked a friend to 'pamper' her with a beauty treatment after a very stressful experience, which enabled her to feel more positive and relaxed.

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- 211 In 'Incredible Years' parents were encouraged to offer praise and make positive suggestions to adults as well as children, in order to see that what they were learning about parenting had wider applications. They could experience in shops that consideration or helpfulness is appreciated, and they could mention to teachers or social workers when they had done something positive. That would be more effective than simply offering criticism or pointing out errors, and success could reinforce parents' capacity to speak openly.
- 212 The 'Freedom Programme' is a series of presentations and group-based discussions that looks at domestic abuse in a rounded way and develops awareness of potential warning signs in relationships, including surveillance, control, criticism, threats, coercion or violence.
- 213 Purposeful expression of feeling has long been recognised as a basic principle of social work (Biestek, 1957). Neither responsive interviewing by a researcher (Rubin and Rubin, 2012) nor social work interviewing should try to evoke feelings without a sound purpose, especially if doing so may be deeply unsettling for the interviewee.
- 214 The figure of 6,000 represents an extrapolation from figures presented in chapter 1, using the lowest national estimate of children in drug misusing families and current population for Merseyside. Given Merseyside's claim to an above average number of substance misusers, that is likely to have significantly underestimated numbers, and it does not include large numbers affected by alcohol alone. There were probably about 5,000 drug misusers alone in Liverpool in 2009 – 2011, of which over a quarter will have been women.
- 215 A survey of books, journals, on-line literature, government documents and Codes of Practice, found no suggestion that advocacy should have aims in respect of particular individuals. Brandon and Brandon imply a need for aims, use the word in general discussion and mention establishing a 'contract' (Brandon and Brandon, 2001), but they do not explicitly state that aims should be agreed between the individual or family and advocate. Various writers' apparent silence about individually agreed aims may indicate a need for development.
- 216 Conditions of rationality must be met for successful communicative action. "Public unrestricted discussion, free from domination, of the suitability and desirability of action-orienting principles and norms in the light of the socio-cultural repercussions of developing subsystems of purposive rational action – such communication is the only medium in which anything like 'rationalisation' is possible" (Habermas, 1971: 118-119). Wider efforts would require pursuit of systems advocacy to seek wider changes in practice among agencies or the courts (Brandon and Brandon, 2001; Boylan and Dalrymple, 2009).

Appendix I

NHS Research Ethics Committee Review Permissions

Liverpool Women's NHS Foundation
Trust 

Please reply to: Research & Development Department
First Floor, University Department
Liverpool Women's Hospital
Crown Street

Telephone: 0151 702 4346
Fax: 0151 702 4024
E-mail: gillian.vernon@lwh.nhs.uk

Mr David Hicks
Liverpool John Moores University
5 Victoria Road
Huyton
L36 5SA

03 August 2009

Dear Mr Hicks

**ID: LWH0793 Advocacy needs on Merseyside for Parents who Misuse Drugs in
Respect of Children's Welfare and Child Protection Concerns**

Following submission of trial/project related documents, approvals and contracts to the Trust's R&D Department, I am pleased to inform you that your research project has been approved by the R&D Director. This R&D approval letter relates to the documentation listed below.

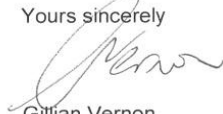
- REC approval letter - 09/H1003/52 dated 22nd July 2009
- Protocol Version 2 dated 16th April 2008

The project is registered on the Trust's R&D database under the reference LWH0793, which I would be grateful if you could quote in all future correspondence regarding the project.

The sponsor(s) of this project under the Research Governance Framework for Health and Social Care (RGF) and Medicines for Human Use (clinical trial) Regulations 2004 is Edge Hill University. You will be expected to comply with the RGF, the legislation required by the MHRA and undertake your responsibilities as Chief Investigator throughout the lifetime of this project.

I would like to take this opportunity to wish you the best of luck with the trial and to request a copy of the final report and any subsequent publications.

Yours sincerely



Gillian Vernon

Research & Development Manager

David B. Hicks
Senior Lecturer Professional Practice Development
Liverpool John Mores University
Faculty of Health and Applied Social Sciences
Centre for Social Work
3rd Floor
Kingsway House
Hatton Garden
Liverpool
L3 2AJ

08/07/2010

Dear David,

Re: Application to the NSPCC Research Ethics Committee 'Advocacy Needs on Merseyside for Parents who Misuse Drugs in Respect of Children's Welfare and Child Protection Concerns'

Thank you for submitting the revisions to your application to the NSPCC Research Ethics Committee. The sub-committee has met to reconsider your application and has decided that full approval can be granted.

Please do not hesitate to contact us if you would like to discuss these comments in more detail. Should you need any help, support or further clarification, please contact a member of the staff in the research department. Details of staff profiles can be found on the NSPCC website [Inform](#).

Best wishes



Susana Corral
Acting Head of Research



Richard Cotmore
Acting Head of Evaluation

Appendix II

Introductory Letters and Participant Information Sheets

Unique Reference Number 09/H1003/52

Version 1, 25 May, 2010



Edge Hill University
Social and Psychological Sciences

Liverpool John Moores University
Faculty of Health and Applied Social Sciences
Centre for Social Work, Room 2.12, Avril Roberts Building
79 Tithebarn Street, Liverpool L3 2AJ
0151 231 4477 (Direct Line)
07972 669 030 (Mobile)
D.B.Hicks@ljamu.ac.uk (LJMU Email)

24 May, 2010

Dear Parent,

I hope you can help with a study I am doing. It looks at NSPCC's work with families. It is trying to see how far support for parents is good for children and how it helps parents work with agencies.

The work will find out how many parents use substances and what situations they live in. It will see what it is like for families and what parents hope and feel about children's welfare. It will look at support available locally to parents, and NSPCC's role.

Plans were agreed by Edge Hill University, Liverpool Women's NHS Foundation Trust and an NHS Ethics Committee.

About 12 parents will be asked to help, but the work is not just about numbers. It needs stories of everyday life and your views. You will be asked to talk for an hour at a time, up to three times, starting with general questions at first. Then questions will look more at what you have already talked about.

The study will last 6 months, but your interviews at the Hargreaves Centre will be over a few weeks. They will not happen until you have made a decision to go ahead. You can end an interview at any time, and interviews will stop if you are upset. A £30 ASDA voucher is offered for each interview.

The work will also look at what staff do and the way they work. Staff will be told if you are very upset or if something is said that could affect your child's safety, but staff won't be told anything else about what you say.

Yours sincerely,

David B. Hicks, MA, BA, CQSW, CertEd, DipManStudies
Senior Lecturer (Lead Professional)

Unique Reference Number 09/H1003/52



Edge Hill University
Social and Psychological Sciences

Liverpool John Moores University
Faculty of Health and Applied Social Sciences
Centre for Social Work, Room 2.12, Avril Robarts Building
79 Tithebarn Street, Liverpool L3 2AJ
0151 231 4477 (Direct Line)
07972 669 030 (Mobile)
D.B.Hicks@ljamu.ac.uk (LJMU Email)

24 May, 2010

FAO Prospective Staff Research Participants
Families and Substance Support Team (FaSST)
112 Great Homer Street
Liverpool
L5 3LQ

Dear staff member,

The research that we have had under discussion for some time will form the basis of a PhD thesis, registered at Edge Hill University. A separate evaluation will also be produced for NSPCC, which will provide a more accessible source of evaluative information.

The research proposal, approved by Edge Hill University, Liverpool Women's NHS Foundation Trust and South Manchester Research Ethics Committee asks; 'What are the implications of support and advocacy with drug misusing women/parents during pregnancy and after in promoting children's welfare and parental involvement within the regulatory child care framework?' Minor changes can be permitted to this question and to other aspects of the research, by agreement, where it is clearly necessary.

The research objectives are to: –

1. find out and contextualise numbers and circumstances of women on Merseyside who misuse drugs and numbers and circumstances of children of those mothers.
2. identify and give voice to common experiences, concerns, fears and hopes of mothers on Merseyside who misuse drugs, and where available fathers of children concerned, in respect of their children's welfare.
3. establish how far support and advocacy is available on Merseyside that could address common experiences, concerns, fears and hopes of mothers/parents for their children.
4. explore how far crisis advocacy and support services for mothers/parents could promote their involvement and the welfare of their children within the regulatory child care framework.

In outline the research is qualitative in nature. It will identify experiences and views of parents, generally women, where there has been substance misuse. At least one parent will be interviewed for about an hour on each on up to three separate occasions using a 'responsive interviewing' approach. According to that approach, initial questions will be similar for each interviewee, but subsequent questions will be individualised to reflect the degree of interest and comfort each has in matters relevant to the research.

Realistically, up to 12 initial interviews will be carried out and as many subsequent interviews as practicable. Interviewing can extend over a period of about 6 months, in order to reach the numbers intended; but individuals would be involved over a much shorter period.

As an incentive, £30 ASDA vouchers will be offered to parents who participate by attending for an interview, as recommended by Team staff. Parents will still be free to end an interview at any time, and they will be asked if they want to do so if they appear distressed.

Interviews will all be at the Hargreaves Centre when staff are available. Staff will be advised if a parent has been particularly distressed or if new information is revealed that may require the Team to act under local children's safeguarding protocols. If there is an issue about capacity to consent to participate in a particular instance, then interviews will be postponed or cancelled.

Time will also need to be spent at the Hargreaves Centre to observe how the Team works, to identify professional and agency networks and to conduct interviews with staff. Responsive interviewing was initially developed for organisational research, and it would be used also for interviews with staff.

Yours sincerely,

David B. Hicks, MA, BA, CQSW, CertEd, DipManStudies
Senior Lecturer Professional Practice Development



Cruelty to children must stop. FULL STOP.

Edge Hill University
Social and Psychological Sciences



Participant Study Number:

Principal Investigator: David Hicks

Study Title: Drug Misuse, Parents and Advocacy

Participant Information Sheet

Version 6 Date: 18 July, 2010

You are being invited to participate in a research study. Before you decide whether to agree you need to understand why the research is being done and what will be involved. Please take time to read the following information carefully and talk to others about the study if you wish.

Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of this study?

- This study is intended to show how parents who use drugs feel about having children and to look at their hopes and worries. It also intends to find out how parents might be helped to deal with agencies over their children's needs.
- The work is not intended to help parents who agree to take part. Where help is needed, staff in the Families and Substance Support Team will be asked in the normal way to advise.
- The study is being done as PhD work at Edge Hill University.

Why have I been invited?

You have been invited because you are aged 18 or over and you or your partner has had support via the Families and Substance Support Team after receiving care at the Liverpool Women's Hospital because of pregnancy or recent pregnancy. No other factors have been considered. There will be about 12 persons or couples in the study.

Do I have to take part?

- You do not have to take part.
- It is up to you to decide whether or not to take part. We will describe the study and go over this information sheet. Then you will be given this information sheet to keep and be asked if you want to sign a consent form. You are still free to withdraw at any time and without giving a reason.
- You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

What will happen if I don't want to carry on with the study?

- You will be asked if you are still prepared for any information you have given in that interview or any previous interview to be kept, but if you do want that information destroyed that will be done and it will not be used.
- Any services you have been receiving will be unaffected.”

What will I be asked to do?

- You will be interviewed on up to three occasions over a period of up to two months, in private at the NSPCC Hargreaves Centre at Great Homer Street.
- Each interview will ask you to talk about how you feel as a parent, about your hopes and concerns for your children, and how you expect to deal with those. Notes will be taken, and audio tape may be used if you agree.
- You can stop at any time in an interview or between interviews and ask to see someone else if you are distressed.
- There will be no medical or other tests, examinations or treatments done in this research.
- The study will last for about 6 months overall, and you will be asked if you want to check what is recorded and if you want later to see how it is being written up.

Are there any expenses or other payments made?

A £30 voucher will be provided on each occasion when parents come for an interview that has been arranged for them. Expenses are not paid and no other payments are made.

What will I have to do?

You will come to the Hargreaves Centre three times, if possible when you are coming to the Centre anyway. You will answer questions for up to an hour each time. You will decide what to say and how much to say.

Are there any risks or disadvantages of taking part?

You may feel anxious or upset. If you feel anxious or upset at any point, then please say so. You will not have to give reasons if you want to take time out from an interview or withdraw from the study.

Are there any benefits of taking part?

The study is not intended to help you as an individual. We hope that it will help improve services for parents who use drugs and their families.

Will my taking part in the study be kept confidential?

Yes. All information will be kept confidential unless a risk to yourself or a child means it has to be shared under rules made by the Liverpool Safeguarding Children's Board. If you mention something that may significantly harm yourself or a child staff will be told. They will decide if that will be passed on.

Information from your medical records may be checked by NHS staff so they can advise, but they will not give that information to the researcher. Data collected for the study will be looked at by the researcher; and it may be looked at by NHS regulators, NSPCC or Liverpool Women's Hospital NHS Trust to check that the study is being carried out correctly.

All information collected about you for the research will be kept strictly confidential by the researcher. Any information about you that we take away will have your name and address removed so you cannot be recognised from it. Papers will be stored in a locked cabinet. Computer files will be protected by a password and encrypted. Nothing will be kept after the study that would allow you to be identified.

You have the right to check any data that is held about you and to correct any errors.

Will my Family Doctor be informed?

You will be asked to consent to your Family Doctor being informed. Your Family Doctor will be informed by NSPCC staff if you appear very anxious or upset by an interview or if you or a child may be at risk of significant harm. No information will be passed on about you as part of this research.

What happens at the end of the study?

- Interviews will be looked at to see how parents can best be helped in future, and a report will be provided to the Liverpool Women's Foundation NHS Trust and to the Families and Substance Support Team. Some parts of the report will use your actual words.
- The work will also be used for a PhD thesis. A copy of the thesis will be kept at Edge Hill University and Lancaster University for other people to use in research.
- A summary of the study will be sent to one or more journals for publication. Journals may need to have copies of data but will not know who it is about.
- Nothing will be written or kept on file that would allow you, your child or other individuals to be identified.

Who can I contact for further information about the study?

You can contact David Hicks at Liverpool John Moores University on 0151 231 4477. You can leave a message on voicemail if no one is able to take the call. Just say that you are telephoning "about the study on children and parents" and leave a telephone number.

Who is organising and funding the research?

The researcher is funded by Liverpool John Moores University, and costs are shared by the University and the researcher. The researcher is a student at Edge Hill University.

There is no additional payment being made to anyone for including you in the study or for carrying out interviews.

Who has reviewed the study?

The study has been reviewed by the Edge Hill University Research Ethics Committee, Liverpool Women's Foundation NHS Trust and by the South Manchester Research Ethics Committee, each of which gave a favourable opinion for the work to be being carried out.

What if there is a problem?

Complaints: Any complaint about how you are dealt with during the study or about any possible harm will be considered. You can speak to David Hicks on 0151 231 4477. Where you would like to speak to someone else, a complaint may be made via Paul Reynolds at Edge Hill University on 01695 575 5171.

Harm: If something goes wrong and you are harmed during the research study there are no special compensation arrangements. If you are harmed and this is due to someone's negligence then you may have grounds for a legal action for compensation against NSPCC or Edge Hill University, but you may have to pay your legal costs. Normal NSPCC complaints mechanisms will still be available to you (if appropriate).

Edge Hill University is insured against vicarious liability in connection with this research. It covers only the research itself.

There is no provision to compensate for non-negligent harm. Any payment in those circumstances would be purely discretionary.

Edge Hill University is insured against vicarious liability in connection with this research. It covers only the research itself.

There is no provision to compensate for non-negligent harm. Any payment in those circumstances would be purely discretionary.

Please retain this Information Sheet and sign the Consent Form if you wish to be part of the study. You will be given a copy of the signed Consent Form to keep. Thank you for taking time to read this and for considering if you want to take part.



Gruelty to children must stop. FULL STOP.



Edge Hill University
Social and Psychological Sciences

Participant Study Number:

Principal Investigator: David Hicks

Study Title: Drug Misuse, Parents and Advocacy

Participant Information Sheet - Staff

Version 6 Date: 24 May, 2010

You are being invited to participate in a research study. Before you decide whether to agree you need to understand why the research is being done and what will be involved. Please take time to read the following information carefully and talk to others about the study if you wish.

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of this study?

- This study is intended to show how parents who use drugs feel about having children and to look at their hopes and worries. It also intends to find out how parents might be helped to deal with agencies over their children's needs.
- The work is not intended to help parents who agree to take part. Where help is needed, staff in the Families and Substance Support Team are being asked in the normal way to advise.
- The study is being done as PhD work at Edge Hill University.

Why have I been invited?

You have been invited because you are a member of the Families and Substance Support Team. No other factors have been considered. Only staff and about 12 persons or couples who are parents will be included in the study.

Do I have to take part?

- You do not have to take part.
- It is up to you to decide whether or not to take part. The study will be described and this information sheet will be gone over. Then you will be given this information sheet to keep and be asked if you want to sign a consent form. You are still free to withdraw at any time and without giving a reason.
- You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

What will happen if I don't want to carry on with the study?

- You will be asked if you are still prepared for any information you have given in that interview to be kept, but if you do want that information destroyed that will be done and it will not be used. Information obtained before then will still be used in the study.
- Any services you have been receiving will be unaffected.

What will I be asked to do?

- You will be interviewed on up to three occasions over a period of up to two months, in private at the NSPCC Hargreaves Centre at Great Homer Street.
- Each interview will ask you to talk about how you became interested and involved in the Team, how the work has developed and what you consider important about the work. Notes will be taken, and audio tape may be used if you agree.
- You can stop at any time in an interview or between interviews.
- The study will last for about 6 months overall, and you will be asked if you want to check what is recorded and if you want later to see how it is being written up.

Are there any expenses or other payments made?

No expenses or other payment will be made to staff, though there is a £30 ASDA voucher will be provided to parents for each interview.

What will I have to do?

You will be interviewed three times, by appointment, answering questions for up to an hour each time. You will decide what to say and how much to say.

Are there any risks or disadvantages of taking part?

You may feel anxious or upset. If you feel anxious or upset at any point, then please say so. You will not have to give reasons if you want to take time out from an interview or withdraw from the study.

Are there any benefits of taking part?

The study is not intended to help you as an individual. We hope that it will help improve services for parents who use drugs and their families.

Will my taking part in the study be kept confidential?

Yes. All information will be kept confidential. However, that is subject to threshold criteria and policies on disclosure of information of the Liverpool Safeguarding Children's Board. If you mention something that may significantly harm yourself or a child we will discuss it with staff, who will decide if that will be passed on.

Information from your medical records may be checked by NHS staff so they can advise, but they will not give that information to the researcher. Data collected for the study will be looked at by the researcher; and it may be looked at by representatives of regulatory bodies and NSPCC or the Liverpool Women's Hospital NHS Trust to check that the study is being carried out correctly.

All information collected about you for the research will be kept strictly confidential by the researcher. Any information about you that we take away will have your name and address removed so you cannot be recognised from it. Papers will be stored in a locked cabinet. Computer files will be protected by a password and encrypted. Nothing will be kept after the study that would allow you to be identified.

You have the right to check any data that is held about you and to correct any errors.

Will my Family Doctor be informed?

You will be asked to consent to your Family Doctor being informed. Your Family Doctor will be informed if you appear very anxious or upset by an interview or if you or a child is at risk of significant harm. No information will be passed on about you as part of this research.

What happens at the end of the study?

- Interviews will be looked at to see how parents can best be helped in future, and a report will be provided to the Liverpool Women's Foundation NHS Trust and to the Families and Substance Support Team. Some parts of the report will use your actual words.
- The work will also be used for a PhD thesis. A copy of the thesis will be kept at Edge Hill University for other people to use in research.
- A summary of the study will be sent to one or more journals for publication. Journals may need to have copies of data but will not know who it is about.
- Nothing will be written or kept on file that would allow you, your child
- or other individuals to be identified.

Who can I contact for further information about the study?

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What if there is a problem?

Complaints: Any complaint about how you are dealt with during the study or about any possible harm will be considered. You can speak to David Hicks on 0151 231 4477. Where you would like to speak to someone else, a complaint may be made via Paul Reynolds at Edge Hill University on 01695 575 5171.

Harm: If something goes wrong and you are harmed during the research study there are no special compensation arrangements. If you are harmed and this is due to someone's negligence then you may have grounds for a legal action for compensation against NSPCC or Edge Hill University, but you may have to pay your legal costs. Normal NSPCC complaints mechanisms will still be available to you (if appropriate).

Edge Hill University is insured against vicarious liability in connection with this research. It covers only the research itself.

There is no provision to compensate for non-negligent harm. Any payment in those circumstances would be purely discretionary.

Please retain this Information Sheet and sign the Consent Form if you wish to be part of the study. You will be given a copy of the signed Consent Form to keep. Thank you for taking time to read this and for considering if you want to take part.

Appendix III Consent Forms

Version 5, 24 May, 2010

Unique Reference Number 09/H1003/52



Gruelty to children must stop. FULL STOP.

Edge Hill University
Social and Psychological Sciences



Participant Study Number:

Principal Investigator: **David Hicks**

**Study Title: Drug Misuse, Parents and Advocacy
Consent Form**

Version 5 Date: 24th May, 2010

Please initial boxes

- 1 I have read and understand the information sheet dated 24th May, 2010 (Version 5) for the above study. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.
- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
- 3 I understand that data collected during the study, including audio tapes if they are used, will be looked at by the researcher. It may be looked at by NHS regulators or NSPCC or the Liverpool Women's Hospital NHS Trust where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
- 4 I agree to use of audio taping of interviews.
- 5 I agree to use of anonymised direct quotations in documents produced as a result of this study.
- 6 I understand that the researcher may ask responsible individuals from the NHS Trust to look at information from medical records where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
- 7 I agree to my GP being informed of my participation in the study.
- 8 I agree to take part in the above study.

_____ Name of Participant	_____ Date	_____ Signature
_____ Name of person taking consent (if different from researcher)	_____ Date	_____ Signature
_____ Name of family member, friend or advocate (if appropriate)	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature 4074/30434/1/537



Gruelty to children must stop. FULL STOP.

Edge Hill University
Social and Psychological Sciences



Participant Study Number:

Principal Investigator: **David Hicks**

**Study Title: Drug Misuse, Parents and Advocacy
Consent Form**

Version 1 Date: 24th May, 2010

Please initial boxes

- 1 I have read and understand the information sheet dated 24th May, 2010 (Version 1) for the above study. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.
- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
- 3 I understand that data collected during the study, including audio tapes if they are used, may be looked at by the researcher, or by responsible individuals from regulatory authorities or the Liverpool Women's NHS Foundation Trust in its regulatory capacity, where it is relevant to my taking part in this research.
- 4 I agree to use of audio taping of interviews.
- 5 I agree to use of anonymised direct quotations in documents produced as a result of this study.
- 6 I agree to take part in the above study.

_____	_____	_____
Name of Staff Member	Date	Signature
_____	_____	_____
Researcher	Date	Signature
		4074/30434/1/537

Appendix IV

Interview Planning

First Interviews

The first interviews are intended to establish the trust of people who are vulnerable, sensitive and liable to be reticent before moving on to more specific but still open questions. Early questions cannot go directly to very personal or painful issues. However, a general question can elicit how open people are prepared to be and what topics they consider important or comfortable to explore.

The interview starts with discussion of points from the Participant Information Sheet, especially around the purpose of the research and confidentiality, offers an opportunity to withdraw at any time, and confirms consent.

Question: What do you want for your child/children now and in the future?

Follow-up questions:

'What do you expect their life to be like in the next year or so, in 5 years, in 10 years, as they reach adulthood?'

'What are your concerns for your children?'

'What feelings do you have about these expectations/concerns?'

Second Interviews:

Questions will reflect data analysis for first interviews and may pick up matters discussed in those. Thus questions listed here are illustrative and any one of them may need an open follow-up question, e. g., Can you tell me more about that? Can you tell me more about what that means to you/your child?

Questions:

'Do you want go over what I have written down from the last interview to check if it is right?'

'Can we go back to, which you discussed/mentioned in the First Interview? Can you tell me more about that?'

'How would you describe your life with your child?'

'How would you describe your child's life?'

'What are the things that you think will make a difference to your child's life in the next few years?'

(At this point the direction of the interview could vary dramatically depending on how parents respond.)

'If you could do anything yourself to make a difference what things would you do?'

'How are you and your child affected by people you deal with like alcohol or drug workers?'

'How are you and your child/children affected by social workers?'

'How are you and your child/children affected by Families and Substances Support Team staff?'

Third Interviews

By now it is difficult to be specific about questions as Second Interviews may or may not have proceeded through all the above questions. Coding of those interviews means that, as concepts and themes have developed, third Interviews will have to pick up on those, and the concepts and themes themselves are highly dependent on what topics parents are comfortable discussing and how far it is satisfactory to prompt individual parents or probe on issues that are sensitive.

Questions:

'Do you want go over what I have written down from the last interview to check if it is right?'

'Can we go back to, which you discussed/mentioned in the First/Second Interview? Can you tell me more about that?'

'What do you think the Families and Substances Support Team are actually trying to do with you and your child/children?'

'What does the Families and Substances Support Team actually do when

E. g., '...you are approaching a Core Group Meeting?'

E. g., '...you are due to attend the Family Court?'

E. g., '...you are due to have supervised contact?'

E. g., '...you have missed an appointment with

E. g., '...you are having trouble explaining/understanding about

E. g., '...you are feeling angry about

'How do you feel that has affected you and your child/children?'

'How do you think that could have been done differently/better?'

'Would you like to be consulted about what my report will cover later on?'

By now it should be clear if parents are experiencing an advocacy approach as well as support. It will also be clearer how far they feel that it benefits them and their child/children or that it does not. It will be appropriate at this point to ask some closed questions in order to probe some points or to clarify points, e. g.; 'Was that helpful?'

Appendix V

Recording

Anonymised Partial Example of an Interview Record

1 **XX Interview One, 18.12.2010, Electronically Recorded Folder C, File 6, Start**
2 **2.10, End 3.01**

3
4 DH - The first interview is gathering some information about how you got into the
5 role here, what sort of things you bring to the role and maybe what you think are
6 some of the more important features from your point of view in the work of the
7 Families and Substance Support Team. So, the questions revolve around that.
8 The idea is that you can talk about those things that you are comfortable talking
9 about. If there's something that you're not so comfortable talking about, leave
10 that, and we'll talk about the others, because, you know, if you talk about what
11 you're comfortable about then I'll have a fair bit of information when I've
12 interviewed everybody. So if you're ready I'll ask you the first question.

13
14 XX - Oh. lovely.

15
16 DH - OK. So the first question I'm going to ask is, How did you get to the point of
17 being involved in the work of this Team?

18
19 XX - Right. **Well, I worked for the LA for a long time as a children and**
20 **families social worker 1.1.2.1**

21 .
22 .
23 .
24 .

25 ENDS

26 27 **Summary**

28
29 XX was interviewed from 2.10 to 3.01 on 18.12.2010 at the Hargreaves Centre.
30 The purpose was to identify how XX came to work in this area, what prepared
31 her for the role and how her role and the role of the FaSST developed. XX came
32 from a LA children's permanence team after industrial action over working
33 conditions. XX had done particularly good work with substance issues in families
34 and had an interest in that work. The FaSST job came up at just the right
35 moment. 14 years' experience in LA work was a good background, built on by
36 further training on coming to NSPCC. Being able to accept and be non-
37 judgemental with substance using parents is vital. XX now has unused skills
38 regarding assessments, and work she enjoys is under threat from solicitors
39 coming into Styal. There was more work with individual parents and but now it is
40 mostly group-based. Group-based work boosts women's well-being and self-
41 confidence, and Practitioners promote parents' messages to other agencies.
42 Work with school children was frustrated by school staff when it was due to start.

43

Appendix VI

Agency Description, Network Diagram and Glossary of Organisations

The Liverpool Teams of the National Society for the Prevention of Cruelty to Children (NSPCC) are based at the Hargreaves Centre, Great Homer Street, Liverpool. The building houses all NSPCC services in the city, including the Families and Substance Support Team (FaSST) and the Domestic Violence Team. It also houses Liverpool's ChildLine base, provided under contract by NSPCC as a separate function.

Designed in consultation with children, one side of the 'U' shaped building is intended for children, young people and their families, while the other has a kitchen, training area, offices and conference rooms. The design means children and families have their own area, without having to meet professionals and strangers. A light, spacious lobby leads to counselling rooms, a sensory room for children and parents to relax in, wet and dry playrooms, and a secret garden hidden in the heart of the building.

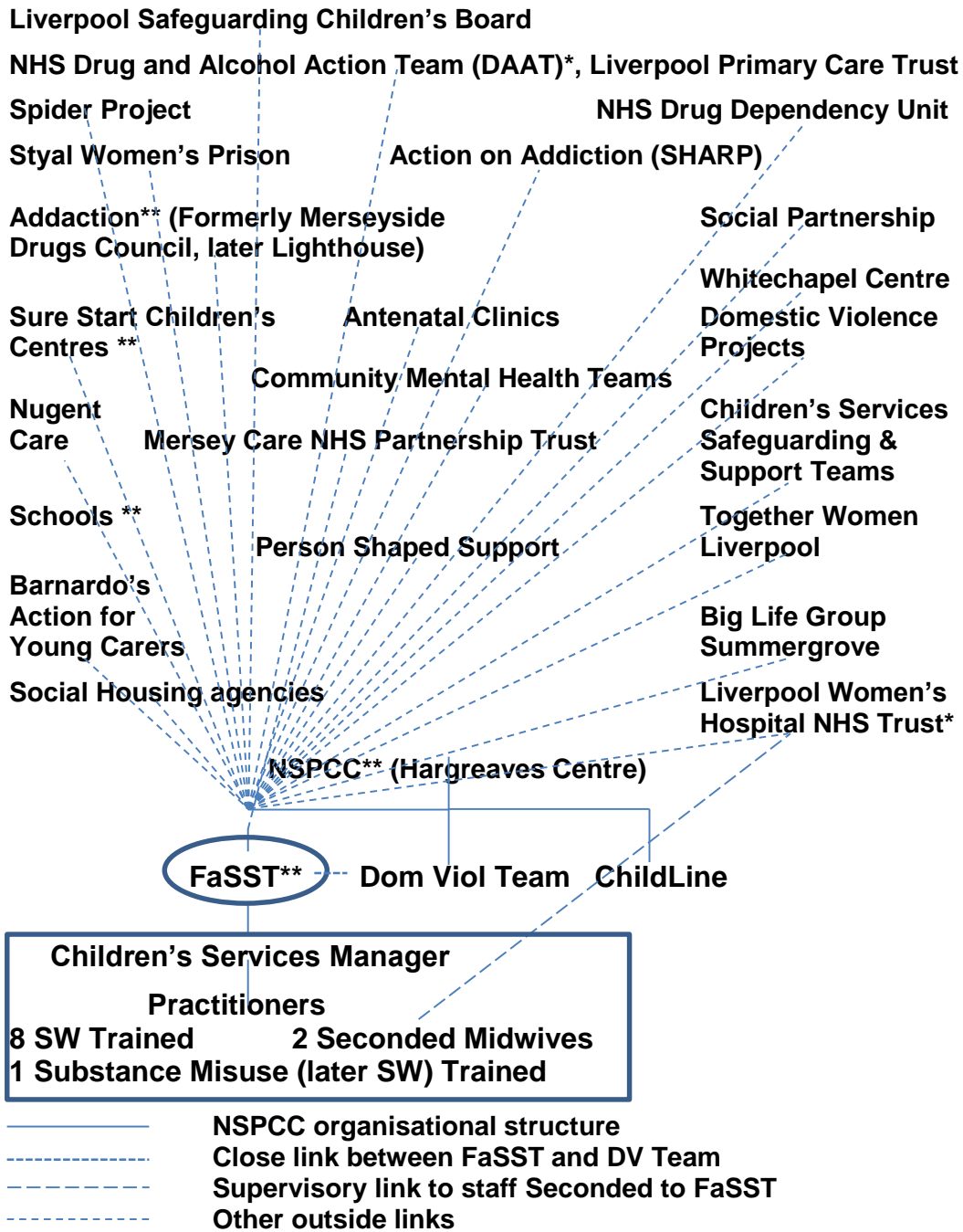
The Divisional Assistant Director was based at the Centre in the study period. A Children's Services Manager and about 10 Practitioners made up the team, including social work trained staff, a worker with specialist knowledge of substance misuse (who completed her social work qualification during the study period), and two part-time Midwife secondments. The FaSST was linked with numerous agencies, shown on the network diagram at the end of this Appendix.

The FaSST worked individually with substance misusing parents, referred from LAs or other agencies from 2005 - 2011. Much of the work was group-based. Provision for parents included 'Incredible Years' Webster-Stratton Parenting Programmes, a more advanced Parenting Programme, 'Me Time', Women's Group and 'Baby FAST'. The Team provided support for 'Community Parents', which prepared volunteers to a high standard and supported them in work with families in difficulty. The Team also supported the 'Participation Group' for young people, some affected by parental substance misuse and a number by domestic abuse.

The Domestic Violence (DV) Team was of similar size to the FaSST, with social work trained staff and a particular interest in children's safeguarding and domestic violence. The DV Team and FaSST were observed liaising closely and groupwork supported via the FaSST included a high proportion of parents and young people affected by domestic violence.

ChildLine functioned separately from other Teams, though communal facilities were shared. ChildLine's confidentiality requirements, which are vital to encourage children and young people to make contact via telephone and Internet links, mean it would be inappropriate for the other Teams to work directly with ChildLine. ChildLine had numerous volunteers, including persons in Further and Higher Education who might later enter social work. The child-centred approach and strong commitment to confidentiality of privileged information ensured that staff could establish trust, if necessary over longer periods; offer information; and promote self-determination of callers.

Agency Network



- NSPCC, DAAT and Liverpool Women's Hospital NHS Trust were the Funding bodies in 2005 when the Team was formed in response to the second report based on research in Liverpool.

** Locations for FaSST groupwork or efforts to develop groupwork

REFERENCE

Doherty, Pauline, Johson, Mary & Wilson, Sarah (2004). Pregnancy, Parenting and Substance Misuse, Liverpool: Liverpool Women's NHS Trust, NSPCC and Liverpool Drug & Alcohol Action Team.

Figure 4: Agency Network

Glossary of Organisations

This glossary covers only agencies mentioned in the thesis or by Practitioners or substance misusing parents in interview transcripts. Thus the large independent social care provider Community Integrated Care that provides relevant services throughout the area and well beyond is not included. The researcher holds data accumulated over a 23 year period on approximately 1,000 social care providers on Merseyside, many of which could have some relevance.

Action on Addiction (SHARP)

SHARP Liverpool is a therapeutic, peaceful haven for addiction recovery based in Liverpool city centre. A professional team offers guidance and support via a structured day treatment programme with 22 places for men and women to live a full and satisfying life without drugs and alcohol.

Service users attend the programme for 48 days of treatment over 11 full-time weeks of four and a half days. Clients can now choose to take the spiritual approach (12 step) or cognitive approach (ITEP) when starting the main programme. SHARP provides managerial and administrative support to 'Together Women Liverpool' (see separate entry).

Addaction

Addaction provide a range of services to substance misusers on Merseyside, including Young Addaction. Some were taken over from Lighthouse (formerly Merseyside Drugs Council) when Lighthouse went into administration. Addaction is among the largest providers of such services on Merseyside. The FaSST provided group-based programmes using Addaction's premises, though the commission for one, Together Women, moved to Person Shaped Support after the FaSST had done the developmental work and is now independent, assisted via Action on Addiction (SHARP). The 'Incredible Years' (Webster Stratton) Parenting Programmes run by 'PC' and 'P' continued to use Addaction facilities.

Antenatal Clinics

Clinics are held at a numerous NHS facilities on Merseyside and in Sure Start Children's Centres and other Children's Centres. They monitor women's and infant's health and well-being. Babies can be seen and weighed, advice is given, and information is provided on vaccinations and inoculations. Midwives seconded to the FaSST attended the clinics.

Barnardo's Action for Young Carers

Some children and young people in families that had contact with FaSST were assisted by day programmes and individual support from social

workers and other staff at Barnardo's Action for Young Carers. Activities are group-based and there is a clear advocacy component as well of opportunities for young carers to voice their own concerns and hopes.

Community Mental Health Teams

Liverpool City Council and Mersey Care jointly staff Community Mental Health Teams, which deal with matters under the Mental Health Act 1983, Mental Capacity Act 2005 and other mental health legislation. Persons cannot be made subject to compulsory provisions of the Mental Act 1983 unless they have a mental disorder that warrants such action; hence most substance misusers are outside those provisions. However, Mersey Care (see next page) provide other specialist services, including; Team-based, out-patient and in-patient facilities for substance misusers.

Channel

Channel is an agency in Liverpool that provides household goods to families in need. It was chaired by a Practitioner at NSPCC's FaSST throughout the course of the study.

Children's Services Safeguarding and Support Teams

These LA social work teams deal with cases referred via Liverpool Direct, which filters and channels all City Council enquiries.

Domestic Violence Projects

There are numerous agencies on Merseyside that provide advice, advocacy, daytime facilities, child care, and refuge facilities. In practice many women who need refuge support are placed out-of-area to make it harder for abusive partners to locate them. Given relatively high levels of domestic abuse in households affected by substance misuse, the FaSST always worked with Liverpool women who had been or were being helped by agencies right across the Merseyside sub-region.

Liverpool Safeguarding Children's Board

The Board is appointed under legislation to promote co-ordination, common thresholds of intervention, and training for all agencies that work with or have responsibility for children. NSPCC's Regional Assistant Director was Chair of LSCB until December 2011. LSCB funded preparatory work via NSPCC that led to creation of the FaSST. FaSST staff contributed to, and the Hargreaves Centre hosted, LSCB Training. LSCB and NSPCC collaboratively delivered a conference on Families and Substances as the launch event for the FaSST.

Liverpool Women's Hospital NHS Trust

The NHS Trust provides services for women at Liverpool Women's Hospital, Aintree Hospitals (Fazakerley) and clinic locations around Liverpool, including maternity, gynaecology services and related services.

Big Life Group Summergrove Project

'Summergrove' was described as unique in Western Europe for the support given to former substance misusers with children if they had care of their children or a prospect of resuming care of their children. It offered residentially-based support in tenanted accommodation for abstinent parents. Summergrove lost the commission and had closed by 2011, after helping numerous of families over an extended period. Nothing comparable replaced it on Merseyside. FaSST Practitioners worked with some parents there and spoke highly of the work done.

Drug Dependency Unit

This is an NHS treatment facility for people with a need for more intensive, supervised detoxification and treatment.

Mersey Care NHS Partnership Trust

Mersey Care provides substance misuse services alongside a much wider range of mental health, learning disability, head injury and other services. Services include Ashworth Secure Hospital, The Scott Clinic Medium Secure Unit and the Rathbone Low Secure Unit. Among substance misuse services are the Windsor Clinic Detox and Treatment Unit at Fazakerley and the Drug and Alcohol Recovery Team, Brook Place, Tuebrook, Liverpool.

NHS Drug and Alcohol Action Team (DAAT)

The DAAT, sometimes referred to as a Drug Action Team (DAT) is part of Liverpool Primary Care Trust.

Nugent Care

Nugent Care, a wide ranging Catholic charity, works with every age group across a wide range of social needs including mental health, substance misuse and homelessness. It offers fostering and adoption services, domiciliary community care, day care, and residential and nursing homes.

Person Shaped Support (PSS) (Formerly Personal Service Society)

PSS is one of the largest voluntary organisations in Europe, founded in Liverpool in 1919. It has a wide range of provision that extends beyond national borders, with its largest provision in Liverpool. There is provision for all age groups and most social problems, including provision for young carers and for children affected by substance misuse. PSS took over

'Together Women Liverpool' in 2010 – 2011, which is now attached to Action on Addiction (SHARP).

Schools

Efforts were made by FaSST Practitioners to develop groups to support children affected by substance misuse in their families. Organisational issues within schools frustrated those efforts, despite efforts to negotiate clear understandings of what would be required.

Social Housing Agencies

Social housing agencies include Housing Trusts that have taken over much former City Council property and Housing Associations that vary in size. Some serve particular niches, but for the most part agencies like Whitechapel Project and Nugent Care that work with substance misusers have developed close links with particular social housing agencies, which facilitates provision of both tenancies and outreach support.

Social Partnership

The Social Partnership runs a number of programmes and projects in central Liverpool, on Wirral and until recently in Skelmersdale; which provide drop-in facilities, support and educational programmes for people affected by alcohol or other substance misuse. Some projects have a number of staff who formerly were active substance misusers as well as persons who have never misused substances. The Fixers Project provided a comprehensive training with placements and access to training from other agencies for one person who eventually moved to the FaSST.

Spider Project

The Project is a bridge between addiction and the 'real' world, where literacy, IT, technology, communication and other skills can be transferred into education, employment and volunteering. It has long established links in creative and cultural fields on Merseyside and nationally. A range of creative, physical and relaxation activities and peer support opportunities build upon existing skills or nurture new ones, improve self-confidence and self-esteem, and improve both physical and mental wellbeing.

Potential service users who are substance free can self-refer or be referred by friends, family or other agencies for an assessment. Service users of all ages, backgrounds and gender meet and choose to do as little or as much as they like in a relaxed, non-judgmental environment. Each is encouraged to think beyond their past and to regard themselves as useful members of society with their own unique set of skills and interests. At least one woman at the FaSST also joined activities at Spider Project.

Styal Open Prison

Styal, which is located in Cheshire, holds only women in a 19th century building that was originally an 'orphanage'. Much contact work was taken up more recently by solicitors as it was funded through Legal Aid, but the help solicitors provide is more narrowly focused. Until about 2012 'PA' and 'PC' worked jointly at Styal, once every two weeks, meeting individual women in the Prison setting to provide advice and help them to maintain or establish contact with children.

Sure Start Children's Centres and Children's Centres

The Centres were begun under a major national initiative to provide early years facilities in all areas of particular need. Locally two are privately owned, but most are managed via Liverpool City Council. Most Centres have recently 'rebranded' as Children's Centres, generally with less staff, less funding and less focus on the most needy communities. They engage with local communities and network families to a wide range of other agencies, often providing facilities so that other agencies can meet parents and children for clinics, advice sessions, demonstrations, courses and other events. Baby FaSST utilised facilities at Kensington Lifebank Children's Centre. It might have been run at more than one Centre, but ultimately it required too many resources to be viable for the FaSST to continue in 2011, when the Team itself faced changes.

Together Women Liverpool

Together Women Liverpool is an independent organisation linked with Action on Addiction (SHARP). The service began with the FaSST, was re-commissioned to Person Shaped Support and took the commission to SHARP. It has been funded to work with substantial numbers of women by Merseyside Probation Trust and the Primary Care Trust. Together Women offers mainly creative writing, drama, outward bound activities, photography, indoor wall climbing, yoga and acupuncture. Some women at FaSST also joined activities at Together Women Liverpool.

Whitechapel Centre

Located by Liverpool City Centre, Whitechapel Centre is a professionally staffed service employing substance misuse workers and social workers. It provides a wide range of services for persons affected by substance misuse and for homeless persons, including day care, courses, activities, health advice, counselling, outreach support and referral services.

Appendix VII

Pen Portraits of Research Participants

'A', aged about 29, had an abusive childhood, and following a termination at age 16 had a live birth at age 18 while in a violent relationship that she ended at age 24. Her child 'S' started secondary school in autumn 2011. She first sought help with her child via the primary school. She willingly took up help from a LA social worker to parent her daughter more effectively and deal with issues with her former partner, is maintaining recovery from hard drug use via Addaction, completed the Freedom Programme via a Women's Aid agency, and has had help from FaSST. Having completed a parenting programme 6 years before at a local school and studied psychology and counselling at one point, she recently completed the 'Incredible Years' Webster-Stratton Parenting Programme. She was estranged from family, and her mother would not help her, saying that she cannot risk the possibility of facing too many demands. 'A' now has a calmer household with clear routines and greater patience. She volunteers in a youth club. Her concerns are that her daughter should avoid having to grow up too soon or experience domestic violence. She hopes that her daughter will see her father regularly, have self-esteem and self-confidence, go to college and be able to enter employment before she settles down.

'B' is a grandparent aged 50 plus with 5 siblings, who raised 2 children while using hard drugs. She has 7 grandchildren aged 3 – 17 via a 36 year old daughter and 2 other young grandchildren. 'B' is abstinent after 20 years of

substance misuse via support from Addaction (formerly Lighthouse), inc., Alternatives Project*. She completed an NSPCC 'Incredible Years' Webster Stratton Parenting Programme after her second daughter did so. 'B' is active in an organisation of former or recovering substance misusers, speaking at other organisations like the Whitechapel Centre. She looks after the 17 year old and has contact with some other children of the 36 year old, having been estranged from them for two years after involving police and Children's Services over domestic violence. She wants help for one granddaughter as a young person affected by parental substance misuse via Addaction, though Barnardo's Action for Young Carers has given support; and she would like the 36 year old to attend 'Incredible Years' so she can relate to children more calmly. 'B' has concerns about her grandchildren's confrontational approach to others, dangers of binge drinking, grandchildren becoming parents too soon with restricted options, and her daughter's unrelenting and overwhelming domesticity. 'B' hopes that she and her daughter can learn more about domestic violence, her daughter will interrupt her cycle of relationships and pregnancy, grandchildren will learn from her recovery from severe substance misuse, and all will eventually experience self-respect and self-confidence. She has pride in her progress, feels more confident, is assertive, and enjoys art activities.

* Alternatives Project offers vocational training and occupation.

'C', in her late 20s, had an abusive childhood. After leaving home she travelled widely abroad for a significant period, before settling down with a supportive partner, 1 child currently aged 4 and a lodger. She experiences depression and was very reliant on prescribed drugs over a long period; only recently controlling their use. Abstinence is her goal. Her partner and a lodger help with her daughter during mood swings when 'C' is exhausted and irritable. She struggled on the Internet and telephone to find help, until helped by a friend to contact Addaction and signposted to another agency*. The other agency's attitude and advice felt wrong so Addaction agreed to assist her. She attended 'Incredible Years' on referral from Addaction as she feared loss of control when dealing with her daughter, and it had a dramatic impact. She would like a refresher in a few years. She is concerned that her daughter have a happy, secure childhood protected from abuse or other dangers** and to know how to handle her growing independence as a young person. She hopes her daughter will grow into a confident, self-respecting person; will take time to get a college education and be self-employed; and will in time have a secure family of her own. 'C' herself had some previous counselling training and would like to be involved in voluntary work via NSPCC or another organisation in future.

* The researcher has known the other agency for 20 years, which specialises in a particular, relevant form of substance misuse. Staff there advised the researcher previously that prescription drug misuse is a male, middle class problem; and refused to consider an offer of published research evidence that it is a significant problem among women in 'working class' as well as other homes.

** The concern reflects specific personal experiences and a known risk, not on the face of it a generalised anxiety or uncertainty.

'PA' was a Practitioner with the FaSST who worked for 27 years as a LA Children and Families social worker, which was a good preparation. She applied for employment with NSPCC in a period of industrial action, leaving the long-term team she was in to go to NSPCC at what felt like the best possible moment. She benefited from training around her new role and has had good supervision; and she has built on both via an MA, looking at training for family work with substance misusers in her dissertation. She assessed parents in the home setting, led groupwork, trained staff outside, and worked with women prisoners at Styal. Groupwork with children on school premises was stymied by poor support from school staff. Approaches to LAs had, "fallen on stony ground"; hence she says, "how the groups started". 'PA' did not at first recognise an advocacy element in the work she did, but then described examples of such work she had carried out, including representing parents' concerns to LA social workers or case conferences.

'PB' was a Practitioner with the FaSST who began work in the LA 34 years ago in the residential-based Children's Admission Unit, primarily with older children, entering fieldwork in 1991 as a generic social worker with quite a bit of child protection work. After periods based at Liverpool Women's Hospital SW Team and returning to Children's Services, a change in the culture of the agency and the social workers' strike prompted her to move. 'PB' moved to Barnardo's, working on 'Safe Carers' and 'Capacity to Protect' courses, with bereaved children and on family law cases commissioned by the courts. When Barnardo's lost funding for the work, she moved part-time to St. Helens

NSPCC, undertaking a variety of demanding family support work around sexual abuse, bereavement, life story work and Looked After Children. She was meanwhile part-time with the FaSST and moved to FaSST full-time in 2010. Work with particular cases in the voluntary sector was steadier, more sustained and more specialised; and substance misuse had become a major part of her work before leaving the LA. 'PB' felt prepared; and though she had less staff development than others, she has had regular supervision. Her work was mainly one-to-one. She was involved in efforts to get groupwork going with children in schools, which was thwarted by lack of support by school staff. 'PB' mentioned that part of the work with other agencies might have helped to fill in gaps in information that assessment and child protection plans are built on, which could at times mean representing concerns to social workers. At the same time, parents had to understand children's needs better as part of any work done.

'PC' was a Practitioner with the FaSST who worked in a Social Services Children and Families Assessment Team from about 1996, having previously worked in residential child care. She experienced a change of culture; found herself, "stuck behind a computer"; and applied for the NSPCC FaSST as she had become very interested in work with families and substance misuse. There had just been industrial action in the LA and NSPCC was just starting the work with families and substance at the time. 'PC' felt equipped for the role, benefitted from relevant staff development and appreciated regular supervision. She worked with women at Styal Women's Prison, where she

often spoke up for women who lacked capacity to do so personally, and she advocated in behalf of women's needs in meetings with agencies. She undertook individual work and helped lead the 'Incredible Years' Webster Stratton Parenting Programmes.

'PD' was a Practitioner in the FaSST who worked in the LA for a number of years, often with neglect cases affecting children. She left the LA because of workload, proceduralisation and lack of training and development; doing so before the industrial action that led to others applying. She chose the FaSST over the Domestic Violence Team at NSPCC because of her experience with neglect and substance misuse, but initially she did some other work with NSPCC. She helped set up 'Community Parents'; assessing families, preparing volunteers, supervising volunteers and following up cases where safeguarding issues arise. She advocated regularly for families, particularly in meetings and case conferences.

'PE' was a Practitioner in the FaSST who vicariously developed an interest in substance misuse from association with other young people who she knew were using substances more seriously or on a recreational basis. 'PE' joined The Social Partnership as a Trainee Drug Worker after university, benefitting from training and from placements in a number of agencies. Then after work with Merseyside Drugs Council, which later became Lighthouse and is now part of Addaction, she carried out 'CARAT' assessments with prisoners. In an interval 'PE' volunteered in group work with people affected by 'HIV',

continuing at least part-time over a 10 year period. On taking a secondment opportunity with a Sure Start Children's Centre, she first worked with families and substance misuse. Since then, working for Arch Initiatives, another large substance misuse agency, 'PE' trained as a counsellor and utilised therapeutic skills. She thus arrived at the FaSST with a strong background enabling her to take on a specialist role in the Team. That involved work with young people via the 'Participation Group', which enabled them to come to voice on policy issues. She worked with individuals, which provided opportunities for advocacy, particularly when parents were under pressure to enter programmes or abstain on unrealistic timescales. Where possible she sought to empower people by helping them to use telephones and deal with appointments themselves. 'PE' delivered the 'Bitesize' Programme in conjunction with Mersey Care's Drug and Alcohol Recovery Team and Young Addaction, as well as attending Post Natal Clinics and working with the Liverpool Every Child Matters Network of grassroots parenting groups. 'PE' recently completed a social work qualification via Open University, with placements at NSPCC and a Liverpool City Council Children's Services Safeguarding and Support Team and returned to work in the FaSST.

'PF' was a Practitioner, employed by Liverpool Women's Hospital NHS Trust and seconded to work with the FaSST in her capacity as a Midwife. She came to the secondment with previous experience of work with pregnant women leading up to and following birth, on wards and in the community where she tended to provide specialist care. Much of her work was

individual, via clinics, but she was also involved in groupwork via delivery of 'Incredible Years' Webster-Stratton Parenting Programmes, 'Baby FAST' and women's support groups. 'Baby FAST' is resource intensive and it was not possible to continue, though it was potentially one of the most beneficial forms of intervention for younger substance misusing mothers with Babies. Her professional supervision has always been via the NHS, but she also had regular discussion with the Children's Services Manager.

'**TM**' was Children's Services Manager at the FaSST. She completed two interviews but during the research period she took long-term sickness leave and she expected to retire. She had a long background of LA children and families social work, where substance misuse was often an issue. She came to NSPCC around the time that early research was being done in 2003 that led to the FaSST, and she became Children's Services Manager by about 2006. Her role was primarily strategic, involving contacts within NSPCC and with other agencies, ensuring that staff had regular supervision and convening regular team meetings. Some of her work was to try to get Children's Centres, homeless persons units and other provision to work in a joined up way. At the time she took leave she was part of a national working party preparing for major changes in NSPCC that would involve internal commissioning of services and a major reorganisation. Her role in the FaSST was taken up on an Acting basis by one of the Practitioners.

Appendix VIII

Coding Tree

1 Broader Theme - Governance

Governance consists of factors that reflect public sector or PVI sector experience of FaSST staff, including organisational factors; and individual transition from outside or within NSPCC to the FaSST.

1.1 Public sector practice

Public sector practice is paid or unpaid work undertaken in a LA or NHS setting.

1.1.1 Public Sector residential child care

Public sector residential child care is paid or unpaid practice undertaken in a LA setting with children.

1.1.2 Public sector children and families social work

Public sector children and families social work is paid or unpaid practice undertaken in a LA setting including children or children and families.

1.1.2.1 Public sector children and families safeguarding social work

Public sector children and families safeguarding social work is paid or unpaid work undertaken in a LA setting that includes child protection or children's safeguarding.

1.1.2.2 Public sector children and families social work excluding safeguarding

Public sector children and families excluding safeguarding social work is paid or unpaid practice undertaken in a LA setting that does not include child protection or children's safeguarding.

1.1.3 Public sector substance related children and families work

Public sector substance related children and families work is paid or unpaid practice undertaken in a LA or NHS setting with children, parents or both who are affected by substance use.

1.1.4 Public sector children and families group work

Public sector children and families group work is paid or unpaid practice undertaken a LA or NHS setting with children, parents or both.

1.2 VPI work

VPI work is paid or unpaid work undertaken in a private, voluntary or not-for-profit social work or social care setting.

1.2.1 VPI sexual abuse work

VPI sexual abuse work is therapeutic work undertaken in a VPI setting with children or children and families in respect of sexual abuse.

1.2.2 VPI mediation work in public/private court proceedings

VPI mediation work is therapeutic work undertaken in a VPI setting in connection with public or private court proceedings to mediate in matters concerning children.

1.2.3 VPI bereavement work

VPI bereavement work is therapeutic work undertaken in a VPI setting with children or children and families affected by bereavement loss.

1.2.4 VPI Domestic violence work

VPI domestic violence work is paid or unpaid work undertaken in a VPI setting with anyone affected by domestic abuse.

1.2.5 Childline/'There for Me' (at NSPCC)

Childline/There for Me is work undertaken via NSPCC in respect of Childline or 'There for Me'.

1.3 Individual FaSST Staff Transition

Individual FaSST Staff Transition is the change of post from outside or from within NSPCC into the FaSST.

1.3.1 Reason for transition

Reasons for transition include leaving university, wanting to specialise, dissatisfaction with LA work following the Social Work strike, secondment to NSPCC research on families and substance from the City Council, a positive decision to join the NSPCC via the DV Team and then the FaSST, and a 'journey' through a series of voluntary and paid positions.

1.3.2 Preparatory factors

Preparatory factors comprise of vicarious experience via friends and acquaintances, vicarious experience via service users, vicarious experience via FaSST staff, on-going practice experience, increasing awareness, new insights, own reading and research, and opportunities to reflect.

1.3.3 Organised preparation

Organised preparation is planned activity to ensure the capacity to carry out work.

1.3.3.1 Social Partnership trainee scheme with counselling training

The Social Partnership (Transit) trainee scheme is a scheme that has provided training on substances, harm reduction and individual and group counselling.

1.3.3.2 Professional training

Social work professional training is RGN, Midwifery, CQSW, CSS, DipCounselling, DipSW.

1.3.3.3 Drug training/Lack of drug training

Drug training is training provided by the Social Partnership, HIT and other organisations.

1.3.3.4 MSc dissertation, 'Training for LA Staff on Families and Substances'

The MSc dissertation was completed in conjunction with a programme at a nearby university and LA training is via the Local Safeguarding Children's Board.

1.3.3.5 Supervision (or lack of supervision) and reflection

Supervision and reflection is defined as supervision in any organisational setting in conjunction with practice (though some staff reported lack of supervision in previous roles) or reflection (whether individual or otherwise).

1.3.4 Cultural Change

Cultural change is the extent that values, ways of relating and how things are done has had to be re-learned.

1.3.5 De-skilling/redundant skills

De-skilling and redundant skills include assessment skills, report writing skills and specific therapeutic skills such as family therapy skills.

2 Broader Theme – Risk

Risks are factors that affect the likelihood of positive and negative outcomes.

2.1 Social risks

Social risks are factors arising from interaction with a range of persons and organisations around the individual or family that affect the likelihood of positive or negative outcomes for the (grand)parent or (grand)child(ren).

2.1.1 Mum's abusive childhood

Mum's abusive childhood is anxiety which mother directly or indirectly relates to her own childhood experience of neglect, physical or sexual abuse by a member of the household or by a close relative.

2.1.2 Living with family conflict

Living with family conflict consists of historic or current domestic violence and arguments that may be witnessed or overheard by children and disagreement over contact.

2.1.3 Social exclusion and isolation

Social exclusion is isolation, lack of positive relationships, associating only with a stigmatised group, lasting effects of institutionalisation in custodial environments, effects on education and housing issues.

2.1.4 Children's peer relationships

Children's peer relationships includes concerns about how children and young people are able to relate to or are isolated from or may face danger from others their age.

2.1.5 Supportive relationships

Supportive relationships are social relationships that have provided positive social contact, opportunities for shared activity or mutual help.

2.1.6 Impact of integration/re-integration

Impact of integration or re-integration is reflected in an account of holding back from confrontation because of involvement in a responsible role in a youth club.

2.2 Lifestyle risks

Lifestyle risks are factors arising from patterns of day-to-day activity that affect the likelihood of positive or negative outcomes for the (grand)parent or (grand)child.

2.2.1 Patterns of substance use

Patterns of substance use include chaotic use, lapse/relapse, misguided self-reward, and substitution of one substance for another.

2.2.2 Reproductive issues

Reproductive issues are early first pregnancy, continuous demands of pregnancy and early years childcare, lack of time for own daily needs, and lack of time to deal with life events (e.g., grief).

2.2.3 Partner's use

Partner's use is continued use of substances, moving from one substance to another.

2.3 Emotional risks

Emotional risks are factors that particularly affect the likelihood of emotional well-being or harm for (grand)child.

2.3.1 Parent abandoning or going missing

Parent abandoning or going missing is concern that a parent has unexpectedly left children for periods with another person.

2.3.2 Substances as a dominating influence

Substances as a dominating influence consists of the acknowledged or unacknowledged presence of drugs which may or may not displace parental concerns for children.

2.3.3 Emotional absence & emotional volatility because of substances

Emotional absence and emotional volatility because of substances is being 'up one minute down the next', constantly changing, emotional volatility, lacking calmness, depression, anxiety, irritability, frustration or (risk of) losing temper.

2.3.4 Attachment issues/developmental delay

Attachment issues and developmental delay may be evident in an account of a three year old with temper tantrums, delayed speech and continued use of nappies.

2.3.5 Complicating factors, e.g., post-natal depression, depression, fear, anxiety, trauma or loss existing independently of substance use

Complicating factors consist of post-natal depression, other depression, fear, anxiety or in a more general sense 'mental health'.

2.3.6 Impact on children as young carers

Impact on children as young carers includes agoraphobia, non-attendance at school and need for support and counselling.

2.3.7 Children / grandchildren witnessing substance use

Children / grandchildren witnessing substance use is seeing actual use, knowing how substances are obtained, knowing where substances are kept and recognizing when substances are about to be used.

2.3.8 Estranging factors

Estranging factors, which tend to distance individuals or sets of individuals from family, include distancing self while using substance(s), a grandparent avoiding or limiting a caring or tending role with children, reacting to disclosure of substance use by grandparent, grandparent taking in grandchild, deciding to keep child away from abusive relative(s), scripting a child/grandchild to leave home early.

2.3.9 Need to address lack of socialization

Need to address lack of socialization includes concern that children may lack skills to deal with other children and young people in a non-confrontational way or that daily routines and life skills may be lacking.

2.3.10 Tendency to 'overprotect' child(ren)

Tendency to overprotect the child(ren) refers to efforts that are not focused on clear risks or which may affect a child's or children's opportunities to exercise agency in ordinary risk taking.

2.4 Neglect, physical risk and sexual risk

Neglect, physical risk and sexual risks are factors that affect the likelihood of those forms of abuse for the parent or (grand)child(ren).

2.4.1 Neglect

Neglect is direct reference to "a bit of neglect", managing to meet children's basic needs during periods of heavy drug use, wanting to sleep when effect of drugs was easing, and mother not returning from work when expected.

2.4.2 Physical trauma/injury

Physical trauma / injury is the possibility affecting a child of injury from loss of control or excessive punishment of a child or witnessing others subject to trauma or injury.

2.4.3 Physical health risks, low weight

Physical health risks / low weight consists of extreme weight loss, cirrhosis, poor care of injection sites, getting treatment for hepatitis, long-term effects that reassert when other illnesses affect the person during and after recovery.

2.4.4 Physical risk from having drugs in the house

Physical risk from having drugs in the house consists of the insecure presence of drugs.

2.4.5 Being left with risky others

Being left with risky others consists of risk from an abusive partner or risk from abusive members of the extended family.

2.4.6 Inability to protect

Inability to protect is mentioned as the sexual abuse of children by two people during the period of one mother's use of substances.

2.4.7 Sexual risk

Sexual risk is the risk of sexual abuse in a household or from extended family or young women's risk of sexual exploitation or young people's risk from casual sex.

2.4.8 Long-term or recurring Intergenerational risks

Long Term or recurring intergenerational risks include substance use, early pregnancy or risky lifestyle behaviour, and preventative effects of intervention

3 Broad Theme – Support

Support Consists of FaSST Work; Organisational Roles; and Instrumental Values, Conditions, Attitudes and Practices

3.1 FaSST work

FaSST work is work undertaken with individuals, families or groups in the NSPCC Families and Substance Support Team (FaSST).

3.1.1 Work with groups

Work with groups is assessment or support undertaken via the FaSST or group work via the ‘Baby FaST’ Programme, ‘Bite Size’ Programme, ‘Incredible Years’ (Webster Stratton Parenting Programme, ‘Me Time’, ‘Participation Group’ (young people), or ‘Together Women’.

3.1.2 Work with children or young people

Work with children or young people is individual assessment or other work undertaken via the FaSST – group work via ‘Bitesize’ in the schools (children) or the ‘Participation Group’ (young people).

3.1.3 Prison work

Prison work is individual work undertaken with women via the FaSST in HMP Styal.

3.1.4 Individual or Family work

Individual or family work is work undertaken with partial or complete family units via the FaSST.

3.1.5 Volunteer support

Volunteer support is work undertaken via ‘Community Parents’ or NACCHI Project (Head Injury).

3.1.6 Education / Training

Education and training is work undertaken in NSPCC, other agencies or in educational institutions to promote awareness of families and substances.

3.2 Organisational roles

Organisational roles are behaviours or patterns of behaviour, partly delimited by professional background, that are expected of individuals as instrumental to the needs of the service.

3.2.1 Midwife role

The midwife role may only be carried out by a qualified midwife, including; initial discussion and assessment with expectant women and facilitating take-up of antenatal or related health care.

3.2.2 Inter-agency Working

Interagency working includes approaching agencies, spending time in agencies, service delivery on premises of other agencies, information sharing or producing assessments or reports for other agencies.

3.2.3 Management roles

Management roles may be carried out by or under the direction of the Team Manager, including; team consultation, team leadership, and service development to meet identified needs.

3.3 Instrumental values, conditions, attitudes and practices

Instrumental values, conditions, attitudes and practices are values, agency function, individual orientations and working practices.

3.3.1 Core conditions

Core conditions are claimed attributes of the worker; comprising of unconditional positive regard, empathy, and congruence, referred to either explicitly or implicitly, e.g., non-judgmental attitude or honesty.

3.3.2 Reflexivity, reflection and value pluralism

Reflexivity is a willingness to modify the service in response to differing demands on the worker ; as referred to by another worker as reflections a result of re-examining practice; or referred to by another worker as 'value pluralism', when meeting clearly held values other than own values.

3.3.3 User friendly practices

User friendly practices include interpersonal skills, communication skills, basic counselling, informality, choice, enabling, relationship building and individually appropriate pace.

3.3.4 Facilitative practices

Facilitative practices include role play, life story work, Three Houses Model, praise, social skills training, rewarding, self-rewarding, informing, educating, handout materials, pacing and challenging negative parental expectations.

3.3.5 Service user reason for involvement

Service user reason for involvement is involuntary, practical, therapeutic, differentiated between partners, or a combination.

3.3.6 Policy driven change, i.e.; Drugs Strategy

Policy driven change includes the Drugs Strategy, need to address gaps in services, Liverpool LCSB protocols that require a children's safeguarding perspective, changes in NSPCC policy that involve internal commissioning and a BEM focus, research, new models for practice, NSPCC training and other factors outside the FaSST itself.

3.3.7 Advocacy issues

Advocacy issue reflect the extent to which services provided are or are not intended to enable or promote rights or interests, in respect of children or young people, either directly or via parents, grandparents.

4 Broad Theme – Beneficial Outcomes

Beneficial Outcomes consist of positive expectations of staff or (grand)parents and benefits of intervention.

4.1 Expectations

Expectations are views professionals, agencies, families and parents have as to what is likely to result from involvement.

4.1.1 Professional Expectation

Professional expectations are views, whether accurate or otherwise, about the role of NSPCC.

4.1.2 Community or Agency Expectation

Community or agency expectations are expectations that reflect how NSPCC is regarded historically, currently or as one of a range of organisations that carry out work in the locality.

4.1.3 Individual/Family Expectation

Individual family expectation includes (grand)parents' low change expectations, passivity, anxiety about children or grandchildren's futures and positive hopes for children.

4.1.4 (G)Parent Expectation

Parental expectation includes trust or distrust of social workers, NSPCC, Children's Services or drugs agencies; subordination to professionals and agencies; low change expectations; avoiding errors of own parents; anxiety about children or grandchildren's futures; aspiring to be a good parent or grandparent; and positive hopes for children.

4.2 Benefits from intervention

Benefits from intervention consists of gaining access to services, therapeutic benefits, increased capacities, personal and family benefits, and getting heard.

4.2.1 Access to services

Access to services addresses non-take-up and take-up of childcare, antenatal or other services and obstacles to take-up of services.

4.2.2 Therapeutic benefits

Therapeutic benefits include dealing with anger, guilt or remorse; building or self-confidence; speaking up in the family about own abuse; rebuilding social networks; having confidence to live without a partner; improved relationships with children; being able to protect own child from abuse; and re-balancing family relationships.

4.2.3 Capacities

Capacities are parent skills, social skills, life skills, keeping children safe, being a source of advice or help for others, increased internal resources and educational or vocational development.

4.2.3.1 Parenting skills

Parenting skills consist of patience, self-confidence, praise, self-restraint, non-interference, non-critical feedback, use of reference materials, having routines, being able to give direction, introducing activities and empathy and being able to speak up for children.

4.2.3.2 Practical Help & life skills

Practical heal & life skills consist of being able to plan ahead, organizing time and general claims about life skills.

4.2.3.3 Capacity to safeguard own child or grandchild

Capacity to safeguard own child or grandchild consists of being able to recognise abusive behaviour, believing a child's disclosures, being able to keep own life under control and keeping child away from potential abuser.

4.2.3.4 As source of experience / advice for children / grandchildren

As source of experience/advice for children / grandchildren includes own substance awareness, providing a model of recovery, being able to talk about substances.

4.2.3.5 Capacity to help others

Capacity to help others consists of learning particular helping skills, being able to model being open about things, having opportunities to volunteer and being able to take up further training.

4.2.3.6 Personal growth, self-confidence and self-esteem

Personal growth, self-confidence and self-esteem consists of being motivated, self-aware, self-respecting, having self-worth, feeling pride, accepting praise, being friendly, being able to share, having positive body language, being able to approach people, ready to help others and being able to look after self with appropriate rewards.

4.2.3.7 Educational & vocational benefits

Educational and vocational benefits consist of training that results in increased readiness to volunteer or work, take-up of volunteer or paid roles, or in a recognised qualification.

4.2.4 Personal and family benefits

Personal and family benefits are benefits experienced by parents or by other members of the family.

4.2.4.1 General personal and family benefit

General personal and family benefits are those benefits to the parent/grandparent or child that could not otherwise be grouped.

4.2.4.2 Impact on child of parenting course

Impact on child of parenting course is the experience of more positive direction, use of distraction, more judicious use of sanctions, calmer atmosphere, better communication and less 'playing up and acting up'.

4.2.4.3 Rebuilding family and social networks

Rebuilding family and social networks is unblocking, being able to talk again with family, resuming child-grandparent contact, providing care for grandchildren, being in contact with neighbours, re-balancing relationship of mother and grandmother, focusing family concerns on baby, and sharing a social activity.

4.2.4.4 Commitment, volunteering, new opportunities, perspectives

Commitment, volunteering, new opportunities and perspectives consists of volunteering within or outside NSPCC, becoming a recovery champion, running a forum for other service users, acting as a more approachable intermediary in the drugs services, having a feeling of commitment, getting paid employment, or moving on to professional training.

4.2.4.5 As example / influence for (grand)children

As example/influence for (grand)children consists of being a role model, showing the difference between life as a substance user and as a non-user, having a calm house, having a pleasant house and garden, being able to show products of own creativity as a person in recovery.

4.2.5 Getting heard

Getting heard involves young people or parents having a voice or staff in behalf of either group expressing views about services and about needs and preferences.

4.2.5.1 Parents Evaluating Services

Parents evaluating services consists in the interviewers in parents commenting to the researcher on the value of NSPCC services to them and to other service users involved.

[Implicitly, opportunities for parents to evaluate services in direct discussion with NSPCC were not provided outside the individual functions.]

4.2.5.2 Young People Evaluating Services

Parents evaluating services consists of young people commenting on services to them in a number of forums.

4.6.6 Rights & Empowerment

Rights and empowerment consists of advocacy, changes in relations of power and have a direct or indirect voice.

4.2.6.1 Rebalancing and relations of power of children, parents, grandparents and agencies

Rebalancing is the change in relations of power involving children, parents, grandparents and professionals.

4.2.6.2 Need for information, advice, and advocacy re Children's Services involvement

Need for information, advice advocacy re Children's Services involvement is help in dealing with social workers or teachers, in knowing what needs to change for desired outcomes, in knowing what is going to happen, in knowing how to deal with the child protection plan, or to help to know how to deal with children.

4.2.6.3 Informing/Explaining/Clarifying

Informing, explaining and clarifying is informing parents when they must take certain actions including attendance at antenatal clinics or post-natal clinics or parenting assessment; explaining timescales and time limits; explaining NSPCC services; clarifying that the social worker is involved in the interests of children rather than parents; and not simply telling parents what to do.

4.2.6.4 Representing Parents

Representing parents is explaining things, informing about rights, representing children and parents in the interests of children and asking questions in behalf of parents.

4.2.6.5 Advocating directly for parents or children

Advocating directly for parents involves representations in their absence or in their presence with social workers, in meetings or accompanying a parent to an agency when they are anxious about an appointment.

4.2.6.6 Challenging

Challenging consists of confronting unrealistically low or overly high expectations of parents or others about the scope for change or readiness to meet certain demands.

Event

Launch of Drugs Strategy
NSPCC Research
Publication of Hidden Harm
Start of NSPCC FSST Pilot
Closure of Lighthouse Project
NSPCC Re-organisation
Baby FaST

Topical markers**People (Blue)**

CBT Trainer
Child Psychologist
Community Liaison Officer
Community Worker
FaSST Manager
FaSST Team members
FASST Mental Health Worker
(vacant post)
Friends
GPs
Health Visitor
LA Social Workers
Midwife
Parents
Professionals
Referring Agency
School mentor
Partner
Friend
Mother
Father
Neighbour/Neighbour children
School children
Acquaintance on College course

Organisations (Olive)

Barnardo's
Brook Advisory Centre
ChildLine
Citizen's Advice
Community Voice
Drugs Agencies
Arch Initiatives
Brook
HIT
Transit
Young Addaction
Early Year's Provision
Children's Centres,
Sure Start
European Health Commission for
Improving Mental Health of
Under 5-Year Olds

HM Prison Manchester
HM Prison Styal Women's Open
Prison
Housing
Liverpool Every Parent Matters
Network
Liverpool Children's Services
Liverpool Social Services
Liverpool Safeguarding Board
HomeStart South Liverpool
MASG
Merseyside Police (Referred to
only by parent)
NHS
Ante-Natal Service
Community Drugs Team
Drug and Alcohol Action Team,
Drug Dependency Unit
Liverpool Women's Hospital
Post-Natal Clinic
NSPCC
Domestic Violence Team
FaSST
Person Shaped Support
Safeguarding Performance
Management Sub-Group
Schools
Sefton-based Secondary School
Stroke Association
The Basement, Parr Street
Whitechapel Centre
YMCA

Appendix IX

Gantt Chart –Timescale for Research

Stage	Preparation, Fieldwork	Information Gathering	Analysis and Writing Up Dissertation
Stage One: Initial Viva, Enrolment and Preparation 06/2004 – 02/2005	Seek access via agencies and participants	Networking Gather initial statistics & review wider literature	Refine proposal, and plan chapter organisation of dissertation
Application for Registration 23 February 2005, Registered June 2005			
Stage Two: Literature Survey, Prepare for Edge Hill REC (Research Ethics Committee) Application and Prepare for Viva for Transfer to PhD 06/2005 – 05/2008	Further agency negotiations, preparing COREC application, design consent forms, interview plans	Networking Update statistics June 2006 and June 2007 And review research literature	Reading and writing for transfer application and REC application
Research Ethics Panel 23 April, 2008 and Approval Agreed, Transfer to PhD Completed 5 June, 2008			
Stage Three: Re-negotiate Access via NSPCC; Prepare IRAS Application for 04/2009 agreed 08/2009; resolve new issue with NSPCC; and apply for Substantial Amendment agreed 08/2010 06/2008 – 08/2010	Convert COREC to IRAS Form, Confirm with NSPCC, Submit to REC Submit substantial amendment to REC	Networking Update statistics June 2008 June 2009 & June 2010 and continue reading	Drafting chapters, “Social Construction”, “Governance”, and “Research Design”
Stage Three: Staff Interviews and Data Analysis 09/2010 – 11/2011 Parents Interviews and Data Analysis 06/2011 – 10/2011	Obtain consents and interview staff using ‘responsive interviewing’ Obtain consents and interview parents using ‘responsive interviewing’	Networking Update statistics June 2011 And Read around issues emerging from data	Transcribe, analyse, identify concepts, themes, and topical markers, build memo file Continue data analysis, rankings, memo file

Stage Four: Complete Data Analysis 11/2011 - 03/2012	Revise questions, confirm consents and interview parents final time	Networking and Read around issues emerging from data	Continue data analysis Update chapter, "Research Design"
Stage Five: Writing and Evaluation 04/2012– 12/ 2012	Further discussion with NSPCC and send summary to participants	Update statistics June 2012 and Check literature as needed	Write final chapters and make corrections
Stage Six: Submit Thesis 01/2013 Refer as needed to literature			Prepare for final Viva
Stage Seven: Viva 03/2013 Final Document 01/2014	Send evaluation to NSPCC for consultation		Prepare final bound copy of thesis within one year.

A separate Evaluation Report was prepared and passed on to NSPCC in spring 2013. NSPCC will also have access to the Thesis when it is finalised.

Figure 5: Gantt Chart – Timescale for Research