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**Child Care Career Patterns: An Exploration of the
Experiences of Black and White Children**

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Abstract

The focus of this thesis is on the care career patterns of black children. Empirical findings of the research are analysed in the light of existing literature. Particular attention is directed towards the decision-making role of field social workers. The study examined the perceptions of the principal individuals associated with the care process (namely field social workers, natural parents and children).

A cohort group of 564 children were found to be in the care of Wenford Social Services Department (294 black and 270 white). The care careers of these children were explored. A follow-up study conducted six months after the initial inquiry was part of this process. Also, a sub-group of 80 children (who had been admitted into care within the previous six months) were examined in depth. Here, interviews with the principal individuals were conducted to gain their perception of the situation. Both the cohort and the sub-group included children of all ages and all legal routes of entry. In the sub-group, restrictive criterion liable to bias results was applied in that only children who had been admitted into care in the previous six months were selected

The study attempted to analyse the similarities and differences in the treatment of black and white children in the public care system. Results shed new light on the situation of black children and suggest that due to individual and institutional racism within the personal social services, black families and children receive a poor service.

Contents

List of tables		vi
Glossary		vii
Acknowledgements		x
Chapter 1	Introduction	1
Chapter 2	Black children in care: a literature review	8
2.1	Admission into care	9
2.1.1	Disproportionate representation in care	9
2.1.2	Reasons for referral and admission into care	14
2.1.2.1	Referral patterns	14
2.1.2.2	Circumstances under which children enter care	17
2.2	Experiences in care	33
2.2.1	Residential care	33
2.2.2	Transracial placements	38
2.3	Rehabilitation and discharge	65
2.4	Summary and conclusion	67
Chapter 3	Methodology	69
3.1	The research problem	69
3.2	Methods of research	72
3.3	Methodological problems and limitations	74
3.4	Conceptual problems	79
3.5	Access to social services departments	83

	3.6	Pilot study	91
	3.7	Research design	94
	3.8	Data analysis	104
Chapter	4	Political and ideological racial discourse in Britain	107
	4.1	The concept of hegemony	107
	4.2	The response of the state to the presence of black people in Britain	110
	4.2.1	Immigration	110
	4.2.2	Race relations	114
	4.2.2.1	Urban deprivation policies	115
	4.2.2.2	Anti-discrimination legislation	119
	4.3	Discussion and analysis	121
	4.4	Summary and conclusion	127
Chapter	5	The personal social services	129
	5.1	Development of child care services	129
	5.1.1	Social services departments	141
	5.2	The personal social services and 'race'	150
	5.2.1	From assimilation to anti-racism	150
	5.2.2	Role of black social workers	158
	5.3	Summary and conclusion	163
Chapter	6	Borough profile	164
	6.1	Borough of Wenford	164
	6.1.1	The population of Wenford	165
	6.1.2	Ethnic minorities in Wenford	166

	6.1.3	Housing in Wenford	169
	6.2	Wenford social services department	174
	6.2.1	Children and young people	175
	6.2.2	Area offices	177
	6.2.2	Staff composition in area offices	179
	6.3	Discussion and analysis	179
	6.3.1	Employment of black social workers and managers	180
	6.3.2	Social worker attitudes towards departmental policy	185
	6.3.2.1	Same race placement policy	186
	6.3.2.2	Private and voluntary placements	186
	6.3.2.3	Rights and duties (assumption of parental rights)	189
	6.4	Summary and conclusion	190
Chapter	7	Entry into care	191
	7.1	The cohort group	191
	7.2	The sub-group	195
	7.3	Referrals	196
	7.4	Reasons for admission	200
	7.5	Length of time between referral and admission	203
	7.6	Legal status	205
	7.7	Distribution of children in care by 'race'	209
	7.8	Sex distribution of children in care	212
	7.9	Age structure	212

	7.10	Discussion and analysis	215
	7.11	Summary and conclusion	231
Chapter	8	The placement stage	232
	8.1	Placement upon admission	233
	8.2	Placement at the time of study	240
	8.3	Placement upon follow-up	244
	8.4	Total number of placements	245
	8.5	Transracial placements	246
	8.6	Discussion and analysis	248
	8.6.1	Family vs residential placements	249
	8.6.2	Children of mixed-origin	257
	8.6.3	'Marginalised' black children	262
	8.7	Summary and conclusion	264
Chapter	9	Rehabilitation and discharge	266
	9.1	Process of rehabilitation	267
	9.1.1	Length of time in care	267
	9.1.2	Parental links	269
	9.1.3	Social worker contact with natural family	276
	9.1.4	Home on Trial attempts	277
	9.2	Discharge from care	279
	9.2.1	Children discharged from care	279
	9.2.2	Length of time between admission and discharge	280
	9.2.3	Routes of discharge from care	282
	9.2.4	Place of residence after leaving care	283

9.3	Discussion and analysis	285
9.4	Summary and conclusion	303
Chapter 10	A different reality: black and white child care careers	305
10.1	Social services response	305
10.2	Major findings	307
10.3	The significance of 'race'	310
10.4	Transracial placements	321
10.5	Residential homes	323
10.6	Rehabilitation and discharge	324
10.7	Other agencies	329
10.8	The role of the black worker	330
10.9	Summary and conclusion	333
Chapter 11	Conclusions	334
Bibliography		342
Appendix A	Questionnaires - Social workers, parents and children	361
Appendix B	Questionnaires - Cohort study	369
Appendix C	DHSS statistics for children in care, 1977-1983	388
Appendix D	Legal routes into care, a flow chart	390
Appendix E	Staff composition in Wenford's four area offices	392

List of Tables

2.1	Number of black children placed in white and black homes, 1968-1973	58
3.1	Proportions of children by ethnic origin	96
6.1	Population of Wenford, 1901-1981	166
6.2	Ethnic minorities in Wenford	167
6.3	Residents by Country of birth of head of household	168
6.4	Household composition in Wenford	170
6.5	Households by tenure, Wenford 1981	171
6.6	Lack of amenities: Total private rented sector	172
6.7	Lack of amenities: All households	173
6.8	Household sizes, Wenford 1981	173
6.9	Type of households, Wenford 1981	174
6.10	Population served by Area Office	178
6.11	Proportion of children in population by 'race' by area office	178
7.1	Referral agency by 'race'	197
7.2	Reasons for referral by 'race' by area	199
7.3	Reasons for admission by 'race' by area	203
7.4	Length of time between referral and admission by 'race'	205
7.5	Legal status upon admission into care by 'race' by area	206
7.6	Change in legal status by 'race' by area	209
7.7	Children in care by 'race' by area, Child population (0-15 years) by 'race' by area	210
7.8	Admissions into care by 'race' by year, 1983-1986	211

7.9	Sex distribution by 'race' by area	212
7.10	Age upon entry into care by 'race'	213
7.11	Age at the time of the study by 'race' by area	214
8.1	Placement upon admission by 'race' by area	234
8.2	Placement at the time of study by 'race' by area	242
8.3	Placement upon follow-up by 'race'	244
8.4	Total number of placements (related to all care episodes) by 'race'	246
8.5	Foster family's 'race' by child's 'race' by area	248
9.1	Parental links by 'race' by area	271
9.2	Parental links upon follow-up by 'race'	272
9.3	Parental links of children placed in foster families by 'race'	273
9.4	Parental links of children placed in children's homes by 'race'	274
9.5	Parental links of children placed with relatives by 'race'	275
9.6	Social worker contact with natural family by 'race'	277
9.7	Home on Trial by 'race' by area	278
9.8	Proportion of children in/out of care upon follow-up by 'race'	280
9.9	Length of time between admission and discharge	281
9.10	Routes of discharge from care by 'race'	283
9.11	Place of residence upon leaving care by 'race'	284

Glossary of some terms and abbreviations used

Black - The term Black is used to refer to individuals of Afro-Caribbean, Asian, West African, Turkish Cypriot, and Mixed-Origin.

Mixed- Origin - The term Mixed-Origin is used to refer to individuals of mixed racial and cultural origins. In the study, the majority of such children had a white indigenous mother and an Afro-Caribbean father.

White - While the study makes distinctions between White Indigenous and White European, the term White is used to refer to both these groups.

White Indigenous - The term White Indigenous includes those of English, Welsh, Scottish and Irish origin.

White European - The term White European refers to those who are themselves from countries in Europe or whose parents are European.

Race - The term Race is used in inverted commas throughout the thesis because of its controversial nature. The author rejects the biological definition of the term, and sees it as a socially/ideologically created category.

B - Refers to Black

W - Refers to White

H.V. - Health Visitor

G.P. - General Practitioner

NSPCC - National Society for the Prevention of Cruelty to Children.

Vol.Care - Voluntary Care (under section 2 of the 1980 Child Care Act).

POSO/ICO - Place of Safety Order/Interim Care Order

Full CO - Full Care Order

1969 CYPA - Children and Young persons Act 1969

1973 MCA - Matrimonial Causes Act 1973

Wardship - A ward of court is a child whose guardian is the High Court (under the Guardianship of Minors Act 1971, s.1).

FF - Foster Family

O & A Centre - Observation and Assessment Centre

CH - Children's Home

CHE - Children's Home with Education

RN - Residential Nursery

HOT - Home on Trial

CO - Care Order

R & D - Rights and Duties (under section 3 of the 1980 Child Care Act).

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Declaration

Some of the material contained in chapter seven of this thesis has been published elsewhere:

Barn, R. (1990) 'Black Children in Local Authority Care: Admission Patterns', New Community, 16(2).

Chapter 1

Introduction

This research study examines the care careers of black children in one Local Authority Social Services Department. The gatekeeping role of field social workers in their work with families and children when children are admitted into local authority care is explored. An attempt is made to analyse the perceptions of the major characters- namely field social workers, parents and children. Care career refers to the processes of referral and admission, placement, and rehabilitation and discharge.

The initial impetus for this research came from the growing debate about the increasing numbers of black children in local authority children's homes, and the reluctance of some local authorities to place black children in white substitute families. An examination of the literature suggested that there were disproportionate numbers of black children in the public care system. Such disproportionate representation, however, had not been satisfactorily documented. The difficulties of finding substitute families for black children had received some

attention.

It appeared that while certain aspects of the care process had been examined, there was a lack of understanding of the total care career situation. For example, while impressionistic, anecdotal and some research evidence existed to suggest the disproportionate representation of black children, there was very little that was actually known to prove or describe/explain this phenomenon. Issues such as the circumstances under which black children enter care, their age, legal status, length of time in care, and previous care episodes were largely unexplored.

In order to understand the totality of the situation, rather than particular aspects of care, it was decided to focus upon the whole care career process. The primary hypothesis concerned the concept of 'race' and child care careers. The study set out to explore whether 'race' as a variable was an important factor in the process of a child's care career. This was to be operationalised by means of several observable indicators:

- the differences in the patterns of referral, admission, placement and rehabilitation of black and white children.
- Social work decision-making

- Social worker's construction of reality/perceptions of 'race'.

There was no sampling selection in the study. In the absence of information in the area of black child care careers, it was felt more appropriate to avoid restrictions of age, legal status, and placement. The care career of every child, whatever the route of entry into care, became the focus of the study. A cohort group of 564 children (294 black and 270 white) were found to be in the care of Wenford Social Services Department at the time of the research in 1987. An initial inquiry was followed up six months later to examine the change in circumstances focusing in particular on the process of rehabilitation and discharge.

A sub-group of 80 children (who had been admitted into care within the previous six months) were examined in depth. Here, interviews with principal individuals were conducted (social workers, natural parents and children) to gain their perception of the situation. Both the cohort and the sub-group comprised children of all ages and all legal routes of entry.

Plan of the study

A brief outline is given here of the contents of this study. In chapter two, previous research studies on black children are highlighted, their contributions as

well as their shortcomings and limitations are indicated. It is argued that while the issues of transracial placements (placements of children in families racially and culturally different to their own) have been given some attention, there is a dearth of literature in other areas. Also, it is stated that studies which have attempted to explain the disproportionate representation of black children have put forward models depicting the pathology of the black family either in terms of inter-personal relationships or in terms of socio-economic disadvantage. Thus there is a lack of appreciation of the structural inequalities and the effects of political and ideological racial discourse in this area of welfare provision.

Chapter three outlines the methodological issues of the study. It points to the conceptual and methodological problems encountered in the research. In particular, emphasis is placed upon the difficulties of gaining access to Social Services Departments to conduct research in race related areas. In chapter four, background information is provided on the political and ideological racial discourse in Britain. The response of the state to issues of immigration and race relations is traced from the 1950s to the present day. This is followed by a chapter on the personal social services. Here, an account is given of the

development of child care services in Britain. Moreover, issues of race are placed in the context of welfare provision. The political and ideological discourse beginning from the ideas of assimilation to anti-racism is explored.

The remainder of the thesis is devoted to the findings of the study. Chapter six begins with an outline of the borough of Wenford. A descriptive account of the socio-economic situation as well as an analytical account of the Social Services Department, in terms of policy and provision, is offered in order to help contextualise the findings of the study. In chapter seven, the empirical findings related to the referral and admission of children in the cohort and the sub-group are explored. The sub-group findings are integrated into the statistical analysis to provide an understanding of the processes involved. The disproportionate representation of black children is clearly demonstrated. It is argued that lack of preventive work leads to black children being admitted into care much more quickly than white children. New light is shed on issues of preventive work with black families, age, route of entry into care and change in legal status.

Chapter eight focuses upon the experiences of black children in terms of the process of placement.

The study offers new evidence to suggest that far from lingering in residential care, black children had a much better chance of being placed in foster families than white children. Also, since the adoption of the 'same race placement' policy a few years before this research, there was a ready pool of black foster families in which black children were placed. A sizeable group of black children were found to be placed in white foster families, the problems encountered by these children are discussed in this and in the following two chapters. Social workers' ambivalence of the 'same race placement policy' in relation to Mixed-Origin children is also explored. The situation of 'marginalised' children, those of Asian and Turkish Cypriot origin placed in Afro-Caribbean families, is discussed in the context of departmental placement policy.

Chapter nine addresses the issues of rehabilitation and discharge. It is shown that although better links were maintained between black parents and children than white parents and children, black children were much less likely to be placed home on trial than white children. Both black and white children who left care were either withdrawn from voluntary care, or they had reached the age of 18 or 19 when they were no longer the responsibility of the social services. Social workers made little or no

efforts to plan for the rehabilitation of children. In the majority of the cases, there was no contact between the social worker and the natural parents.

In chapter ten, an attempt is made to consolidate the major findings of the thesis. The situation of black children and families is discussed in the context of the whole care career process. The political and ideological structures of Social Services Departments, the professional ideologies of social workers and the institutional racism of society in general are explored to provide an understanding of the experiences of black and white child care careers found in the study.

The study concludes by highlighting the fresh findings of the research in the area of black child care careers. While indicating the contributions made by this thesis, it is argued that more work needs to be done for greater understanding of the situation of black children in local authority care. The limitations of the research are pinpointed to suggest where the efforts of future studies could be placed.

Chapter 2

Black children in care: a literature review

Child care is an area of immense interest in the realms of social work. Over the last few decades much has been written on the subject. However, there is a general paucity of information on the issue of black children in care. The mainstream literature on the whole has continued to overlook the issue of race and by default or design has led to the marginalisation of black children in care. This chapter offers a critical analysis of race related child care literature. It attempts to highlight the inadequacies of research writings, and points to the limitations of such works. The various stages of child 'care careers' (the process of admission, placement, and rehabilitation) are reviewed. It is felt that past research has focused on certain limited aspects of the care career process, and thereby has failed to conceptualise the total situation.

The chapter is divided into three sections. The first section discusses the admission patterns of black children and critically evaluates research done in this area. The explanations offered for the disproportional representation of black children in care are analysed

and evaluated. Section two is devoted to black childrens' experiences in residential care, and in substitute family settings. The final section addresses the question of rehabilitation and discharge of children into their natural families and the community.

2.1 Admission into care

The referral and admission patterns of black children have received limited attention (Barn 1990). Much of the literature has concerned itself with the high proportions of black children in care without adequately exploring the issues for their high presence. This section reviews the findings of research studies and assesses their contribution to the subject. It is argued that in the light of the fact that much of the research conducted in this area has been of a 'problem oriented' nature (that is, the high presence of black children has been perceived as a problem for the agencies), little light has been shed on the circumstances under which black children come to be represented in the care system.

2.1.1 Disproportionate representation in care

In the absence of national and local authority statistics on the racial origin of children in care, some of the research studies have been preoccupied with documenting the disproportionate representation of black children without much explanation as to why they

are there (Foren and Batta 1969; Lambert 1970; Rowe and Lambert 1973; McCulloch, Smith and Batta 1979; Batta and Mawby 1981; Boss and Homeshaw 1975; Lambeth 1981; Tower Hamlets 1982). The contribution made by such studies is nevertheless useful in highlighting the disproportionate representation of black children in care.

A group of studies conducted in the Social Services Department of Bradford by researchers at the University of Bradford have shown that black children are more likely to be admitted into care than white children. The first Bradford study to examine admission patterns was carried out between 1966 and 1969 (Foren and Batta 1970). In defining the 'ethnic origin' variable, this study made a simple three category delineation of 'White' (White Indigenous), 'Coloured' (Afro-Caribbean and Asian), and 'Half-coloured' (Mixed-Origin). An overwhelming finding of this study was that there was a high rate of reception into care in the Mixed-Origin group, over 50 per 1000 having come into care during the period of the study. The rate of admission for Mixed-Origin children was eight and half times higher than for white children. Moreover, it was found to be even greater for Mixed-Origin children under five years old.

A follow up study was conducted six years later (McCulloch, Smith, and Batta 1979). Data were collected from the official records of the Social Services Department for the year ending 31st March, 1975, and these data were compared and contrasted with those of the earlier study. The researchers found that Mixed-Origin children still had a greater chance of coming into care than either of the other two ethnic groups of children, that is, 'White', and 'Afro-Caribbean and Asians' (109 Mixed-Origin children were in care , a rate of 66 per 1000). Mixed-Origin children also came into care at an earlier age and tended to stay in care for longer periods. It was also found that the number of Afro-Caribbean and Asian children in care had increased much faster than the other two groups since the last study was done. A third study which looked at children in care in Bradford Social Services Department came to similar conclusions in terms of its findings on Mixed-Origin children (Batta and Mawby 1981).

There have been other studies which have indicated the high representation of black children in institutional settings (Lambert 1970; Rowe and Lambert 1973, Pearce 1974, Cawson 1977). These studies are explored in detail in the following section. The overwhelming finding of these studies has been that black children are much more likely to be in

institutional settings than white children. Rowe and Lambert (1973) in their study of substitute family placements in twenty-eight agencies (county, borough, and voluntary bodies in England, Wales and Scotland) found that 552 children in their sample were black, that is, one child in every five was black. They assert that the proportion of black children varied from none to more than 50 per cent. Similarly, Lindsay-Smith (1979) found figures of between 7 per cent in suburban areas and 50 per cent in some inner-city areas.

Two departmental studies (Lambeth 1981, Tower Hamlets 1982) have stated in no unequivocal terms that black children are over-represented in care. The Lambeth study selected a random sample of children in care and found that 49 of the 90 children in care were black (54 per cent). The Tower Hamlets study indicated that over 50 per cent of the children were from the 'ethnic minorities'.

Although research studies have asserted the high presence of black children in the care system, it is not clear whether black children are in fact disproportionately represented. The problematic nature of the terms 'disproportionate' and 'care' has received little attention. The high presence of black children in residential homes has often been understood to mean that black children are over-represented in care (NCH

1954, Lambert 1970, Rowe and Lambert 1973, Pearce 1974, Cawson 1977). The term 'care' has often been used in an ambiguous sense to imply care in general when in fact research studies have measured care only by virtue of a child being in a residential institution. Thus children placed in non-institutional settings, for example, foster families have not been included. So, when Rowe (1973) asserted that black children spend longer periods in care, it has to be understood that care was used to mean residential care only. Also, the disproportionate representation of black children was not established by comparisons with their actual numbers in the child population. Their high presence was taken as the indicator for disproportionate representation.

The Lambeth study (1980) made a random selection of 90 children in the care of Lambeth Social Services in a given period. Fifty-four percent of these children were found to be black. This figure was then compared with the borough's child population of 18 per cent, and black children between the ages of 0-19 in the borough's population. From these comparisons, it was argued that black children were disproportionately represented in the care of Lambeth's Social Services. What has to be recognised is that the Lambeth study was based on a random selection of 90 children, 49 of whom (54 per cent) were black. How representative this

sample is of the borough's 'in care' population or indeed other inner-city boroughs is not clear.

2.1.2 Reasons for referral and admission into care

There has been some research and some anecdotal evidence to explain the referral and admission patterns of black children. Explanations have ranged from socio-economic disadvantage to family background and institutional and individual racism on the part of the social services. However, there is little systematic account of the circumstances under which black children enter care.

2.1.2.1 Referral patterns

There is very little research evidence to suggest how and why black families come to be known to the social services. While studies have attempted to locate the reasons for which black children enter care, they have largely overlooked the important area of how families come to be known to the social services in the first instance.

Boss and Homeshaw (1974) in their study of the use made of social services provision by black and white families found that Afro-Caribbean families were more likely to call upon the social services than Asian families. Their study confirmed the findings of other research (Fitzherbert 1967, McCulloch and Smith 1974).

Fitzherbert (1967), in her study of 150 Afro-Caribbean children in Lewisham found that black parents were more likely to place their children in care than white parents. She argues that Afro-Caribbean parents perceived the social services to be performing a useful role, and they voluntarily placed their children in care.

McCulloch and Smith (1974) took a random sample of 540 Indians, Pakistanis, Afro-Caribbeans, White Immigrants, and White Indigenous. These groups were interviewed about their day to day knowledge of the social services. About one third, mostly Asians, said that they had no such problems for which they needed the help of the social services. The order of frequency of problems mentioned by the other two thirds was: - economic problems, physical illness and disability and mental illness, interpersonal problems, housing and education. Again, Asians admitted to having such difficulties less frequently than the other two groups. When questioned about their knowledge of the social services, all groups showed ignorance of what was available, but the black group showed least knowledge of all. However, within the black group, Afro-Caribbeans seemed to show more knowledge of the social services. The study makes a correlation between length of residence and knowledge of social services. It is argued that since Afro-Caribbeans have been in Britain

longer than Indians and Pakistanis, they are more likely to know of the services provided by social services agencies.

In terms of children's admission into care, there has been little specific research to explore the nature of referrals, that is, who has referred the case and for what reason. We can deduce from Fitzherbert's study (1967) that Afro-Caribbean parents were referring themselves to the social services. However, it could well be that Afro-Caribbean parents were initially referred by other agencies and came to know of the service provision available via this route.

Boss and Homeshaw (1974) in their study observed similarities and differences in referral patterns between black and white groups. They found that overall there were little differences in the referral agencies between the two groups. That is, black and white parents were equally likely to refer themselves (45 per cent black, 46 per cent white). Also, similar proportions of black and white cases were referred by other agencies. Forty per cent of the black referrals came from health, education and law enforcement sources, compared to 39 per cent of the white referrals. Some difference was found when these agencies were singled out. For example, 25 per cent of the black cases were referred by health and education

compared to only 16 per cent of the white cases.

2.1.2.2 Circumstances under which children enter care

Admissions into care often result from crisis situations and are very rarely planned (Packman 1986). Therefore there is little difference between the reason for referral and the reason for admission. The circumstances under which black children are admitted into care has received some attention. However, there is insufficient empirical evidence of a comparative nature which has drawn the similarities and differences between black and white children. Much of the evidence is anecdotal and of a speculative nature (Ahmed 1981, Arnold 1982, Liverpool 1982, ABSWAP 1983). Explanations for the presence of black children have ranged from socio-economic disadvantage to family background and institutional and individual racism on the part of the social services.

(a) Family background

Social work as a profession is founded upon the psychodynamic approach. That is, a great deal of emphasis is placed on the personality of the individuals themselves in attempting to resolve problem issues. It is not surprising therefore to find out that black family structures have often been pinpointed as the source of problematic situations (Lawrence 1981, Carby 1982, Ahmed 1981, Arnold 1982, Small 1984,

Dominelli 1988).

The Bradford studies mentioned above which documented the higher likelihood of black children to enter care, particularly Mixed-Origin children, have argued that black family structures could account for the black children's entry into care. In their examination of social work case files, they found that black children were in care under care orders relating to offences. This applied equally to Afro-Caribbean and Asian children, although the offences committed by the former were said to be of a more grave nature. It was noted that one in every three of the Afro-Caribbean and Asian group of children was in care for 'grave offences' as compared with only one in every ten of the Mixed-Origin, and one in every five of the White children (McCulloch, Smith and Batta 1979). Such findings help to locate other studies within the Bradford project such as the comparison, by colour, of boys in a classifying school (Smith, McCulloch, and Batta, 1975), the study of juvenile delinquency amongst Asians and 'half-asians' (Batta, McCulloch and Smith 1975), and of crime amongst Asians (Batta, Mawby and McCulloch 1981).

In providing explanations for the disproportionate representation of Mixed-Origin children in care, and the increase in the number of Afro-Caribbean and Asian

children in the care population, the Bradford authors place their focus on the black family. In the 1979 study, McCulloch, Smith, and Batta found that Afro-Caribbean and Asian children were more likely to be admitted into care as the result of police action. However, instead of examining police action, the judicial system or social work decision-making, they point the finger at the black family:

.....without adequate support and supervision from the family, an increasing number of black children are likely to get into trouble by accident or design, and to be made subjects of care orders comparatively more quickly than those who come from intact families.

(McCulloch, Smith, and Batta 1979:83)

Where Mixed-Origin children are concerned the problem is again located either within the family or the children themselves:

.....half-coloured children may be the most deprived and the least well-adjusted in the community. We would suggest that this may be so because they suffer not only from the recognised problems of coloured children, but also from an intensity of confusion relating to personal identity. They have neither the inherited Asian culture nor the white skin which would 'permit' them to acquire full white status.

(Batta, McCulloch, and Smith 1975:39-40)

Thus crude generalisations are produced which serve to reinforce negative stereotypes of the black family. The perceptions of the agents of the Social Services Department are seen as adequate explanations

and presented as social facts.

Boss and Homeshaw (1975) in their study found that Afro-Caribbeans were the only group who were over-represented as child care clients - 1.03 per hundred came for help during the year of the study. In providing an explanation for this phenomena, Boss and Homeshaw assert that:

.....coloured families are predominantly young. They are therefore likely to be at the height of their child bearing years and will therefore have more dependent children. The chances of their needing child care help are thus, for demographic reasons alone, higher than average.

(Boss and Homeshaw 1975:355)

The authors feel confident "that the higher birthrate alone can account for it".

Fitzherbert (1967) in her anthropological account of Afro-Caribbean children in care describes Afro-Caribbean parents as an 'opportunistic' bunch who put their children in care because they see it as an attractive alternative:

.....the prospect (of having a child in care) was attractive. The mother would continue to work or study without the problems or expenses of a daily minder or the build up of moral obligation to a relative. The child was getting an excellent training and education. The parents looked forward to the day when they would receive home cultured ladies and gentlemen.

(Fitzherbert 1967:40)

Fitzherbert (1967) presents a very muddled account of the situation of black children in care. On the one hand she argues that 'tough casework' should be applied when dealing with Afro-Caribbean parents so that they are not given the opportunity of putting their children in care; on the other hand she argues:

They became 'socialised', and acquired habits and skills which equipped them better for life in England than would have been possible had they remained at home.

(Fitzherbert 1967:72)

Thus care is viewed as a good thing. It is seen almost as a blessing in disguise. At the heart of this particular argument is the ideology of assimilation. The care system is seen as one way of ensuring that an 'English life style' is adopted.

In the 1960s many Afro-Caribbean children came to join their parents or step-parents after years of separation. Fitzherbert (1967) in her study found that from the 35 teenagers in her sample (total sample of 150 children) 30 fell into the category who joined their parents after years of separation. In offering explanations for their admission into care, Fitzherbert is drawn into the 'culture conflict' arena. She views Afro-Caribbean parents as a rare breed of parents who hold very 'authoritarian' attitudes to child rearing. Moreover, she describes Afro-Caribbean children as

finding their family atmosphere suffocating, and wanting to live an 'English life style'.

What this 'English life style' is, is not at all clear. It would appear that Fitzherbert as an anthropologist places a great deal of emphasis on cultural patterns. Her focus becomes much too parochial. She does not even attempt to conceptualise the social services response towards Afro-Caribbean families.

Liverpool (1986), a black practitioner, acknowledges certain elements of the 'Culture Conflict' theory but argues that:

.....these factors were compounded by the responses of Social Services Departments which failed to recognise the strengths of these families, and play a more supportive role.

(Liverpool 1986:20)

Arnold (1982), another black practitioner, states:

The West Indian parent who threatens to beat the living daylight out of a disobedient child, or who asks him to leave 'if he thinks himself a man' seldom means to be taken literally. These are his or her attempts at imposing a discipline in the hope that threats will serve as a deterrent for the delinquent behaviour.

(Arnold 1982:109)

It is interesting to note that the above mentioned research studies (namely the Bradford studies and Fitzherbert's study) although different in their

research designs came to similar conclusions when explaining the presence of black children in the care system. The Bradford studies focused on the Social Services Department and overlooked parents' perceptions of the situation. The researchers gathered their information from case notes which were essentially the perceptions of the agents of social services. Fitzherbert gathered information on 150 children and placed her emphasis on interviews with parents. Both, Fitzherbert and the Bradford researchers, used alternative routes but arrived at the same destination. Both placed the blame at the door of the black family. It would appear that the Bradford researchers presented reality as perceived by the agents of the social services. Since Fitzherbert was focusing on black parents' own reality one would expect her findings/explanations to be different. It is possible that Fitzherbert failed to understand what the parents were actually saying to her. As is stated by Arnold (1982) above, a West Indian parent who asks his child to leave the house 'if he thinks himself a man' seldom means to be taken literally.

Much of the research has been 'problem oriented', that is, the perspective adopted has invariably focused attention on the black child and the black family in a pathological fashion (Fitzherbert 1967, Ellis 1978, Saifullah Khan 1979, Stainton Rogers et al 1989). Such

writings which labelled the black child and the black family as the problem helped pave the way for subsequent research. Black culture, family organisation, and religion became subject to close scrutiny, the study of which was justified by pointing to the need for greater understanding and knowledge for successful integration between black and white groups (Bourne 1980, Carby 1982, Lawrence 1981).

(b) Socio-economic disadvantage

Two research studies which have explored the perceptions of both social workers and clients have highlighted the disparity in the response given by these two parties (Pinder and Shaw 1974, Lambeth 1981). It has been argued that there is clearly a conflict in the understanding of workers and clients. In the light of the research evidence on the disadvantaged position of black people in Britain, a report by the Commission for Racial Equality has suggested that the poor socio-economic circumstances of black families could be a significant factor for the high presence of black children in care (CRE 1977).

Pinder and Shaw (1974) found great differences in perceptions between social workers and parents. Social workers either directly or through their case records clearly perceived the breakdown of families in terms of individual or family pathology. 'Parental inadequacy'

was considered to be a major factor in childrens' reception into care (33.7%). ' Absence of mother' was the next important factor (21.8%), while 'child's behaviour and inter-generational conflict' amounted to 14%. Parents, on the other hand, saw themselves as having social rather than personal problems - accommodation (41.7%) or financial (29.0%) difficulties rather than, for example, marital difficulties (10.3%).

In the Lambeth study (1981) both social workers and black parents were asked what they saw as the main underlying reasons for the children's admission into care. Social workers stressed intra-family relationship as the cause of admissions for black children . In not a single case did social workers cite material reasons as a perpetuating factor. Black parents, on the other hand, de-emphasised family reasons. All of those parents who gave the one material reason as housing were black. The Lambeth report states that "this gap in perception of the problem between social worker and client must affect any future working relationship" (Lambeth 1981:21).

While these research studies have proceeded to go one step further by examining the perceptions of both parents and agents of Social Services Departments, they are not entirely unproblematic (Pinder and Shaw 1974, Lambeth 1981). The low response rate of parents and the

inexplicit emphasis on issues of race throws their findings into doubt.

Pinder and Shaw (1974) in their study had a very uneven balance of interviews with social workers and parents - 202 social workers were interviewed (a sample of 244 children, 122 black and 122 white) compared to 45 mothers, 21 fathers, both parents in 4 cases, and other relatives in 6 cases. Thus, there was a very low response rate from parents. One quarter of the parents were not even offered an interview because the social worker advised against it. Pinder and Shaw state that they were dependent on the "co-operation and goodwill of the agencies in carrying out the study at all and to have gone ahead against their professional advice would have been quite counter-productive, even where it might have been possible." They argue that there are "issues to be considered here, issues of research validity, social policy and of simple justice towards an important group of social work agency clients."

Pinder and Shaw (1974) found that about one third of the parents (30.3%) could not be traced. This suggests that in quite a number of cases, the relationship between the social services department and the natural family had broken down quite severely. It would have been illuminating to learn about the situation of this group of children whose natural parents had no link with them or the Social Services

Department. Unfortunately, Pinder and Shaw shed no light on this matter.

Of the parents interviewed, only 17 were black parents (27.4%). This would have made any direct comparison with the white parents' responses difficult. Moreover, 17 parents could not have said to be representative of 122 parents (Total sample of black children) let alone provide generalisations for all Afro-Caribbean parents in Britain. Due to the lack of statistical respectability Pinder and Shaw do not present their findings in racial terms.

There are several questions which remain unanswered, for example:

- how many of the parents denied an opportunity to talk to the researchers were black?
- how many of the parents who could not be traced were black?

Pinder and Shaw (1974) fail to enlighten us on this. They simply accept that they were unable to interview a large proportion of the parents. The fact that Pinder and Shaw were only able to interview 17 black parents suggests that quite a lot of the parents who were denied the opportunity to be interviewed or who could not be traced were black. Pinder and Shaw do

not offer explanations as to why they were advised not to interview certain parents, or why about a third of the parents could not be traced. It would have been interesting to examine this particular area in racial terms.

The Lambeth study (1981) was able to obtain information from parents in more than two-thirds of the cases. This study makes no mention of social workers blocking access to parents. The high response rate from parents and social workers indicates that the findings of this study are more reliable. However, the study makes little attempt to analyse the differing perceptions of social workers and parents. Also, while only a page is allocated to the perceptions of social workers and clients, a whole section is devoted to indicators of socio-economic status of black and white parents. It is here that information appears to be contradictory. For example, on the one hand it is asserted that only black parents (10 per cent) gave housing as a contributory factor to their child's admission into care, on the other hand it is stated that black parents lived in better housing than white parents. A large proportion of black families than white had a whole house (16 per cent to 5 per cent whilst 71 per cent of black families and 56 per cent of white families had a flat). In terms of basic facilities, black families appeared to be better off

than white families. Also, while 16 per cent of the black families owned their own house/flat, no white family was found to own their own accommodation. Overall, black families were found to be more satisfied with their accommodation than white families (37 per cent black to 7 per cent white). It seems very odd that despite such dissatisfaction regarding their accommodation, not a single white family mentioned it as a contributory factor for their child's admission into care.

The Lambeth study (1981) was able to document factors such as employment, housing, and education. Although its findings were not statistically significant, the research study found black parents as economically and socially 'better off', for example, more black parents felt that their income was constant with occasional variance than white parents (80% compared to 63%). Moreover, black mothers had had more education than white - a larger proportion of black mothers had had some form of education beyond the ages of 16, being 29% for black mothers and 7% for white. As has already been mentioned above, in terms of accommodation, black people again fared better than white. These figures, although important as background information on the black families say little about the admission of black children into care. The Lambeth study's inexplicit treatment of issues of race meant

that it was unable to move beyond an 'orthodox' class analysis.

(c) Institutional and individual racism

There has been no explicit examination of the issues of race and racism in the personal social services. The research studies mentioned above have hinted at these aspects without any serious exploration.

Pinder and Shaw (1974) do not present their findings in racial terms, it is difficult to know what social workers thought of black families, or what black families thought of social workers, and their current situation. With regard to social workers' perceptions, Pinder and Shaw do state however that these professionals in general took a decidedly negative view of the childrens' families, particularly in respect of black children, and where colour was seen as an important factor, its significance was virtually always expressed in negative terms. It was found that black parents wished more frequent contact with their children. Pinder and Shaw argue that this may have been the cause of friction between social workers and black parents.

Pinder and Shaw (1974) conclude that they found little, if any, indication of overt colour prejudice in the social workers, and caring agents they met. It is important to point out that the researchers were able

to establish the views of the recipients of the service who were likely to be discriminated against, (that is, the black parents) only in a minority of the cases. Also, it appears that this research study as well as the Lambeth study (1981) mentioned above were not designed adequately enough to elicit aspects of differential treatment of black and white children. The Lambeth study by its own admission states that:

.....the research project was not specifically oriented towards looking at black children in care and that the only questions on race were limited to the racial origins of the clients.

(Lambeth 1981:3)

Boss and Homeshaw (1975) in their study of black families and Social Services Departments found no evidence to suggest that social workers held prejudiced views about black clients:

We found some evidence to suggest that the most common sources of referral of children's cases - health, education, and law enforcement agencies may be, consciously or unconsciously, operating some system of discrimination in the way they treat coloured people. Thankfully, We found little evidence to suggest that social workers were guilty of this kind of prejudice.

(Boss and Homeshaw 1975:356)

Although the above research studies found no evidence of prejudiced views on the part of social workers, it has been argued that social workers do hold negative attitudes about black families (Kornreich

1973, Johnson 1986). In 1970, a piece of research was commissioned by the Home Office to explore the attitudes of social workers towards 'immigrant' clients (Kornreich et al 1973). About 12 per cent of the social workers with 'immigrant' clients (both black and white 'immigrants') held negative attitudes towards them. When colour could be isolated from 'immigrant' status, nearly 23 per cent of the workers showed a negative bias against black clients. For about a quarter of the social workers who had black clients who were all 'immigrants' the negative bias rose to 33 per cent.

Johnson (1986) asserts that racial stereotypes of black families are very much in existence in the 'caring professions', and exemplifies this by quotes such as, 'Asian women keep to themselves', and 'West Indians believe in firm discipline administered in the home'. That is, on the one hand such stereotypes are convenient when justifying the non-existence of appropriate service provision, however they conflict with the pathological notions of the black family - " that migrant families are incapable of fending for themselves, make poor adoptive parents and require more intervention than 'normal families' " (Johnson 1986:85).

What has to be recognised is that social workers operate within structures which allow their negative

stereotypes to flourish. Social Services Departments are founded upon a universalist system of service provision. Moreover, the concept of need is central to the availability of provision. In failing to recognise the needs and problems of black families, social services are operating in a racist framework. In 1978, a report conducted by the Commission for Racial Equality and the Association of Directors of Social Services found that the response of the social services to the presence of black families had been 'patchy, piecemeal, and lacking in strategy' (CRE/ADSS 1978:14). A decade later, in their follow-up study, they have found that little progress has been made (CRE 1989).

The inappropriateness of social services policy, provision and practice has received much attention in the last decade or so (Husband 1980, Jansari 1980, Cheetham et al 1981, Cheetham 1982, Ballard 1980, Kaur 1985, Stubbs 1985, Dominelli 1989). Kaur (1985) in a study of Wolverhampton Social Services Department argued that social services are caught in a dilemma as regards to universalist or selective provision. She concludes that social services 'find it difficult to operate outside a model of assimilation/integration' (Kaur 1985:80).

2.2 Experiences in care

2.2.1 Residential care

As is the case with black children's admission into care, there is a general paucity of information on black children's experiences in the care system. The research in this area is again very patchy and has primarily focused on substitute family placements for black children in care. There has been some research done on residential placements and this will be discussed in this section.

In a study of long-term children in care, Rowe and Lambert (1973) found 552 children in their sample group were black, that is, one child in every five was black. They asserted that in the 28 agencies studied (County, Borough, and Voluntary bodies in England and Wales, and Scotland) the proportion of black children varied from none to more than 50 per cent. The study showed that black children spent longer periods in institutional care. What happens to them in care has not been researched in depth. Research on substitute family placements for black children suggests that black children are more likely to be placed in residential institutions (Raynor 1969; Rowe and Lambert 1973; Jackson 1975; Gill and Jackson 1983).

Rowe and Lambert (1973) found that in their study of 552 'coloured' children, 164 were in need of a substitute family. We are kept uninformed of the predicament of the remaining 388. However it is very likely since the researchers themselves assert that "being of a minority race can be a handicap to substitute family placement" that a majority of the 388 children were confined to residential institutions and that only 164 were deemed to be suitable for substitute family placements. Rowe and Lambert present their findings in racial terms only so far as the proportion of black children needing substitute families. Their other findings are presented in general terms. Thus although it may have been possible for them to extrapolate; they fail to tell us about black children's 'length of time in care', 'number of admissions and moves', 'age upon last admission into care', 'number of social workers', 'parental contact', 'legal status', and 'present placement'.

A disproportionate use of CHEs (Community Home Schools with Education on the premises, formerly known as Approved Schools) for black adolescents has been highlighted by a number of studies (Lambert 1970; Pearce 1974; Cawson 1977). Here a link is drawn between delinquency and CHE, although a definition of the term delinquency is unclear. Lambert (1970) in his study of Birmingham, for example, found that a number of Asian,

Afro-Caribbean, and Mixed-Origin children ended up in CHEs simply because of some conflict between themselves and their parents. Pearce (1974) in his study of 125 Approved Schools concluded:

.....West Indian boys have been found to be overrepresented in Community Home Schools, possibly as a result of differential police activity.

(Pearce 1974:323)

The treatment of black children in residential institutions is a much neglected area. A CRE report (1979) stated that the basic needs (for example skin and hair care, and dietary needs) of black children were not being met adequately. This suggests that if the basic needs are left unmet then there is little likelihood of an overall satisfactory situation.

Pinder (1983) in a study of an Observation and Assessment Centre found a situation of great conflict between staff and a group of Afro-Caribbean 'lads'. Pinder found links with the situation of conflict and the nature and staffing of the establishment which was then a remand home. Pinder showed how the staff exercised their position of power:

The typical outcome of the confrontations was a recourse to (further) custodial provision for the lads. From a staff perspective, the following conclusion to a court report ... exemplifies the logic of these moves in the direction of custody:

" Since returning to Edgefield on 7 July 1978 on a full care order, the less desirable aspects of Hall's character have become more evident, his bullying has increased and when checked for his misdemeanours he blames his colour rather than his behaviour. In separate incidents he attempted to attack one member of staff and struck another in the eye, cutting his eyebrow and causing considerable swelling and discolouration. Since that time his privileges have been withdrawn. It is our opinion that there is little in social services provision to assist this boy and that he best be considered for Borstal training."

(Pinder 1983:13)

Pinder attempts to address the issue of racism in an Observation and Assessment Centre although he does not discuss the differences between different types of residential institutions. He fails to place the discriminatory treatment of black children in a more broader structural context. Nevertheless, his emphasis on practices within Edgefield and the way these affected the 'disposals' of black youth is valuable, and is reinforced by quotes from a deputy officer in charge who talks of black youth as 'violent' and as a 'clique', and admits that five is the maximum number of black youth the establishment is prepared to take at any one time.

The 'Black and In Care' report (1984) mentions the overt and covert racism experienced by black children in residential institutions. In the first ever conference held for and by black children who were or had been in care, it was emphasised that children had

been subject to overt acts of racism. Racist remarks from staff and other white children were not uncommon. It was also stressed that staff in these residential homes had little or no knowledge of the experiences of black people in this society or of black cultures, and therefore racial conflicts between children could not be amicably resolved. The lack of knowledge of black cultures and experiences were perceived to be inevitable aspects of the negative stereotypes held by white staff. For example, when one young person asked about his culture he was told: "You don't have to worry about that, you're in England now, and when in Rome..." Although the BIC report lacks empirical respectability, it is nevertheless an important insight of black children's perceptions of residential institutions.

As with the admission patterns of black children in care, there is a general paucity of information regarding black children's experiences in residential homes. Mainstream literature has been oblivious to the issue of race, and local authority Social Services Departments continue in a similar fashion. It is apparent from the research findings which are available that black children suffer acts of overt and covert racism.

2.2.2 Transracial placements

The term transracial placement refers to children being fostered or adopted by parents of a different racial origin to their own. In reality in the context of Britain it means the placement of black children within white foster or adoptive family units. The issue of substitute families for black children has aroused much interest amongst researchers and practitioners. This interest has arisen wholly because black children were being placed in white substitute homes. From the 1950s to the present day, arguments have ranged from the need for racial harmony to the importance of a family for a child regardless of race. More recently, other arguments such as the negative experiences of black children in white homes, the need for the black child to form a positive self-image, and the ethnocentric policies and practices of Social Services Departments have come into prominence (ABSWAP 1983, Divine 1983, BIC 1984, Small 1984). Moreover, the ultimate in power relationships has been decried - the traditional servicing of whites by blacks carried to its limits in the provision of children. This section traces the historical background and addresses the issues surrounding the placement of black children in white substitute families.

(a) Historical background

In the 1950s and 1960s when the number of black children was on the increase, no initial concern was felt by the children's departments or the various adoption agencies regarding the placement of black children in family settings. This is indicative from the black children's accumulation in residential homes (NCH 1954, Gale 1963, Barnardo's 1966). It has been argued that with the 'shortage' of healthy white babies, many would-be adopters were prepared to consider 'non-white' children and the practice of trans-racial placements became commonplace (Gill and Jackson 1983, Hall 1985, Divine 1985). According to the Jasmine Beckford Inquiry Report (1985) the number of adoptable white babies fell from 14,000 in 1968 to 2,000 in 1974 and probably to less than 1,400 by 1984. Moreover, changes in abortion law in the late 1960s, increased availability and use of contraception and changes in social attitudes which enabled even encouraged unmarried mothers to keep their children were all factors which contributed to the shortage of adoptable white babies.

The practice of transracial placements began in the late 1960s as a solution to a problem - the problem of too many black children in institutional care needing substitute homes and the problem of not enough

'adoptable' white children in the same situation. The two complemented each other perfectly. There were other factors, for example, the demographic realities fitted comfortably with the 1960s 'melting pot' philosophy of race relations which held that race was insignificant and integration was best achieved by mixing up the races. According to Tony Hall's submission to the Jasmine Beckford Inquiry (1985), many of the transracial adopters of the 1960s and 1970s believed they were making a personal gesture towards a healthy, racially integrated society. Hall states that many of these same people now feel angry, let down and distressed by a different philosophy of racial integration which challenges the basic assumption on which their racially mixed families were created. Hall fails to assert that the integration of the 1960s was a process which operated according to the definition given to it by the white society and that it stemmed from an unequal position of power. Integration was a one way process which culminated in the one way traffic of black children in white homes. There has been no empirical research or even anecdotal evidence which has shown that Transracial placements are a reality for white children, that is, that white children are being placed in black homes. To the contrary, Cheetham (1981) found that social workers did not place white children in black families even when black foster parents were available.

(b) British adoption project studies

In the 1960s and against the backcloth of the integration philosophy the British Adoption Project was established to find substitute families for black children in care. Bearing in mind the politics of race of that era and the fact that this was a white initiative, it is not surprising that 80 per cent of the substitute families found were white. The project resulted in the adoption of 53 black children by 51 couples.

In 1969 the first study was carried out by Lois Raynor into the successfulness of the project. Raynor rated each family and child on the basis of the interview and all that was known about the family. An independent rating was also made. According to both sets of ratings 94 per cent of these children were said to have made a very good or satisfactory adjustment. The supposed positive findings of this piece of research added to the credibility of the British Adoption Project which had already been heralded a success for having found substitute families for black children- the very task it set out to do when it asked the question "Can families be found for coloured children?".

The next part of the BAP follow-up (1974-1975) was conducted by Barbara Jackson. This took place after the children had all entered school - 49 of the 51 families were interviewed. The findings confirmed those of the previous follow-up. There was said to be an overall success rate, only 4 of the children were described as giving cause for concern.

The most recent BAP study was conducted by Owen Gill and Barbara Jackson in 1983. By the time of their research political thinking, instigated mainly by black practitioners, was beginning to change on the issue of transracial placements. The evidence that transracial placements were a success was being vociferously challenged (ABSWAP 1983, BIC 1984). Gill and Jackson (1983) for the purposes of their study set out to address the criticisms levelled at transracial placements - namely that black adolescents being brought up in white families are likely to encounter serious identity problems and will be ill-equipped to cope with a racist society. Since the identity problems are said to occur in the adolescent years, Gill and Jackson took it as their brief to research this area. In their opening chapter, the researchers outlined the opponents' position on transracial adoption and stated clearly that they wished to address these criticisms. However, despite such claims the opponents' position did not feature in the research design and methodology.

Only a passing reference is made in the conclusion to the study. The issues of race and ethnicity are not addressed adequately in their research.

The researchers made a study of the children in their adolescent years. The findings show that the majority of the 36 families were living in areas which were either entirely white or in which there was only a small proportion of black residents. Eighteen families had no black friends of the family. Adoptive parents showed little appreciation of the child's culture, but expected the child to have an automatic pride. Gill and Jackson stress that these parents adopted their children at a time when not highlighting their child's racial background was regarded as the appropriate approach. They state that the way in which these parents were bringing up their children seemed consistent with the 'melting pot' approach of the 1960s. With regard to children's perceptions of their ethnic origin the researchers state:

The evidence ... paints a picture of children who, although not directly denying their racial background, perceived themselves to be 'white' in all but skin colour. ... There was little evidence of a positive sense of racial identity.

(Gill and Jackson 1983:81)

Despite evidence to the contrary, Gill and Jackson present their central argument as one of support for

the continual practice of transracial placements:

.....we feel confident in using the term 'success' to describe the experience of the majority of these children.

(Gill and Jackson 1983:132)

John Small, president of ABSWAP and Assistant Director of Hackney social Services, at an ABSWAP conference in 1983 argued that this designation of the adoptions as 'successful' might come implicitly from an integrationist position so that the fact that the children do not see themselves as black is seen as good insofar as it facilitates the creation of a genuine multi-racial society where 'colour' is irrelevant. This suggests that the stance adopted by the researchers of this study is akin to the melting pot era of the 1960s. In their own words, Gill and Jackson state that they did not want to:

.....give undue emphasis to racial background or to emphasise the differences between parent and child.

(Gill and Jackson 1983:13)

In their research design and interpretation of findings the researchers adhere to a very simplified 'unorthodox' class analysis whereby success is measured according to the child's middle class background and educational attainment. The ethnicity of the child is reduced to a level of non-significance.

(c) The concept of identity

Identity confusion, which was stated by Gill and Jackson as the major criticism of transracial placements put forward by the opponents of this practice, is measured according to the Eriksonian model of 'identity diffusion'. Erikson (1968) argued that 'identity diffusion' (confusion) is likely to be evidenced by:

(i) A failure of intimacy

that is, the individual fears commitment or involvement in close interpersonal relationships.

(ii) Diffusion of time perspective

that is, the individual finds it impossible to plan for the future or to retain any sense of time.

(iii) Diffusion of industry

that is, the individual finds it difficult to harness his or her resources in a realistic way in work or study.

(iv) Negative identity

that is, the individual selects an identity exactly opposite to that preferred by parents and other important adults.

Gill and Jackson argue that if these are the primary indicators then the children in their study

cannot be said to be suffering from identity diffusion. Their uncritical acceptance of this model suggests that they do see its primary indicators as adequate measures of identity diffusion.

Another method used by Gill and Jackson to assess identity confusion was the Coppersmith self-esteem inventory. This method involves the children saying whether a statement is true or false in relation to themselves. Children are presented with 58 statements, such as 'I'm good fun to be with', 'I'm proud of my school work', and they have to state whether the statement is true or false for them. Gill and Jackson also used another similar method developed by Rosenberg in 1965 which has a total of ten statements which the children examine in relation to themselves. The researchers concluded by the use of these methods of assessment that the children had a positive self-esteem and thus were not suffering from identity confusion.

At no stage in their research do Gill and Jackson state that the models used by them to assess identity confusion actually lack an important dimension - the ethnic dimension. They fail to see that a child's ethnicity could play a significant part in that child's development. It has been argued that these psychological tests used to assess black children tend to possess "a narrow, culturally bound, ethnocentric

approach."(Stone 1981:47). Moreover, it is asserted that an examination of children's 'self-concept' and 'self-esteem' serves to obscure issues of "power, class and racial oppression" (Stone 1981:11).

Gill and Jackson evade the issue of ethnicity in their study and yet claim that the criticisms propounded by the opponents of transracial placements are completely unfounded. They go on to argue that the only potential criticism they have been unable to examine is the one which suggests that transracially adopted children will not be able to relate to members of the black community. Not having tested this by the use of various ethnocentric psychological models Gill and Jackson respond by saying:

As yet the majority of BAP children have not been in a position where such contact is a possibility.

(Gill and Jackson 1983:131)

In the original BAP group there were a number of black or Mixed-Origin couples who adopted children and eight of these families were seen by the Gill and Jackson study. It should be noted that because of the small number this group cannot be seen as a control group. Gill and Jackson however pay little regard to this and conclude that that there are no differences between the transracially adopted children and the same race adopted children. They state that, like the

transracial adoptions, these adoptions seem to be successful from the perspective of both parents and children. The children live in predominantly white areas. No child has a positive racial identity, that is, none said they were proud to be black. Six of the children said they did not mind what colour they were, one wanted to be white, and one did not know. The same race adopted children scored lower on the Coppersmith inventory test of self-esteem than the transracially adopted children. It is a wonder that this did not lead Gill and Jackson to conclude that transracial placements are more successful than same race placements.

The psychological tests adopted by Gill and Jackson have already been discussed above. It should be noted however that regarding the terminology surrounding ethnic origin the researchers themselves were very ambiguous. Also, the fact that six of the eight same race adopted children said that they did not mind what colour they were cannot be taken as an indication of a lack of positive racial identity.

Much of the Gill and Jackson study revolves around the elusive concept of identity. Identity is seen as something which exists almost in a vacuum. The research fails to move beyond the set parameters of identity. There is no conceptualisation of the position of black people in British society except a passing remark which

led one black practitioner to state that the research was "defective, hypocritical, and patronising" (Divine, 1983). Having given no regard to the problems faced by black people throughout the research, Gill and Jackson state in their conclusion:

Transracial adoption over the past two decades has illustrated and highlighted the disadvantages of blacks in white society. ... The black community has every justification for seeing itself as a 'donor' of children for white couples. Such a perception can do little for the dignity and self-determination of that community. To have a system which through 'benign neglect' in effect systematically removes black children from black homes and places them in white homes without any traffic in the opposite direction can hardly be beneficial for the black community.

(Gill and Jackson 1983:137)

Divine (1983) argues that comments such as the above are no more than mere lip service, and only serve to add to the hypocrisy of the researchers. He notes the damaging effect of the research on social work policy and practice:

Having relegated ethnic identity as an irrelevance which is the effect of not including it as one of the crucial ingredients to be noted in the 'successful' placement of a black child, one cannot turn around and argue as an afterthought almost, about the "dignity" and "self determination" of the black community and expect child care agencies and our communities to take it seriously.

(Divine 1983:4)

The most notable finding of the Gill and Jackson study is that transracial placements are successful.

Yet in their conclusion, Gill and Jackson argue:

Nevertheless, in our view, there are strong arguments for saying that wherever possible black children needing a permanent substitute home should be placed in black rather than white families.

(Gill and Jackson 1983:139)

Considering the fact that Gill and Jackson reject all the arguments put forward by the opponents of transracial placements and view such placements as successful, it is ironic that they recommend black families for black children. Child care agencies which have for years recruited white families are hardly likely to engage themselves in the arduous task of finding black families when such studies as Gill and Jackson's suggest that transracial placements are more than adequate.

Barbara Tizard (1977) has carried out some work in the area of adoption. Her work is based on comparisons between three groups of children who originally spent some time in nursery care and then were either adopted, fostered long-term, or 'restored' to their natural families. Tizard looked at eight Mixed-Origin children, all of whom were adopted after the age of two and followed up to the age of eight. Tizard found the placements to be extremely problematic. The families were said to be living in predominantly white areas and the children were experiencing immense difficulties in

acknowledging their mixed racial origins and in forging links with black children.

Tizard also commented that the majority of the adoptive parents did not themselves have a positive feeling about the child's origins. She suggests that the transracial adopters in her study were trapped by an unconscious racial prejudice. Many of them saw 'race' as akin to mental or physical handicap, including one placement where the parent spoke of the child as having:

...certain traits in his character which are definitely the traits of a coloured person. There's his lack of concentration. Also, he'll suddenly switch off if he thinks you're going to tell him off - he'll just go into his own little world. This is a thing that the coloured races do - one notices these little things.

(Tizard 1977:181)

Such thinking where the perceived characteristics of a racial group come into play has been explored by Robert Miles in his study of migrant labour (Miles 1982). The idea introduced by Miles is of relevance here, that is, since we are dealing with a situation where qualities of individuals are perceived to be representative of a wider collectivity (Miles 1989:125). Thus if the individual is deemed to possess the criteria that designates membership of such collectivity, he/she is evaluated by the perceived qualities of the collectivity rather than the perceived

qualities of the individual. (Miles 1989:126).

Tizard (1977) found that by the age of eight, only four of the eight children had been told that they were Mixed-Origin. This suggests that the concept of race could not have been discussed in those particular families. Despite her own evidence which suggests to the contrary, Tizard argued that only one of the eight children is a 'cause for concern'. This child, who had been adopted at the age of seven continued to identify with a group of black children in his previous children's home. The fact that the child actually saw himself as black is seen as 'cause for concern'. This example also serves to illustrate the importance of going beyond a narrow, family-based, focus on identity.

The ideological thrust of Tizard's work is revealed when she suggests that the problems involved in transracial placements are not surmountable by 'same race' placements. Her commitment to the practice of finding permanent families for children in care leads her to suggest that social workers are unusually obsessed with blood ties. She argues that many social workers seek to return Mixed-Origin children to unsatisfactory natural families or to black extended families who, often, do not want the children, rather than place them in a white adoptive family where they would be wanted. Without having conducted any research

into the rehabilitation of black children into their natural or extended families, and without the availability of any such evidence it is not clear what leads Tizard to make such sweeping statements. Like the BAP studies Tizard's study has been conceived in terms of one issue; whether or not transracial placements have been successful. This success has been measured by various methodological tools, including social work judgements, supposedly 'objective' psychological tests, and portraits of the 'experience' of families.

(d) The United States experience

A majority of the studies conducted in the USA in the area of transracial placements have also been preoccupied with establishing the success of such placements. One of the first major investigations of transracially-adopted children was by Fanshel in 1972. Fanshel conducted annual interviews for five years with the adoptive white families of nearly a hundred children of indigenous American background. After rating the children's overall adjustment he concluded that more than fifty per cent of the children were performing 'extremely well' in all spheres of life and another twenty-five per cent were performing in a way that made the outlook for their future adjustment 'very hopeful'. Only ten percent of the children were said to be experiencing difficulties which made the prognosis of likely outcome uncertain.

In 1974 Grow and Shapiro published the results of a study of 125 transracially-adopted children with a median age of 8.8 years. Most were described as doing average or above average work in class and being in good health. They were described as getting along well with other children, having close friends and good relationships with siblings. The children were said to compare well on the total personality adjustment scores with a sample of white adopted children using similar evaluation instruments. Using a variety of measures, Grow and Shapiro assessed 77 per cent of their sample to represent successful adoptions and argued that these findings compared favourably with the results obtained in studies of adoptions by white families of white children.

In 1977 another research study was done which attempted to compensate for the inadequacies of past research, namely the aspect of child's sense of racial identity (Simon and Alstein, 1977). The children studied were younger than in the earlier study, ranging from three years to eight years. The research design was similar to that used in earlier studies of racial identity and awareness in black children in which the child was shown dolls of different colours and was asked to indicate the doll that 'looks like you', 'looks bad', is a 'nice colour', and other questions

designed to indicate actual and ideal identities. The researchers claim that they could find no significant preference for the white dolls among the transracially-adopted children. Simon and Alstein concluded:

....the unusual family environment in which these children are being reared may result in their acquiring deviant racial attitudes and in their not sharing with other American children a sense that white is preferable to other races.

(Simon and Alstein 1977:130)

In 1981 Simon and Alstein published the results of a follow-up survey of their original sample. The average age of the children at the time of the follow-up was eleven years. Of the original 204 families, 133 replied to a postal questionnaire. Altogether 25 sets of parents described problems related to the adoption and/or to the racial difference between themselves and their adopted children. Simon and Alstein concluded that this compared favourably with other studies of white adopted children.

In this follow-up they also asked the parents how the children identified themselves. Fifty-four per cent of the parents said their children identified as Black American, Indian or Korean, 28 per cent said their children had a 'mixed' identity, 15 per cent said their children identified as white. The remaining three per cent did not know. The children themselves were not approached. The validity of this piece of research is

therefore open to question.

The practice of transracial placements and empirical studies which have tended to lend credence to such practice have been much criticised by Black Americans. The National Association of Black Social Workers (NABSW) has been in the forefront of this attack on transracial placements. The motives of transracial adopters have been questioned by NABSW, and the practice of transracial placements has been described as a form of 'cultural genocide'.

As in Britain, the practice of transracial placements in the United States has meant the placement of black children in white families and not vice versa. In 1971, South Carolina was one of a number of states whose adoption statutes specifically mentioned race, permitting whites to adopt black children but preventing black people from adopting white children:

It shall be unlawful for any parent, relative or other white person in this state, having the control or custody of any white child by right to guardianship, natural or acquired or otherwise, to dispose of, give or surrender such a white child permanently into the custody, control, maintenance or support of a negro. Any person violating the provisions of this section shall be guilty of a misdemeanor.

(Quoted in Simon and Alstein 1977:18)

With the advent of Inter-country adoptions where children were adopted from the U.S. wars in Korea,

Vietnam and Cambodia, transracial placements also became commonplace where Black American and Indigenous American children were placed with White American couples. Information on the number of transracial placements appears to be more generally available in the United States than in Britain. However, it is still difficult to piece together a national picture. Dawn Day (1977) has estimated that, by 1977, some fifteen thousand black children had been adopted by white families in the United States. Cheetham (1981) suggests that, whilst the black communities make up only twelve per cent of the United States' population, at least fifty per cent of all children in care are black. Some idea of trends can be gained by adapting some figures quoted by Simon and Alstein:

Table 2.1 Number of black children placed in white and black homes, 1968-1973

Placement	Year					
	1968	1969	1970	1971	1972	1973
B/F	2389	2889	4190	4846	4467	3574
	77%	67%	65%	65%	74%	77%
W/F	733	1447	2274	2574	1569	1091
	23%	33%	35%	35%	26%	23%
Agencies	194	342	427	468	461	434
Total	3122	4336	6474	7420	6065	4665

(Source: Simon and Alstein 1977, Table 2.4; p30)

In contrast to the situation in Britain, it is interesting to note that even in the xenith of transracial placements in the United States, the majority of the black children were placed in black adoptive homes. Moreover, Simon and Alstein assert that by 1976, transracial adoption had been drastically reduced. Juliet Cheetham however, in a study published in 1981, states that there has been an eleven per cent increase in transracial placements since 1975 (Cheetham 1981, p56). It would appear that despite the practice of transracial placements a majority of the black children were placed in black families. This has not

been the case in Britain.

(e) Recruitment of black substitute families

In the 1960s when transracial placements became prominent in Britain the question of finding black families was never raised. Elaine Arnold (1982) argues that there was a lack of sufficient black families available due to the nature of migration. This may be an adequate explanation for the early years but it says little of why so few black families have been recruited since then. Ladner (1977) and Day (1977) argue that black adopters have often not been considered or recruited, or simply turned away by agencies concerned with placing black children. They indict some of the placement agencies of racist philosophies. They argue that while these agencies had power and responsibility in removing black children from their families, they were slow to place them in any kind of adoptive home, and only did so in response to the pressures of middle class white couples when the supply of 'ordinary' white babies ran out.

Those agencies that did consider black adopters all too often operated rigid, middle class criteria which rejected families in which an adopted child would have to share a bedroom, where a father was unemployed, or where the family was in actual poverty.

In Britain, until recently, there had been no serious attempts to recruit black substitute families. One of the most quoted campaigns which was set up to recruit black families was the Soul Kids Campaign. This was a London based campaign and lasted from 1975-1976. The campaign was a general failure. It elicited 153 serious enquiries, of which 127 were referred to social work agencies. But after a year of initial contact, only 10 families were approved for adoption, five for fostering, and 2 as 'social aunts and uncles'; 61 of the black families had withdrawn voluntarily from contact with social workers. Bagley and Young (1982) attribute the failure of the campaign to the use of the wrong kind of media. However, it would appear that the issues are a little more complex than that. The Soul Kids Campaign was mainly staffed by white workers who had little understanding of the black community. The fact that only twelve per cent of the applicants were approved suggests a great deal about the social work assessment procedures as well as the disadvantaged position of black people in British Society. Day (1977) has shown that black social workers operate more effectively in finding successful black adopters. Also, Ladner (1977), and Neilson (1978) have found that black community organisations in America are particularly successful as adoption agencies.

In Britain in the last few years initiatives have been taken by some local authorities to recruit black substitute families. Success in recruiting black families has largely depended upon the use of black workers. One major initiative which preceded the local authority initiatives was the 'New Black families Project'. This was set up jointly by Lambeth Social Services Department and the Independent Adoption society. The project was pioneered by John Small, and it demonstrated in four years that there were black families in the black community who were willing to adopt and foster if provided with the information concerning the need and if accorded the respect they were entitled to. The impact of this initiative was profound in terms of re-stimulating practitioners and academics into looking afresh at the positive aspects of black family life.

After three decades of transracial placements it is now being realised that it is possible to place black children in black families. However, this practice itself has recently been under attack by the media and other individuals and groups. The hub of their arguments has been their apparent concern for the black child. It is believed that black children are languishing in residential homes with no prospect of being placed in a black substitute family (Dale, 1986). Residential homes are seen as the bane of the black

child, and it is argued that any family is better than no family. Toynbee (1985) argues that left-wing councils' anti-racist policies are detrimental to the black child. She presents a profile of a Mixed-Origin child in care of Lambeth Social Services for whom no family is available - black or white. She quotes one council employee as saying that since such a high proportion of Lambeth's advertising for parents is directed at black families, white families do not come forward. And even if they did, this Mixed-Origin child would still not be allowed to be placed with them. Toynbee sees this as an indication of the inflexibility of the council's anti-racist policies.

This idea of 'inflexibility' has been taken up by other opponents of anti-racist policies. In June 1986 a pressure group called Children First was launched at the House of Commons by former MP Joan Lestor to campaign to prevent local authorities introducing bans on transracial placements as their policy. The group consisted of white foster parents, social workers, and black adults who were themselves fostered or adopted. Joan Lestor who herself adopted a black child during the 'melting pot' era asserted:

It was illegal to ban transracial adoption, but five London Boroughs are practicing it at the expense of keeping black children in care for several years until a suitable matched race family comes along.

(Joan Lestor 1986:13)

The Children First Campaign believe that whilst a child's racial identity is an important part of his/her make-up, it is not the only factor. They argue that sometimes a white family may be appropriate.

In 1987, a similar line of argument was pursued by the right-wing Social Affairs Unit which produced a damning report indicting left-wing councils of 'Denying Homes To Black Children'. The report compiled by David Dale, a Westminster social worker, quotes Derek Heptinstall from a Community Care article (31.7.86) as saying:

In many inner-city areas it is estimated that as many as 60 per cent of children in care are from ethnic minority groups, most being black. In Hackney it is estimated that there could be about 70 per cent.

(Derek Heptinstall 1986:12)

Bearing in mind the inadequate nature of ethnic monitoring and the existing empirical research the above figures are totally without foundation. However, this does not prevent Dale (1986) from asserting:

..... a significant number of these children are being denied the opportunity of a family because of the 'anti-racist' adoption policies pursued by extremist and doctrinaire local authorities, urged on by militant black organisations.

(Dale 1987:8)

It is important to note that even if the above figures suggesting high proportion of black children in care were accurate, this cannot be taken as an indication that these children are necessarily being denied substitute families and are languishing in residential homes. Yet this is precisely what Dale does in his report. He also presents British and American research on transracial placements as evidence of the successfulness of such practice and asks why such research is consistently ignored by the opposition.

It can be seen that there has been greater research input into the area of transracial placements than the other aspects of the care career process. The polemic nature of transracial placements has generated much discussion in this area. The general nature of the arguments have followed similar lines to those of the united States. Thus although there are historical and political differences between the situation of black people in Britain and the United States, there are striking similarities in their social and economic position and consequently in such areas as transracial placements.

2.3 Rehabilitation and discharge

There is a general dearth of literature on the process of rehabilitation. There has been no comprehensive

research to establish factors which might be influential in the process of rehabilitation where black children are concerned. While mainstream studies have focused on the situation of white children in terms of parental links with the child in care, and social work planning towards rehabilitation, there is no similar information on black children (Millham et al 1986, Vernon and Fruin 1986).

A few studies have made some contribution to the area of black children's rehabilitation and discharge. Rowe and Lambert (1973) in their study highlighted the difficulties encountered by agencies in finding substitute families for black children. They found that because of the difficulties in finding placements, black children were spending longer periods in care than white children. It is important to note that this study's focus was substitute family placements. It is therefore unable to provide information on the rehabilitation and discharge of black children. Nevertheless, its finding that black children spend longer periods in care is of significant value. It raises questions of why black children should spend longer periods in care.

In their evidence to the House of Commons, the Association of Black Social Workers and Allied Professions indicated that black children were less likely to be rehabilitated within a family (ABSWAP

1983). They found that in a sample of 100 children (50 black and 50 white) who came into care within the same period, after six months there were clear differences in their patterns of rehabilitation. In the white group, the proportion of children remaining in institutions was likely to be reduced by sixty per cent. While in the black group, the proportion of children was likely to be reduced by only twenty per cent. Thus the chances of black children being rehabilitated into their natural families or substitute black families were greatly reduced. It is instructive to note that the definition of rehabilitation employed by ABSWAP refers to care as institutional care only. Thus those children who are placed with substitute families are seen as rehabilitated.

One study conducted in 1987 has explored the difficulties experienced by black young people leaving care (First Key 1987). While this study has raised our awareness of the problems faced by black youngsters in terms of employment and accommodation, it is unable to shed any light on the rehabilitation and discharge aspect of the care career process.

There appears to have been no research done which has actually examined the discharge of black children from care, for example, at what age are they discharged, what was their legal status in care, how

long did they spend in care, and what links were maintained with the natural family when in care and how important were these in the eventual discharge.

2.4 Summary and conclusion

This chapter has attempted to provide an overview of the situation of black children in the care system. Several issues have been highlighted, for example, the disproportional representation of black children in the care system, the plausible explanations offered for their over-representation, the black childrens' experiences in residential homes, and in transracial placements, and the process of rehabilitation and what that means for black families and children.

It is argued that there is a general paucity of information on the care career patterns of black children. While some of the issues have received attention, for example, the disproportionate representation of black children, others have suffered from serious neglect, namely the rehabilitation and discharge of black children from the care system. Moreover, there has been little analysis of the operation of individual and institutional racism within the personal social services.

Chapter 3

Methodology

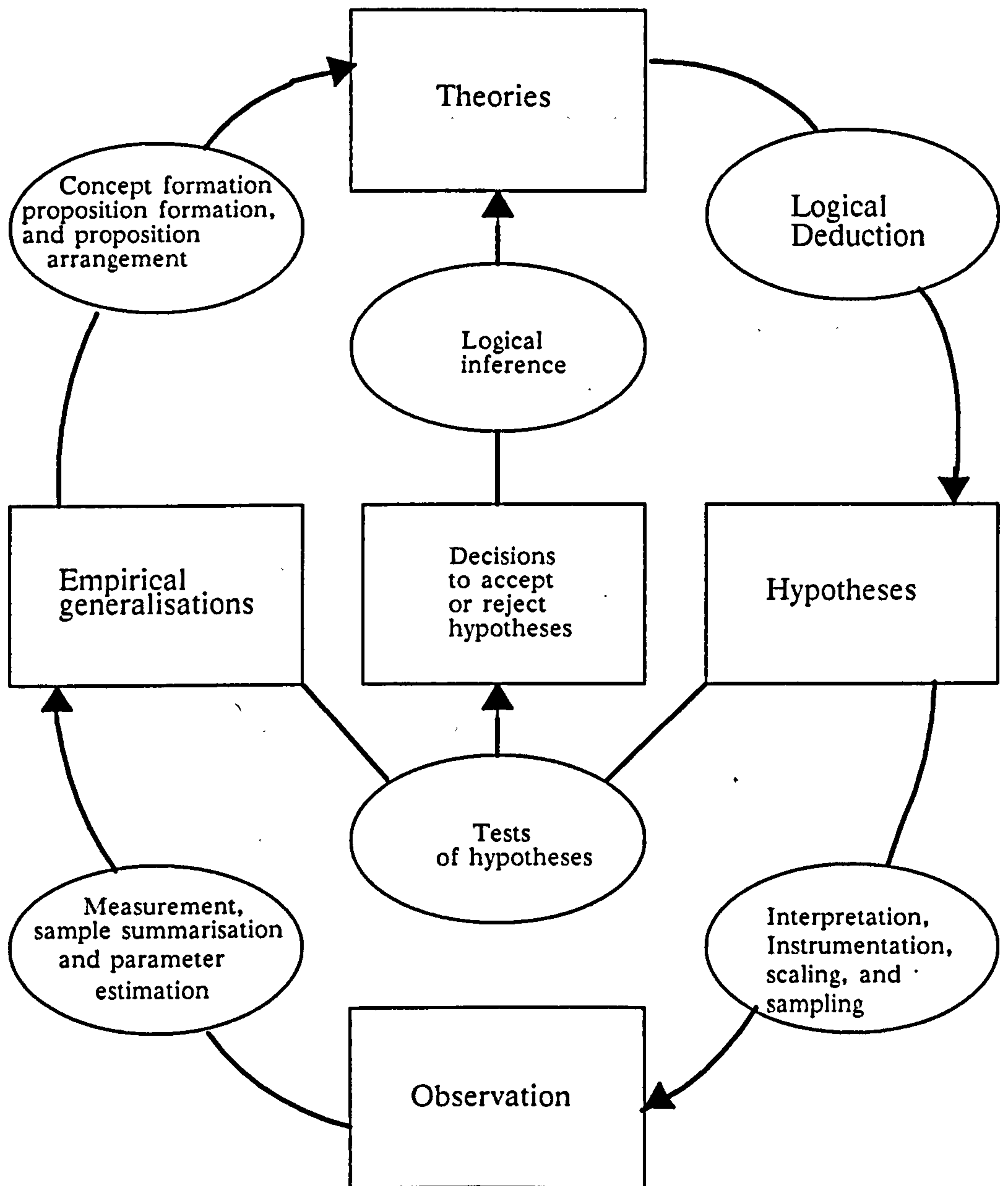
This chapter explores issues of research design adopted in this study. It outlines the research problem and the aims and objectives of the thesis. While highlighting the inevitable methodological limitations, the chapter examines the particular problems encountered by this study.

3.1 The research problem

The shape and scale of this study arose from an analysis of the secondary sources. In chapter two, the contributions and limitations of previous studies were highlighted. It is important to acknowledge that these studies were influential in the focus of the research design adopted in this thesis.

In conducting any piece of research, it has been argued that there is a complex interplay between theory and practice (Wallace 1971). Popper (1957) asserted that because of our prejudices, personal biases, we often start from some theory, hypotheses which guide our observations. Wallace (1971) devised a scheme to convey the notion that all research has in it implicit, if not explicit theory. In the diagram below, Wallace

Figure 1: The principal informational components (rectangles), methodological controls (ovals) and information transformation (arrows) of the scientific process.



Source: WALTER WALLACE, 'An overview of elements in the scientific process', from *The Logic of Science in Sociology*. Chicago: Aldine-Aherton, 1971.

demonstrates the relationship which exists between the five major components of any science: methods, observation, empirical generalisations, hypotheses, and theories.

It is argued that methods and theory are inextricably intertwined. For example, it is necessary to operationalise one's hypotheses before approaching the stage of observation. Moreover, observational measurement is required for empirical generalisations.

This research study began from a theoretical perspective, which was shaped by secondary sources and the direct experiences of the author. This led to the formulation of hypotheses which were operationalised and tested using the most appropriate methods of research.

The primary hypothesis concerned the concept of 'race' and the focus of this research, child care careers. An exploration of the secondary sources was informative in emphasising the importance of the concept of 'race' in the field of social work, as well as highlighting the lack of research conducted in this field. The major hypothesis tested was whether 'race' as a variable was an important factor in the process of a child's care career. This was to be operationalised by means of several observable indicators:

- the differences in the patterns of referral, admission, placement and rehabilitation of black and white children.

- Social work decision-making

- Social workers' construction of reality/perceptions of 'race'.

3.2 Methods of research

There are two main trends in methodological thinking in the social sciences. These are:

(a) Positivist

(b) Idealist/Phenomonological

Social Science emerged under the influence of a cross pressure of positivist and anti-positivist tendencies in the 19th century. It has become a battle ground for the two opposed trends in the philosophy of scientific method.

It has been argued that research is not merely about collecting facts, it needs a point of view (Popper, 1961). Mills (1959) states that the relationship of research methods to hypotheses, observations, and empirical generalisations can be so rigid that empirical research becomes distorted by the 'methodological inhibition'. In this research, the issues of research were worked out first, and then the

focus was placed on the most appropriate methods of research.

Smith (1975) has argued that social science methodology has become virtually synonymous with survey research. Brown and Gilmartin (1969) and Phillips (1971) found that approximately 90 per cent of recently published research articles published in the American Sociological Review and in the American Journal of Sociology used interviewing or questionnaires as a primary source of data collection. Smith (1975) argues that this dependence on survey methods is in large part unfortunate because of methodological parochialism, and states that choice of method should depend on the theoretical problem under investigation.

Not wishing to side with either of the two methodological traditions, and wanting to avoid the parochialism indicated by Smith (1975), it was decided that for the purposes of this research both the quantitative and the qualitative techniques of research were best suited to this study. In order to test the hypothesis, a certain amount of information needed to be collected. The methods by which this should be done was very important. Issues of reliability and validity played an influential role in the choice of methods of research. For example, a pre-coded questionnaire given for completion to social workers would have created

difficulties. The replies may have suffered from incompleteness as well as inaccuracy. For this reason, it was decided that a pre-coded questionnaire should be used, but that it should be completed by the researcher using social work case files to draw the information.

The types of methods used to collect data included the following:

- Pre-coded questionnaire
- semi-structured interviews
- participant observation
- department records/documents related to child care policies, practices and provision.

3.3 Methodological problems and limitations

In every project of whatever type and style, design decisions are made which limit and condition the validity of findings and interpretative conclusions. These ought to be made explicit and formalised, and the limits of power and validity of the consequent analysis acknowledged.

(Marsland 1978:236)

Marsland's statement is particularly relevant to this study since its research design passed through a number of phases as much by design as circumstance. The final design adopted obviously displayed limitations which had to be embraced.

It is important here to point out the general difficulties encountered in this study. A detailed

account of negotiating access to Social Services Departments and the problems associated with such bureaucracies is given later in this chapter.

The problems of reliability and validity generally concern all researchers. In the case of qualitative research, for example, how does one know if the respondent is telling the truth. Wiseman (1985) argues that the researcher should try to reconstruct the respondent's view of the world. She states that we should assume that no one is lying. She points out however that if there are conflicting accounts between individuals and institutions, it is most likely that the institution is not being totally honest. Fisher et al (1986) found that clients were not reticent in disclosing 'personally unpalatable' factors to interviewers. They believe therefore that respondents were honest in their accounts. Whether social workers were honest in their accounts is not addressed by Fisher and his colleagues.

The various types of bias introduced consciously or unconsciously in research studies can undoubtedly affect the results. In this study, efforts were made to eliminate or reduce bias which would distort results and would prevent the making of valid generalisations. While the cohort group is free from bias in that no selection criterion was applied, and all children from the whole of the borough were included, it is possible

that the study could be criticised for including certain questions and not others. The questionnaire for this part of the study was designed with the consultation of social work researchers and practitioners to avoid possible bias. Nevertheless, it could be criticised for being biased in that it was obviously influenced by the theoretical stance adopted in this study.

In interviews with respondents, personal characteristics of researchers such as race, gender, and age play an important role. Labov (1977) in his study on patterns of speech found that black children were far more verbal and forthcoming when interviewed by black interviewers, particularly ones who dressed in a casual style and who could speak the same dialect as the children. The use of non-verbal and para-verbal language (eye contact, nodding of head, and tone of voice) is also an important factor in the types of responses obtained from respondents. Many social scientists have asserted that good counselling skills such as those postulated by Rogers (1942) are important characteristics of a good interviewer (Schofield 1969, Smith 1975, Adams and Priss 1960).

In the interviews conducted in this study it is likely that factors such as race, gender and age all affected the responses of the respondents. It is

possible that both black and white social workers were not entirely honest in their responses to a black researcher, or felt that they had to respond in a certain way. The following quote which is a response to Wenford's equal opportunities policies illustrates this point:

White Social Worker: Yeah, yeah, yeah. I think its an excellent idea really to keep the culture going. I think its really important. What else. What else. I think its really important.

Such an erratic response given by the social worker to an open-ended question on equal opportunities policies suggests feelings of uneasiness on the part of the social worker when asked such a question by a black researcher. The above was the total response, it has not been edited.

Did black and white parents react differently to my interviewing them? I feel that since parents were in a different situation, that is, they did not feel as if they had to give 'appropriate' answers, their responses were less affected by characteristics such as race, and gender. Age, however did seem important to them. Also, the fact that I was unmarried and had no children of my own led some parents to believe that I could not totally understand their situation. I do not feel however that this affected their response, they managed to convey their feelings without hesitation.

In the questions asked in the interviews, possible bias was reduced in that similar guidelines were used for similar respondents. A checklist of points to be covered was drawn up, however respondents were not all asked the questions in the same order. The order was changed depending on the situation and the responses given. There was a great deal of flexibility, and the importance of personal interviewing skills outlined by Rogers (1942) were highlighted here. Such an approach meant that the focus was kept consistent. All respondents were invited to provide any additional information which they deemed important. Thus they were not entirely restricted by my questions (see appendix A for social worker, parent and children questionnaires).

While all social workers who were asked participated in the research, it is felt that the restrictions imposed upon the selection of parents and children possibly biased the results. Parents' sample was biased in that not all parents were asked if they wished to take part in the research. The reluctance of social workers to allow clients to be interviewed by researchers has been the experience of other researchers (Packman 1986, Fisher et al 1986). I was denied access to clients in instances where social workers felt it inadvisable for the family to be contacted, and in cases where social workers procrastinated waiting for the 'right' time to approach

the family. Although I feel that I had a fairly good cross-section of parents, access to more parents would have further enriched the findings of this study.

A similar block to access was imposed in the case of interviews with children. Social workers felt that it was their job to protect the children, and that they could not allow an outsider to interview them. My own criteria, whereby only children over the age of ten were selected for an interview also meant that there were probably children whose accounts and perceptions were ignored. It is likely that this would have happened even if I had lowered the age to eight, or any other cut-off point.

3.4 Conceptual problems

There were a number of areas which presented difficulties at the conceptual level. Concepts such as the family, parent's marital status, and the concept of rehabilitation may seem straight forward but proved difficult when recording information from case files. Such conceptual problems were brought to light by the pilot study and modified appropriately.

(a) What constitutes a family?

While most one-parent and nuclear families were easier to distinguish, difficulties arose when a family did not conform to the conventional definition. For

example, two parents living separately but having equal access to child; were they single parents, or should the child have been seen as having a nuclear family.

(b) Parents' marital status

By recording the current marital status, it was not possible to reflect previous marital status. For example, there were individuals who were separated or divorced, but were now cohabiting with someone else.

(c) Parental contact

Here, I was faced with the problem of not only what indicators should be used to denote 'contact' but also what should be seen as 'frequent', and 'infrequent'. It appeared that face to face contact could not be measured as the sole indicator. There were some parents and children who had less face to face contact but a great degree of contact via letters and telephone. So it was decided that all regular contact should be recorded, and not only face to face. In terms of frequency, although some parents maintained weekly contact with their children, it was decided that any type of contact at least once a month should be seen as frequent, and a few meetings in a year should be seen as infrequent. Where there was no contact at all was easy to distinguish. However, what was difficult to establish from the files (except in the case of legal termination to access) was how this contact had

dissipated over time.

(d) Rehabilitation

Since the focus of this study was on the care career patterns of children, I had to firmly establish what I meant by the term rehabilitation. While the stages of referral, admission, placement and discharge were more straightforward, rehabilitation created confusion. For example, did rehabilitation into the natural family mean that the child was technically out of care, or did it mean that the child was still in the care of the local authority but placed in his/her own family. Also, should attempts made by social workers to rehabilitate the child into the family on previous occasions be measured as indicators of rehabilitation. Since my concern was with the whole process of care, I could not perceive a child who was rehabilitated, but still technically in care as having been discharged. Moreover, although I was concerned with the current care episode, I felt that I could not ignore previous rehabilitation attempts made by the social workers. Rehabilitation was then taken to mean what the social services referred to as 'home-on-trial'. It should be pointed out that this definition precludes failed attempts which did not lead to the stage of 'home-on-trial'. Due to the disorganised and incomplete nature of social work case files, it would not have been possible

for me to accurately establish such attempts.

(e) Mixed-Origin

Mixed-Origin, like other similar terms such as mixed-race and mixed-parentage signifies little of the child's ethnic background. Small (1986) argues that the term mixed-race is derogatory, confusing and inaccurate and therefore should not be used. Without offering a definition, he suggests that it would be more appropriate to use the term mixed-parentage. While agreeing that the term mixed-race is derogatory, confusing and inaccurate, I fail to see how the substitute term mixed-parentage is a better alternative. Does it not have similar connotations?

In this study, I chose to use the term Mixed-Origin. If I was to abide by the rule of self-definition, I need not have used the term mixed anything at all for most of my respondents perceived themselves to be black. The term Mixed-Origin was used for a number of reasons. Firstly, while recognising that the majority of individuals of mixed liaisons perceive themselves to be black, I felt it important to make this distinction to observe the differences, if any, in care career patterns as has been shown by previous research (Foren and Batta 1970, Rowe and Lambert 1973). Secondly, I find the terms mixed-race and mixed-parentage as inadequate because they are both

as confusing as each other. Also, given that the concept of race is an ideological and social construction, I find the term mixed-race to be misleading (Miles 1982). It is instructive to note that I do not find the term Mixed-Origin to be satisfactory, however I feel that it is adequate for the purpose of this study.

It should be emphasised here that the majority of individuals, children, social workers and parents, who are described as Mixed-Origin had an Afro-Caribbean father and a White Indigenous mother.

3.5 Access to social services departments

One of the major problems for this research was related to the geographical area of study. My initial intention was to explore the care career patterns of children in two contrasting local authority Social Services Departments. It was felt that by comparing the policies, practices and provisions of two authorities, it would be possible to establish the differing effects, if any, on child care career patterns.

Obtaining permission from local authorities to carry out this piece of research was an immensely difficult task. In the first year of the research, negotiations began with one West Midlands local authority where I had undergone my social work training and conducted some previous research (Kaur 1985). It

should be noted that my previous research, while focusing on the concept of 'race', was of a different nature. It explored all major areas of social services provision and the individuals selected for interviews were area managers and principal officers responsible for particular areas of work. All individuals in the current negotiations with the exception of one area manager (who incidentally had forgotten who I was) had played no part in the previous study.

After the submission of the research proposal, approval was granted, in principle, by the directorate. Research was to be conducted in two of the five area offices. These were selected by the directorate. My task was to meet with area officers and social workers to discuss the research plans. The meetings with the area officers were promising, however subsequent meetings with social workers created doubt.

Schofield (1969:95) argues:

You must present clearly the objectives of the project, the possible advantages and the kind of cooperation you hope to get from the officials. You must be prepared to answer their objections and, if necessary modify your research plans to allay their fears.

In my negotiations with the West Midlands local authority, every effort was made to provide adequate information, answer queries, and allay any possible fears which may exist. Despite this however, matters did not work out and access was denied. Initially,

there was no one major objection made, but a number of points were raised. These related to the research design which was perceived to be very ambitious, and social worker fears around the area of decision-making, access to clients, and the motives of higher management for agreeing to the research being conducted. Since the research proposal was entitled 'Social Work Decision-Making in Child Care Careers', the social workers felt very threatened that their work was going to be scrutinised. In one area office meeting, social workers asserted that they would like to have a written statement from the director regarding his motives for the research.

Schofield (1969) states that the researcher should be prepared to modify the research design to allay the fears of respondents. While not wishing to allow respondents to manipulate the research to their own advantage, some modifications were felt to be possible. For example, the inclusion and/or exclusion of certain questions on the pre-coded questionnaire, the social worker's right to veto access to clients and reducing the number of cases to be included in the sub-group. However, even after these undertakings, the social workers' position remained unchanged. In communicating the response of the social workers, the divisional director wrote in a letter to my supervisor:

I regret to say that we were quite unable to convince

the staff that they should co-operate with this research project. Whilst we were able to discuss with them many of their earlier fears and to allay some of them, they are still very concerned about the amount of time which they as Social Workers would have to give to this project. They appreciate that the time which they spend in being interviewed by Ravinder may be relatively little, but they are concerned that they would have to give a considerable amount of time to the preparation of children and families in cases in which Ravinder was undertaking further interviews, and in discussing the implications of those cases and the decisions made about them with her. I believe this is a very real concern in two areas which have at present a considerable number of children in care unallocated to a social worker, due to a shortage of staff....In the circumstances, I regret that I would have to support the social workers in their decision, but would in any case feel that it was less than useless for Ravinder to attempt research in areas where the staff are not actively willing to support her work.

The above decision was made after nine months of negotiations by which time work had begun in the borough of Wenford. What the above excerpt indicates, above all, is the nature of conflict which existed in that department between the front line social workers and higher management, and the fear and suspicion which existed on the part of the social workers. Prior to my request to undertake research in that department, social workers were already in conflict with higher management over issues of reorganisation within the department. Greater tension was introduced when they realised that higher management had agreed (although in principle) for the research to be conducted. They latched on to this as yet another stick to beat the management with. Also, a great deal of the resentment had echoes of the 'Rebecca syndrome' which Gouldner

(1954) refers to as the 'Rebecca Myth'. That is just as in Gouldner's study the workers found it difficult to accept their new manager, the social workers in this particular local authority had not come to terms with their new director.

While social workers feared what they perceived to be a scrutiny of their work, there were also feelings of suspicion about the topic of the research. My previous study of this local authority's response to the needs of the ethnic minorities confirmed the inappropriateness of services highlighted in the 1978 report of the ADSS/CRE (Kaur 1985).

The negotiations with the borough of Wenford began towards the end of the first year of the thesis. As in the West Midlands authority, approval was granted, in principle, by the director, and a number of meetings at different levels took place in which I outlined the objectives of the research. Discussions were not restricted to one or two area offices as in the previous borough. In a meeting of all area officers and principal workers, one area officer stated quite categorically that due to a staff shortage in her area office, she would not have the resources to accommodate this research. The other area officers did not express any strong objections, but requested a more detailed research proposal. The presence of the assistant director and the research officer, both of whom I had

met previously, was a strong influence in this meeting. They were both highly supportive of the research, and were able to express this support appropriately.

After further correspondence with the area officers, I attended area meetings in all area offices except one which withdrew at the initial stage. These meetings with the social workers were in sharp contrast to the ones in the West Midlands. Most workers recognised the need for research in this area. Their only questions were of an exploratory nature, that is, they wished to know more of the intricacies of the research design and when I was going to commence the work. Some workers made suggestions of how they would include other aspects, for example, examining cases on a long-term basis.

After only two months of negotiations, I was able to start work in one of the area offices after which I proceeded to the other two. My intention to do a census study of the whole borough encouraged me to approach the area officer who had initially withdrawn from the research. One of the other area officers, having recognised the benefits of the readily available statistical information which I was collating, was able to support my case. After assurances that minimum social worker time would be taken, I was granted access to the fourth area office.

The cohort study took six months to complete and the sub-group interviews continued even after this period. During this time, I was negotiating access with another London Local Authority Social Services Department. In this authority, decentralisation was being introduced and there were various disputes over pay. Although approval had been granted in principle, the research officer involved in the research negotiations felt that staff morale was very low and that this was not the right time to discuss the research project.

Another London local authority was approached. Again, approval was granted in principle, and further meetings began to take place at various levels. After successful negotiations, I began work in one area office. Here, the cohort part of the study was completed and some interviews were conducted. Negotiations were being conducted with other area offices. One hospital area office which had a very small number of children in care allowed me to conduct my work there. Another Area Officer appeared to be very suspicious of the research. He requested to see all questionnaires to be used in the research. Although check lists and questionnaires were made available, nothing further was heard from this area officer. There were no suggestions made to attend any area meetings. In another area meeting which I attended, social

workers expressed reservations about the research, whether it was really needed, whether they had the resources to accommodate it.

Schofield (1969) stated that to avoid this situation, the researcher should maintain regular contact with the officials concerned and be the first to explain to them when things go wrong. He also states that wherever possible the preliminary results should be discussed with the officials who should be asked to comment and criticise. However, matters in the field do not always correspond with those highlighted in texts. A few weeks after the area meeting which I attended, an area officers meeting was held to which I was not invited. The outcome of this meeting was that access could not be granted due to insufficient resources on the part of the social services. There was no opportunity for me to discuss with the officials as Schofield (1969) suggests.

The situation of this local authority was very similar to the one in the West Midlands. There were plans of reorganisation within the department, social workers felt uncertain about the future, and with the departure of the director the new acting director was not much liked.

A considerable amount of time had been taken to negotiate access to the social services. Limitations on my time meant that it was not possible to approach another department. The research in the borough of Wenford had generated a wealth of information. It was felt therefore that by analysing the Wenford data, it was possible to meet the aims and objectives of the research, and that by contrasting practice in different area offices sufficient comparative information could be derived.

3.6 Pilot study

It is almost inevitable that difficulties and problems will arise with respect to methodological issues (Smith 1975). In this study, it was felt necessary to pre-test the research design. Schofield (1969:93) states:

Experience gained through this exploratory stage will reveal many questions that need modifying because they do not elicit the information they are designed to obtain, because some of the words are not universally understood, and because the sequence of questions appears to interrupt the flow of the interview.

The pilot stage allows one to test the pre-coded questions and answers. For example, the number of possible answers to any questions may need to be expanded or restricted. Some questions may be rendered unusable.

The disorganised and incomplete nature of social work case files highlighted by other studies was also brought to my awareness at the pilot stage (Packman 1986, Fisher et al 1986, Challis 1987). The various gaps in knowledge suggested that it was to be a immense task to record accurate information. The ethnic origin of clients and staff proved to be quite a challenge. There were times when only after a cover to cover reading of the file that the answer to the question of ethnic origin was found. The following are examples of the indirect references to ethnic origin found in social enquiry reports, case conference notes and assessment reports:

"X's mother is an attractive blonde".

"As well as being physically handicapped, X is also a child of mixed-race".

There were numerous example of cases where the information had either been recorded inaccurately or had not been updated. These included the placement movements of children, as well as legal status and discharge from care. Cases of children who had been discharged from care upon reaching the age of 18 or 19, and yet according to the administrative records were still in care were common in all four area offices. Team clerks, as administrative workers, blamed social workers for not informing them of the changes. Social

workers, on the other hand, did not always feel the administrative urgency of the team clerks.

The files contained very little information on fathers. This was obviously a reflection of the mother's role in the care of children as well as the fact that the vast majority of children were from mother-headed single parent families. Such omissions are also an indictment of social work investigations. Our interviews revealed that there were fathers who were in touch with their children and mothers and yet social workers knew very little of their existence.

Cannel and Kahn (1968) point out three components of good questionnaires and interviews:

- language
- frame of reference
- conceptual level of questions

These were important issues of consideration in the designing of the questionnaires for the interviews. It was possible to pre-test the interview questions with student social workers and colleagues who did not form part of the actual study. Appropriate modifications were made based upon the comments and criticisms of these individuals.

3.7 Research design

The research was conducted at two levels. Firstly, a census survey was carried out of all children in the care of Wenford Social Services Department. Secondly, a group of 80 children who had come into care in the previous six months was selected and their care careers were investigated. A follow-up study was done on both the cohort and the sub-group six months after the initial research.

(a) Census study

Smith (1975) points to the problem of accessibility both of samples and of the whole populations. He argues that a population is only accessible if it can be identified, and it can only be identified if it is first defined.

Definition ----> Identification----> Accessibilty

Defining a population generally refers to the inclusion and/or exclusion of individuals from sampled groups. In this study, there were no samples of any type. Since it was a census study, there were no exclusions. The census study was free from sampling error, and it provided systematic control because the same subjects were studied throughout the care career process. This consistency in the subject of study meant that empirical generalisations could be made with

greater freedom.

Information for this part of the study was obtained from social work case files by means of pre-coded questionnaires. The questions covered the whole process of the care career from referral to discharge. A fifteen page questionnaire containing 35 questions on the care career patterns was used (see appendix B).

In the light of the shortcomings of previous research studies, and the methodological restrictions imposed on sampling methods, it was decided to conduct the research in such a way that the total situation could be conceptualised with greater certainty. Since this seemed like a mammoth task, it was felt desirable to restrict the research to a few area teams. However, for reasons of validity it was felt important to examine the situation of every child in the care of Wenford Social Services Department. Also, the pilot study gave evidence that despite the disorganised nature of social work case files, the recording of information on pre-coded questionnaires although cumbersome was not such a lengthy task. The department's own figures showed that there were about 700 children in their care. The experience gained from the pilot showed that it was possible to examine thirty files in a week, and thereby 120 files in a month. This meant that the initial census study could be completed

within six months.

The cohort group consisted of children who were found to be in care at the time of the study in the early part of 1987. Children of both sexes, all ages, all legal routes of entry, and all 'ethnic' groups were represented.

The cohort comprised 564 children. The table below shows the proportions of children in care by 'ethnic origin'.

Table 3.1 Proportions of children by ethnic origin

Ethnic Origin	Proportion in care	
	(%)	(n)
White Indigenous	46	257
White European	2	13
Afro-Caribbean	27	150
Mixed-Origin	18	103
West African	5	28
Asian	1	7
Turkish Cypriot	1	6
Total	100	564

Although seven ethnic origin categories were used

in the original questionnaire, the findings of the thesis have been racially grouped as 'black' and 'white'. The black group consists of 'Afro-Caribbeans', 'Asians', 'West Africans', 'Mixed-Origin' and those of Turkish Cypriot origin. The white group includes those of 'White Indigenous' and 'White-European' origin.

It should be stated that the two categories 'white' and 'black' were employed because the objective of the research was to establish whether there were differences in the treatment of black and white families and children. Also, in terms of the analysis of data, it was simpler to group the black children together in order to draw comparisons with white children. Distinctions are made within the black group to illustrate certain processes which only affect particular groups of children. The number of white European children was very insignificant and it was felt more appropriate to group them with the white indigenous children.

(b) Sub-group study

The cohort study produced a great deal of empirical information, however it required a phenomenological perspective. This was done by means of an ethnographic account at the sub-group level. The primary focus here was to establish the perceptions of the main individuals associated with the care process. So their

interpretation and understanding of the situation was what was being sought.

The sub-group consisted of 80 children of all backgrounds who had come into care in the previous six months. There was no random selection. The only criteria applied was that the child must have been admitted into care in the previous six months. Events do not always remain fresh in the minds of individuals. The passage of time can lead to different interpretations and perceptions (Fisher et al 1986). Thus by choosing to look at recent cases, it was hoped that more accurate and reliable information could be obtained.

(i) Ethnic origin of children in sub-group

It was not possible to select equal numbers of children from different ethnic groups. The selection was wholly contingent upon the population being admitted into care. The situation was such that greater numbers of black children than white children were being admitted into care. Consequently more black children were selected for the sub-group. In total there were 80 children who comprised the sub-group - 55 of these were black and 25 were white. The black group consisted largely of Afro-Caribbean and 'Mixed-Race' children (28 and 20 respectively). Children from other ethnic origins were in a minority. There were four West

African children, two Asian children, and one Turkish child.

Area two had the largest number of admissions, therefore a sizeable proportion of children for the sub-group were selected from this area office (32). Area four had the least number of recent admissions which could be selected (11). Almost equal proportions of children were selected from areas one and three (18,19). Needless to say there were higher proportions of black children than white selected from each area office.

(ii) Sex distribution of children in sub-group

The number of boys in the sub-group was only slightly higher than girls (43 boys and 37 girls). However, there were wide variations between areas. For example, in areas 2 and 3, there were twice as many boys than girls admitted into care, while in area 4, the situation was reverse. There were roughly similar proportions of white boys and girls admitted into care in each of the four area offices. For black children, the situation was different. So, although overall there were similar proportions of black boys and girls, there were enormous differences between areas. For example, areas 2 and 3 admitted twice as many black boys than girls, while areas 1 and 4 admitted black girls to a greater degree than black boys.

(iii) Interviews

Most respondents require a certain amount of information from the researcher (Cannell and Kahn 1968: 579).

...the interviewer's identity, the legitimacy of the researcher, the process by which they were chosen for interview, the protection which they may expect as respondents, the extent of the demands which are to be made upon them, and their own adequacy to meet those demands...the interviewer should also be prepared to become very explicit with respect to the uses of the data, the sponsoring agencies, and the kinds of reports to be issued.

In the case of social workers, the information which they would have sought according to Cannell and Kahn (1968), was provided at the stage of negotiations. While all respondents were assured of confidentiality and anonymity, there were some social workers who felt that in the final thesis the department should be named.

While the social workers were aware of the legitimacy of the research, and my own credentials (that is a qualified social worker, PhD student), an official letter was sent to each parent, after permission from the key social worker. The letter, very briefly introduced the research, and requested an interview. It assured confidentiality and anonymity. A telephone number and address was provided for the parent to seek further information. Two mothers, in

fact, did feel the need to contact the university, one because she did not want to be interviewed, and the other because she wanted to know when I was coming to interview her.

In many cases, mothers knew that they stood to gain little by being interviewed. However, they felt that social services needed to be told of the experiences of parents. Some mothers were just glad to be able to tell their version of the events to an outsider. Not everybody saw me as an outsider, I was often mistaken for someone from the social services and had to re-affirm my identity.

Number of interviews

Social workers

Interviews were conducted with forty field social workers who were the key workers for the children in the sub-group. There were roughly equal numbers of social workers from each area office, except in area four from where there were only seven social workers. This reflects the lower number of children in the sub-group from area four. By mere chance, it turned out that there were equal numbers of both black and white social workers in the sub-group. This was the situation boroughwide and is not indicative of each area office, that is, there were not equal numbers of black and

white social workers in each area office. Area three had the highest number of white social workers dealing with child care cases; 50 per cent of the white social workers in the sub-group were from this area office compared with only 15 per cent of the black social workers. Most of the black social workers were from areas one and two (30 per cent and 40 per cent respectively). In areas 3 and 4 white social workers were more likely to be dealing with black cases. However, in areas 1 and 2, a majority of the black children had a black social worker.

Natural parents

A total of thirty-one families were interviewed. Most parents were contacted by letter after social worker's permission. Only three refused after a letter was sent to them. Considering the nature of the case (child sexual abuse/child abuse), a refusal was understandable in the circumstances. There were some parents who did not receive a letter asking them if they were interested in participating in the research. This is because the social worker dealing with the case considered it inadvisable.

Of the parents interviewed, 13 were white and 18 were black. Of the black parents, 15 were Afro-Caribbean, 2 were West African and one was Asian. It should be noted that some of the parents in the white

category were parents of 'Mixed-Origin' children. In the sub-group, there were 20 'Mixed-Origin' children; 13 of these children had a white mother. Four of these mothers were interviewed in respect of six children. Thus although in total, 13 white mothers were interviewed, 4 of these mothers were mothers of 'Mixed-Origin' children.

Many studies identify the client as one individual even when the work being studied is between social work and the family (Thorburn 1980, Mayer and Timms 1970). That individual is nearly always the mother. Our research found that the vast majority of client respondents were women. Indeed, all respondents were mothers except in three situations where both mother and natural father/step-father or cohabitee were interviewed. Most of the interviews with parents were tape-recorded.

Children

Forty per cent of the children in the sub-group (32) were under the age of five, about a fifth were between the ages of six to nine, and the remainder (33) were over the age of ten. Of the latter, 22 were black and 11 were white. These children were eligible for the sub-group inquiry. Only children over the age of ten were interviewed, this was because it was considered that they could best conceptualise their predicament

and give adequate answers. Interview methods would not have been appropriate to explore the perceptions of younger children. A total of 21 children were interviewed (15 Black and 6 White). There were 12 children over the age of ten who could not be interviewed because either the social worker advised against it or it was very difficult to trace them. Most of the children interviewed were black children (15). Within the black category, there were seven Afro-Caribbean children, six 'Mixed-Origin' children and two West African children. Although there was one adolescent Asian girl who could have been interviewed, her movements between placements meant that she was impossible to trace.

3.8 Data analysis

(a) Cohort study

For the quantitative data, the computer package SPSSX was employed to analyse the information. This began as soon as work was completed in the first area office. The familiarity with this method of analysing was gained by attending a three-day residential course at Surrey University, and by working together with my supervisor.

There were a number of considerations which were borne in mind at this level of analysis. For example, I was aware of the limitations of statistics and that

they should be treated with caution and should not be assumed to be an accurate picture of any event. Moreover, issues of bias such as the errors in processing and statistical analysis, and faulty interpretation of the results made me cautious to analyse and reanalyse my data, and to check the 'statistical' picture with a knowledge of process.

(b) Sub-group study

The transcription of interviews began during the stage of fieldwork. Also, after each interview, major points arising from that interview were taped immediately. These formed the guidelines for further analysis. Each interview was transcribed within days of being conducted, this was done for a variety of reasons. Firstly, since the interview was still fresh in the researcher's mind, an immediate transcription meant that any distortions in the sound did not present too many difficulties. Secondly, to avoid a pile up of interviews which would all need to be transcribed at once, it was considered better to transcribe immediately.

When the transcripts were completed and analysed, themes began to emerge. The responses of social workers, parents and children were compared to establish differences and similarities in perception.

The preliminary research findings were discussed at some of the educational establishments, particularly on the social work course at Middlesex polytechnic where I teach. This proved to be a useful exercise in further analysis and re-analysis.

In explaining the research undertaken by this study, this chapter has highlighted a number of methodological and conceptual problems and limitations. While pointing to the usual difficulties encountered by most researchers, it has outlined the particular areas of concern to this study.

Chapter 4

Political and ideological racial discourse in Britain

This chapter offers a brief conceptualisation of racial and ethnic relations in contemporary Britain. Much of the focus is upon issues of immigration and race relations in Britain since the 1950s to the present day. An attempt is made to analyse the current situation by exploring issues of race within a marxian framework, drawing particularly on the writings of the twentieth century Italian marxist, Antonio Gramsci (1891-1937). The concept of cultural hegemony and its value in understanding racism is given much attention.

Gramsci himself did not write about race, ethnicity or racism in their contemporary meanings or manifestations (Hall 1984). What is important to note is that although Gramsci did not write explicitly about race and racism, his theoretical framework is nevertheless useful in understanding current issues.

4.1 The concept of hegemony

One of the major contributions of Antonio Gramsci is his conception and development of the term hegemony. Gramsci built upon Marx's ideas of 'base' and 'superstructure' in providing the link between them by introducing the concept of 'cultural hegemony'.

In rejecting the economic determinism of Marx, Gramsci argued that the domination of the capitalist classes could not be secured by economic factors alone but required political force and, much more importantly an ideological apparatus which secured the consent of the dominated classes. Thus there is a complete fusion of economic, political, intellectual and moral objectives. These objectives are brought about by one fundamental group and groups allied to it through the intermediary of ideology when an ideology manages to 'spread throughout the whole of society determining not only united economic and political objectives but also intellectual and moral unity' (Buci-Glucksmann 1980) By making a distinction between 'civil society' and 'political society', Gramsci is able to demonstrate how hegemony is exercised. 'Civil society' and 'political society' are viewed by Gramsci to be separate sets of institutions (Boggs 1976). 'Civil society' consists of 'private' institutions such as the church, trade unions, and schools; while 'political society' consists of public institutions such as the government, courts, police and the army. The difference between 'civil society' and 'political society' is one of 'consent' and 'coercion', that is, civil society represents a site where consent is engineered, while political society represents the apparatus of repression and force.

In his work, Gramsci introduced the notion of intellectuals. Gramsci classes the intellectuals into two main categories depending on whether they are linked to one of the two fundamental classes (organic intellectuals), or to classes expressing previous modes of production (traditional intellectuals) for example, the ecclesiastics in Britain.

Cultural hegemony is known whereby the interests of the most powerful group are mediated by enabling groups of 'organic' intellectuals to interpret the present in terms of the interests of the dominant group. Every new class, therefore, creates 'organic intellectuals' to service the new class, to create the conditions of hegemony (Hoare and Nowell Smith 1971). These intellectuals are therefore the deputies of the dominant group and exercise the 'subaltern functions' of social hegemony and political government.

The subaltern functions comprise the 'spontaneous' consent given by the great masses of the population to the general direction imposed upon social life by the dominant group, and the apparatus of state coercive power which 'legally' enjoins discipline on those groups who do not 'consent' either actively or passively. Cultural hegemony asserted by the dominant group sustains the elements of the superstructure and

forms a state which mobilises and maintains the dominant group. The state welds together the organic intellectuals of the dominant class and the traditional intellectuals.

4.2 The response of the state to the presence of black people in Britain

4.2.1 Immigration

Although black immigration into Britain is not a twentieth century phenomena, it is accurate to state that black people came to be represented in this society to any significant degree only in this century, particularly since the 1950s.

Our main concern will be with the commonwealth immigration which took on an important turning after the second world war. After this war, Britain faced an enormous economic crisis. There was a chronic shortage of labour. It is normally assumed that Commonwealth citizens were welcomed with open arms to fill this labour shortage. Joshi and Carter (1984) have argued however that British governments tried desperately to restrict Commonwealth immigration.

Sivanandan (1978) argues that colonialism had already under-developed the Commonwealth countries and thrown up a reserve army of labour which now waited in readiness to serve the needs of the metropolitan

economy. According to this perspective, there is a strong correlation between the needs of British capitalism and immigration policies. It is argued that when the demand for cheap, unskilled labour eased off after 1961, the state responded appropriately by restricting the number of black immigrants entering Britain.

Joshi and Carter (1984) argue that British governments expressed concern about Commonwealth labour from the beginning. For example, in 1948, when a number of Jamaicans arrived in Britain aboard the 'Empire Windrush', the government was clearly ignorant of this development. G. Isaacs, the minister of labour in 1948 stated:

" I hope no encouragement will be given to others to follow their example".

He went on to say that:

" If they suffer any inconvenience, the blame will be on those who sent them and not on those who receive them".

When asked if special arrangements were being made for the West Indians, Isaacs complained that there were difficulties in finding accommodation for 'our own people'.

Joshi and Carter (1984) argue that black people from the very beginning were seen as 'undesirable' and

'unwelcome'. The governments made a number of efforts to discourage immigration. For example, it ordered colonial governments to discourage immigration into Britain. India and Pakistan, although independent were also asked to comply.

Legislation to restrict immigration was not passed until 1962. Joshi and Carter (1984) suggest that the reason why the government took no action in terms of legislation to control immigration was mainly because of 'political embarrassment'. There was a still a labour gap; private employers were still advertising and recruiting, and also the government had recently passed the 1948 Nationality Act. These factors played a role in preventing the government from restricting Commonwealth immigration.

However, black people were increasingly being viewed in terms of 'difficulties'. There was pressure from the Trade Unions to restrict immigration. There were the frequent fights between blacks and whites being highlighted by the media. There were the race riots of 1958 in Notting Hill, Nottingham and Dudley. Also, there was the independence of Jamaica. The latter meant that Britain could not control immigration at 'source'. The above mentioned factors were instrumental in the passing of the 1962 Immigration Act. Ben-Tovim and Gabriel (1982) state that this intervention by the government marked the decisive political turning point

in contemporary Britain. The intent of the legislation and the way it operated made the 1962 Act a blatant racist gesture by the state. Allen (1973) argues that this act constituted the first of a number of developing actions which have provided a legal framework for the institutionalisation of racism.

The 1962 Act was strengthened even further by the 1965 white paper. In 1968, when East African Asians were being expelled from Uganda and Kenya, Britain passed the 1968 Immigration Act in a matter of two days. This took away the automatic right of East African Asians - British passport holders - to enter Britain. In the words of Sivanandan (1976) 'Britain refused to recognise the East African Asians - whom it had once used and abandoned on the darker shores of the once empire - as British as their passport warranted'.

With the 1968 Immigration Act, black settler migration was firmly under control, but it was still settler and not migrant. This situation was remedied by the 1971 Immigration Act which placed the Commonwealth worker on the same footing as the European worker. The immigrant was finally a migrant, the citizen an alien. Furthermore, the 1982 Nationality Act has placed further restrictions on black people already settled in this country.

4.2.2 Race relations

The post war governmental policies (both Conservative and Labour) on race relations have had a double edged nature, that is, immigration controls on the one hand are complemented on the other by policies designated to promote 'equality of opportunity and cultural diversity in an atmosphere of mutual tolerance' (Roy Jenkins in Rose, 1969, p514). In the construction of policies designed to meet Jenkin's policy goal, two problems have been regarded as significant - notably discrimination, and deprivation. Discrimination has been challenged through the formulation of Race Relations Acts of 1965, 1968 and 1976. Deprivation, depending on how it has been conceived exactly, and how race problems are seen to relate to it has been challenged in principle through the diversion of resources to inner areas, for example, Urban Aid Programme, section 11 funding under the Local Government Act 1966.

According to Gramsci's theoretical perspective, the various institutions of civil and political society play a major role in the maintenance of cultural hegemony. The private and public institutions such as Trade Unions, schools, the courts, the personal social services and the police play an important role in exercising the 'subaltern functions' of social hegemony

and political government. The organic intellectuals within these institutions interpret the present in terms of the interests of the dominant group. In addition to its coercive and repressive role, the state also plays an important ideological role in maintaining hegemonic control. Thus on the one hand while black communities are perceived as a threat in order to justify strict immigration controls, on the other hand the discourse is one of harmonious race relations. The underlying theme is one of hegemonic control, that is control through 'consent'.

4.2.2.1 Urban deprivation policies

The term 'deprivation' has come to possess a variety of meanings and its association with the race problem is loose and ambiguous. For some, the presence of black people in inner-city areas is one contributory source of their decline. For others, the high concentration of black people is more symptomatic of the underlying malaise of these areas (Ben-Tovim and Gabriel 1982). Hiro (1971) states that black people are often accused of being the cause of urban decay and poor housing rather than recognised as its most vulnerable victims.

In the words of Jonathan Clarke, a West Indian settler in Wandsworth (Hiro 1971):

"They (the whites) sell us nothing but old property, and then say we're creating old slums".

To prevent the creation of 'ghettos', dispersal policies - mainly in housing but also in education in the form of 'bussing' - were adopted by certain authorities. The practice has become less common particularly since the case brought by Race Relations Board against Birmingham City Council over its housing policy. Ben-Tovim and Gabriel (1982) argue that the assumption here is clear, that the group of individuals themselves are responsible for the problems of the inner areas.

The problems of Commonwealth immigrants were identified at least initially in terms of language and customs. The first major initiative, section 11 of the Local Government Act 1966, reflects this. Under this section, local authorities can be reimbursed by the Home Office for 'special provision within their areas of substantial numbers of immigrants from the Commonwealth whose language and customs differ from those of the community' (Fifth Report from the Home Affairs Committee, July 1981, HC 424-I). Grant is at present paid at 75 per cent of eligible expenditure, and the initiative in claiming the grant lies entirely with the local authority. This policy has undergone a series of revisions and is at present under review, but in essentials this description still fits.

Harold Wilson's announcement of the Urban Programme in May 1968 coincided with a major speech on racialism and immigration. The then Home secretary, James Callaghan, however, insisted that the programme was designed to alleviate 'those areas of special social need' including but not exclusively aimed at those areas with a relatively high black population. Only phase 12 was devoted exclusively to black self-help projects (for example, harambee), and was the result of ministerial pressure (Edwards and Batley 1978).

Ben-Tovim and Gabriel (1982) argue that there is evidence to suggest that the programme can only be understood against the debate about Commonwealth immigration and race relations and was devised as an attempt to defuse a potentially explosive situation. They argue that in view of this, little attention was paid to the clarification of what constituted social need or to establish the criteria for the selection of areas and projects.

The programme appears to have been launched with a haste that militated against the development of any clear objectives and strategy. As a result the overall impact of the programme has been extremely limited. The arguments that its piecemeal, ad hoc nature precluded a serious attack on deprivation (which itself was never defined properly) are difficult to refute.

The 1977 white paper announced a number of major changes in the programme. Ben-Tovim and Gabriel (1982) state that the problems were now being identified as part institutional and structural and not, as with earlier initiatives, in terms of the characteristics of particular individuals or groups. Economic decline, physical decay and social disadvantage were identified as three key elements of the problem. Funds were to be increased substantially, scope was to be expanded to include industrial, environmental and recreational provision. Although it was suggested in the white paper that race problems are by no means 'co-terminous with inner area problems', it was conceded that in addition to the kinds of disadvantage experienced by all groups 'their particular needs [be] fully taken into account in the planning and implementation of policies for the inner areas' (DOE 1977, para.19). The extent to which any of the seven Partnership Authorities and fifteen Inner area Programme Authorities will treat this seriously in devising their programmes is questionable (Ben-Tovim and Gabriel 1982). Certainly paragraph 19 is sufficiently ambiguous to permit a variety of interpretations. The overall lack of a cohesive government view of inner area policy and of the specific policies required to meet the needs of black people in inner areas has been frequently noted (for example, Deakin 1978).

The above initiatives must be seen as part of an overall attempt by the state to combat deprivation through the diversion of resources into areas of 'special need', a practice sometimes referred to as 'positive discrimination'. Though the initiatives have often been seen as a response to the race issue, the latter has always assumed a distinctly ambiguous role in each case. As a result there has always been considerable confusion surrounding the objectives and administration of this initiative.

4.2.2.2 Anti-discrimination legislation

The existence of anti-discrimination legislation is an indication and acknowledgement of the fact that racial discrimination is a reality. The effectiveness of such legislation to combat racial discrimination however is another matter. This section analyses the anti-discriminatory laws and their possible effects.

The first piece of legislation designed to combat racial discrimination was passed in 1965 (Race Relations Act 1965). This, it has been argued was a half-hearted affair which merely forbade discrimination in 'places of public resort' and, by default, encouraged discrimination in everything else - housing, employment, etc. (Sivanandan 1978). The Race Relations Board was set up along with local conciliation committees to act on complaints of alleged

discrimination. It is interesting to note that the incorporation, in the Act, of a clause to 'penalise incitement to racial hatred' turned out to be more useful in imprisoning blacks and in banning black activists such as Stokely Carmichael from entering Britain than as Sivanandan (1978) notes in 'arresting the exalted nativism of the Rt. Hon. Enoch Powell, Ronald Bell Q.C. and others of their ilk and silk'.

The 1968 Race Relations Act to some extent responded to acknowledged deficiencies in its predecessor (PEP 1967). Its provisions were extended to include employment, housing, credit and insurance facilities. However, the enforcement provisions of the legislation seemed far too weak to ensure effective implementation and apparently included a number of 'thoroughly obnoxious and dangerous loop-holes' (Daniel 1968). The 'obnoxious' clauses included the preservation of segregation in the merchant navy and the introduction of an undefined 'racial imbalance' as cause for refusing employment.

Both the 1965 and 1968 Race Relations Acts proved to be largely ineffective in combating racial discrimination. In 1975, a government White Paper 'Racial Discrimination' acknowledged deficiencies in the 1968 legislation (Home Office 1975). Political and Economic Planning published a further report (Smith

1976), providing evidence of discrimination and disadvantage. In 1976, a much more ambitious Act was passed which aimed to combat 'direct' and 'indirect' racial discrimination. Also, a new race relations machinery was set up - the Commission for Racial Equality - which replaced the existing Race Relations Board and the Community Relations Commission.

Discrimination in the fields of employment, housing, education and social services continues to persist despite anti-discriminatory legislation. (Brown 1984, CRE 1985, Eggleston 1986, Barn 1990). In an atmosphere such as this, it is not surprising that Race Relations legislation and 'machinery' has been conceived in terms of creating an illusion that something is being done. It is argued that the race relations industry is an attempt by the state to deprive the black community of its most promising leaders, thus diluting the potential of a civil rights movement (Ben-Tovim and Gabriel 1982).

4.3 Discussion and analysis

An attempt is made here to integrate the response of the state to issues of race in Britain. The responses of the state to issues of black immigration into this country have received much attention in the race relations literature (Sivanandan 1978, Ben-Tovim and Gabriel 1982, Joshi and Carter 1984, Solomos 1989).

Also, the racist implications of immigration controls have been well documented (Dummett 1976, CRE 1984, Manchester Law Centre 1986). The ideological role played by the state in the sphere of immigration controls and harmonious race relations in this country will be examined in this chapter.

It is important to turn to the issues of race and racism. While race is accepted to be a social and ideological construction in this thesis, it is nevertheless perceived as a real entity in that the reproduction of racism is based on popular notions of race within the economic, political and ideological context in a given society. Racism is an ideology which ascribes negatively evaluated characteristics in a deterministic manner to a group, which is additionally identified as being in some way biologically, phenotypically distinct. The possession of these supposed characteristics may be used to justify the denial (to the group) of equal access to material and other resources and/or political rights (Miles 1982).

The reproduction of racism occurs under varying and different circumstances. In an analysis of Gramsci's concept of hegemony, Mouffe (1979) argues that hegemony is the capacity of a fundamental class to articulate to its discourse the ideological elements characteristic of a given social formation. Thus the conditions of subordination and oppression are

contingent upon the social formation of a society. In an analysis of the oppression of black people, it has been argued that conditions have varied from slavery to colonialism and imperialism, and now to the crisis of British Capitalism (Hall 1978, CCCS 1982). That is to say, the causes of continued existence of racism today do not lie solely in the historical facts of slavery or colonialism, but in the mechanism through which racism has been consciously constructed and reproduced inside and outside state apparatuses. It is important to point out that while racism may draw on the cultural and ideological traces of previous historical phases, it always takes specific forms which arise through the present conditions and organisations of society. Hall (1984) argues that racism which operates in different societies, and at different historical periods is different in its structure, process and effects. Moreover, he asserts that there is no homogenous 'law of development' which impacts evenly throughout every facet of a social formation.

The present conditions responsible for the reproduction of racism as a major political force since the 1960s, are then to do with the combined effects of economic, political, ideological, and cultural processes which constitute the present organic crisis of British capitalism (CCCS 1982). It is important to realise that this crisis is essentially one of

hegemony, constituting of profound changes in the balance of forces, in the class struggle and in the configuration of the class alliances.

The crisis has been expressed through a number of repressive measures which are detrimental to the interests of the black community. State racism has over-shadowed all subsequent discussion and action in the field. Ben-Tovim and Gabriel (1982) argue that the official equation of blackness second class and undesirable immigrant - the view that black people are in themselves a problem and the fewer we have of them the better - has dominated the public ideological discourse on race and has set the parameters for political action in this area. The equation of black with 'problems' has been clearly conveyed in the immigration control legislation. The legislation and its administration clearly discriminate on the grounds of colour (CRE 1984). Attempts at watertight definitions of who is and who is not British in the various immigration legislation are themselves endeavours to make sense of the organic crisis by reinforcing officially the notion of blacks being the ultimate threat to the social order of Britain. This has had catastrophic effects on the black communities in Britain, subjecting them to insecurity and harassment from state agencies (Dummett 1971, Ben-Tovim and Gabriel 1982).

The rejection of the economy as a possible cause paved the way for other causes to be constructed. An alternative cause of the crisis was constructed through ideas of externality and criminality which supported the representation of blacks as an 'outside force', a disease afflicting British society (CCCS 1982). The 'mass immigration from alien cultures' was described as an assault on 'all that is English and wholesome' (Sherman 1979) The enemy within was identified as being the 'blacks' and an official racist policy at the heart of British political culture was formed.

Gramsci's conception of 'national popular' is important here. For Gramsci, everything which is the expression of the 'people nation' is 'national popular'. A successful hegemony is one which manages to create a 'collective national popular will'. For this to happen the dominant class must have been capable of articulating within its hegemonic principles all the national popular ideological elements, since it is only if this happens that it (the class) appears as the representative of the general interest. In Britain, the presence of black people has become constructed ideologically as a national problem, thereby rendering them subject to specific and intense forms of control and repression. This has inevitable consequences for the treatment of black people in the so-called 'welfare

services' (Johnson 1986). Issues related to the concept of 'race' and social services are developed in the following chapter, where the political and ideological response of the state in the form of assimilation, integration, cultural pluralism and anti-racism is traced.

Evidence of the construction of an indigenous racism towards blacks since the 1950s, is most visible in immigration legislation (1962 Commonwealth Immigration Act, 1965 White Paper, 1968 Commonwealth Immigration Act, 1971 Immigration Control Act and 1981 Nationality Act). The identification of black people as the enemy within causing the crisis, or as Conservative M.P. Keith Joseph argued, causing the decay of the inner-cities was officially established by the governing principles of all immigration legislation. Hall (1978) argues that the identification of black people as the cause of the crisis, was advantageous not only because it prevented analysis of the economic factors causing unemployment, housing shortage, violence, but also because it offered a solution to the crisis. The solution was simply to 'send it away' through immigration control or repatriation.

The elaboration of popular racism since the 1950s, became the principle of which consent was gained in a period of hegemonic struggle. The construction of the

indigenous popular racism of today, which makes every black person a prior suspect, a potential criminal, has been brought about by the state's attempts to manage and explain the effects of the organic crisis of British capitalism. The ideology of racism has been effective in connecting the 'crisis of the state' above the state, to the level of old ladies being mugged on the streets while the crisis is not one of race; race is what makes the crisis real for ordinary people since it 'punctuates, and periodizes the crisis (Hall 1978).

4.4 Summary and conclusion

The ideological response of the state in securing control has been to create the illusion that no group is disadvantaged or discriminated against. This has resulted in the employment of institutional mechanisms to combat disadvantage and discrimination (section 11 funding under 1966 Local government Act, Urban Aid Programmes, 1965 Race Relations Act, 1968 Race Relations Act, 1976 Race Relations Act, Commission for Racial Equality, Councils for Community Relations). However, in the light of the fact that 'race' is perceived as a national problem, that is, the presence of black people is a threat to the social order, attempts to achieve harmonious race relations are ineffectual.

The impact of immigration restrictions (which are based on notions of colour) upon race relations in Britain cannot be underestimated. On the one hand blacks are seen as 'undesirable', on the other 'equality of opportunity' is being proposed. A British dilemma similar to the American dilemma described by Gunnar Myrdal in the 1940s can be perceived, that is, there is serious incongruity between the state's formal commitment to equal treatment (Race Relations) and its palpably unequal treatment of blacks (Immigration control).

Chapter 5

The personal social services

To conceptualise the findings of this thesis, it is necessary to understand the general situation of child care developments in this country as well as the response of the personal social services to black families and children. This chapter is divided into two sections. In the first section, the general legal context of child care developments in terms of child care careers as well as the development of social work in Britain is explored, while in section two the role and function of social services in their work with black families and children is highlighted.

5.1 Development of child care services

Since the turn of the century, child care has witnessed many and varied changes. It has been argued that scarcely a decade passes without some major revision to child care legislation (Millham et al, 1986). Despite these many changes, it appears that Britain's public system of child care has revolved around the twin themes of 'rescue' and 'compensation' (Fisher et al 1986).

Before 1900, children needing care were looked after by voluntary organisations such as the NSPCC and Dr Barnardos which came into existence towards the end of the nineteenth century in the wake of the philanthropic tradition. It was not until after the second world war that any major concern was felt, on the part of the government, about the plight of children needing care and protection.

After the second world war, problems of children evacuated or separated by war conditions from their parents increased knowledge and concern among psychologists and others about problems of child care (Thane 1982). A major inquiry into the death of a child, Denis O'Neill, at the hands of his foster parents added impetus to the need for more appropriate legislation. The resulting 1948 Children's Act was based on the findings of the 1946 Curtis report which emphasised the disparate and inadequate nature of voluntary and statutory child care bodies and their responsibilities.

With the introduction of the 1948 Children's Act, responsibility for the care of children was centralised in the Home Office. The Act was to be administered by local authorities which set up children's departments for the task. Local authorities were placed under a duty to take into care children under the age of

seventeen whose parents were unfit and/or unable to care for them, and to register and supervise adoption agencies which had been left unsupervised since the 1926 Adoption Act.

Although the 1948 Children's Act centralised child care responsibility by abolishing the poor law, there was still a problem of coordination. With the advent of the welfare state, social services became the domain of the state. This was stipulated in three major acts, namely the 1948 Children's Act, the 1948 National Assistance Act and the 1946 National Health Service Act. The legislation led to divided responsibility and fragmented services which resulted in inefficiency in service provision (Randall, 1981).

In the 1960s, the child care debate came to be dominated by the problem of delinquency. The 1963 Children and Young Persons Act was passed based on the 1960 report of the Ingleby committee which looked at problems of child neglect and inadequacy. The notion of preventive work 'designed to reduce the need to receive children into care or to bring them before the court' was introduced, and actually enshrined in the legislation. Prior to this act, a predominantly 'rescue' role continued to be the statutory function of the children's departments.

In 1969, further legislation was passed which integrated the care and protection of children into a single care order, which was to be the responsibility of the local authorities (1969 Children and Young Persons Act). Before this act, the care of children was divided between the local authority and the Home Office. The latter assumed responsibility for delinquent children who received approved school orders, and were admitted to approved schools. The 1969 CYPA abolished approved school orders, and fit persons orders administered under the 1933 Children and young Persons Act.

The admission of children into care via the courts is now governed by the 1969 CYPA. This is often referred to as statutory or compulsory care where a care order is obtained through the courts to admit a child into local authority care. The natural parents are deprived of legal rights to the care and custody of their child, through the making of the order which remains in force until the child is eighteen (or nineteen if he/she was sixteen at the time of the order - section 20(3) 1969 CYPA) unless there is a successful application for its discharge. Responsibility is transferred to the local authority which has full parental rights except that it cannot give consent for the child's adoption or change his/her religion.

The seven grounds for care proceedings set out in section 1(2) of the 1969 CYPA are:

S1 (2) (a) his/her proper development is being avoidably prevented or neglected or his/her ill-health is being avoidably impaired or neglected or he/she is being ill-treated.

S1 (2) (b) it is probable that 1(2)(a) will be satisfied because a court has found that it has been satisfied in the case of another child in the same household.

S1 (2) (bb) it is probable that 1(2)(a) will be satisfied because a person who has been convicted of an offence set out in 1933 CYPA schedule 1 is or may become a member of the same household as the child.

S1 (2) (c) he/she is exposed to moral danger

S1 (2) (d) he/she is beyond the care and control of his/her parent.

S1 (2) (e) he/she is of compulsory school age and he is not receiving efficient full-time education suitable to his/her age, ability, and aptitude.

S1 (2) (f) he/she is guilty of an offence excluding homicide.

Annual statistics collected by the DHSS show that children are most commonly admitted into care under

section 1(2)(a), and 1(2)(f), that is those children who are considered to be neglected or ill-treated by their parents or guardians, and those who have committed certain offences (see appendix C for DHSS statistics for children in care of local authorities in England, 1977-1983).

The 1969 Act also included provision for the court to make a renewable interim care order, usually for 28 days. During this period, the local authority has full control of the situation while further evidence is collected. It is possible for the interim care order to result in a full care order. In cases of criminal proceedings, a young person can be remanded to the care of the local authority pending further court appearances. The order can last up to 21 days and is often followed, if guilt is proven, by a sentence to a penal establishment or the imposition of a full care order.

In their study of social work decision-making, Packman et al (1986) make a three-tier distinction between the children entering local authority care - 'victims', 'villains', and 'volunteers'. Put simply, these are children who are neglected or ill-treated, the juvenile delinquents, and children who are received into care with parental consent. Children admitted into care under the 1969 CYPA include the victims and the

villains. The volunteers described by Packman et al are children received into care under section 2 of the 1980 Child Care Act under the following circumstances:

(a) the child is under seventeen

(b) it appears that:

1. the child has no parent or guardian
2. the child has been or remains abandoned by his parents or guardians.
3. the child is lost
4. his parent or guardian are for the time being or permanently prevented by reason of mental or bodily disease or infirmity or other incapacity or any other circumstances from providing for his proper accommodation, maintenance and upbringing.

(c) intervention is necessary in the interests of the welfare of the child.

The 1980 Child Care Act replaces the 1948 Children's Act, and consolidates the preventive provisions made available under the 1963 Children and Young Persons Act. Under section 1 of the 1980 Act, local authorities are under a duty to carry out preventative work with families by providing 'advice, guidance and assistance, to diminish the 'need to receive children into care'.

Receptions into care under the 1980 Act are termed voluntary because children enter care following the consent of their parents. The local authority has no right to keep the child in care against the wishes of the parent. In fact, there is a duty on the local authority to endeavour to secure the return of the child to his/her natural family. However, if six months have passed since the reception of the child into care, parents must give a 28 days notice to the local authority of their intentions to remove the child. If the local authority believes that the child should not be returned home, it has powers to assume full parental rights by passing a resolution in respect of the child (Section 3, 1980 Child Care Act). Thus parents cannot ask for the automatic return of their child. Indeed, if their influence is considered to be detrimental, they can even be denied access to their child.

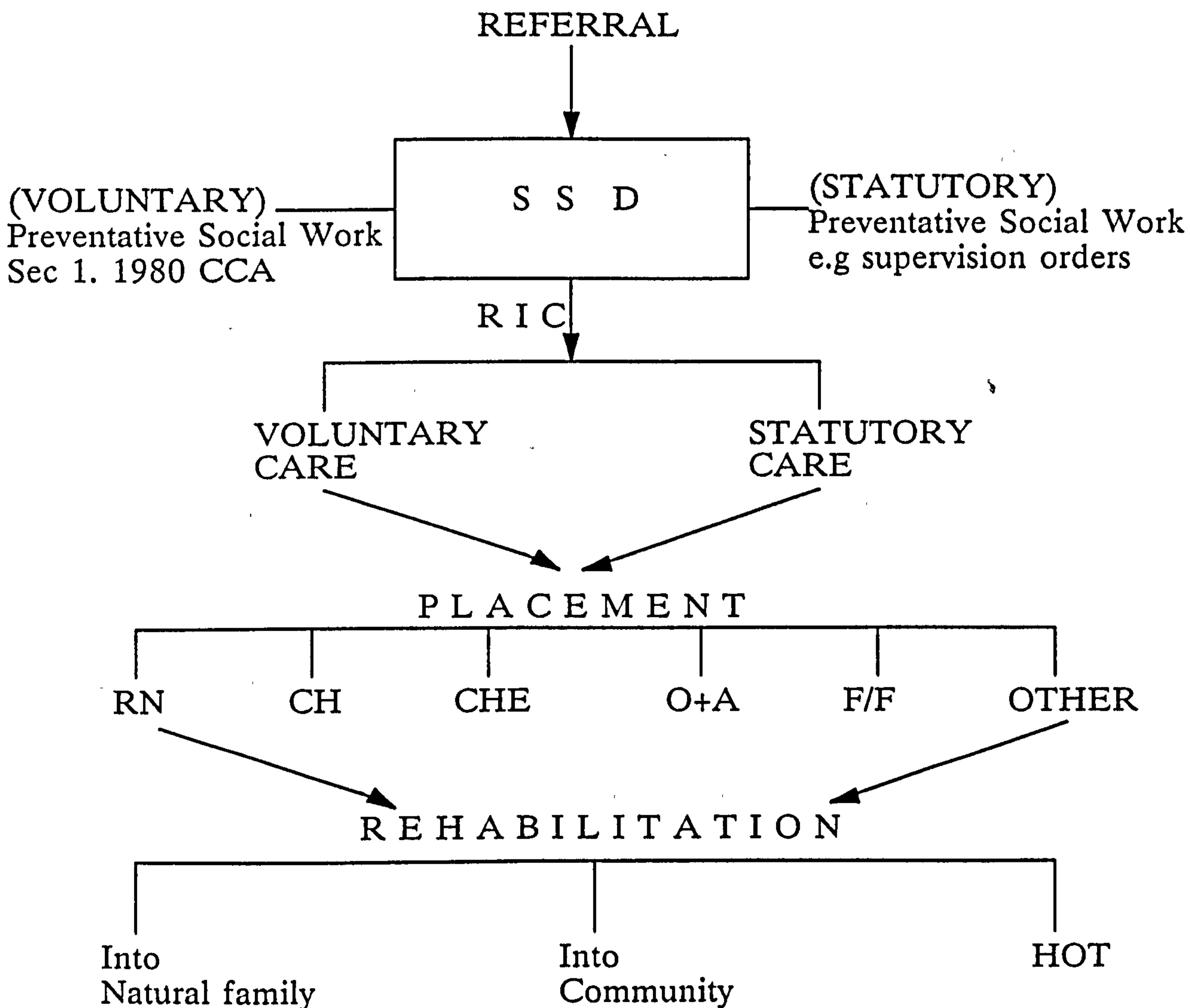
Following the death of seven year old Maria Colwell at the hands of her step-father, protection was also given to children already in care and to foster parents by the 1975 Children Act. This Act obliges social workers to consult the child about his/her wishes and restricts parents' freedom to take their child out of care. Parents have also been given the right to appeal to a court for an 'access order' when contact with their child has been formally terminated

by the social services (Health and Social Services and Social Security Adjudications Act 1983).

In addition to the above mentioned provisions, children sometimes come into care by other means, for example, as a result of wardship proceedings or where custody following divorce or separation has not been resolved (Family Reform Act 1968, Guardianship of Minors Act 1971, Matrimonial Causes Act 1971; see appendix D for the different legal routes into care). The flow chart on the next page illustrates the stages of child care careers.

With such a wide range of legislation available, social services vary considerably in the use they make of the legal provisions (Millham et al, 1986). While the majority of children in care in England and Wales enter care via the voluntary route, it appears that there has been a steady decline in the last decade in the numbers of children admitted under voluntary care. Indeed, there has been a significant increase in wardship proceedings and place of safety orders (DHSS, Children in Care in England and Wales, annual publications, see Appendix C). Parton (1979, and 1981) and Packman (1981) have also highlighted the increasing use of compulsory powers on the part of the Social Services Departments. They attribute this either to defensive practice in the context of possible exposure (Packman, 1981), or to the fact that social work practice is merely reflecting a

Figure 2: Social work decision making in child care careers



KEY:

SSD - Social Services Dept.

RIC - Reception Into Care

RN - Residential Nursery

CH - Children's Home

CHE - Community Home with Education

O+A - Observation + Assessment Centre

F/F - Foster Family

Other- Hospital, hostel, Adoptive family

HOT- Home on Trial

change in the moral climate of society towards greater social control of deviance (Parton, 1981).

Dingwall et al (1983) are critical of the theories put forward to suggest the increasing use of compulsion. They argue that such studies lack an authoritative statistical basis, as well as an overview of the relative, as opposed to absolute, use of compulsory intervention. According to these critics, the use of compulsory powers to protect children is, in fact, declining in relation to the number of children who may require such protection. The annual statistics collected by the Department of Health and Social security are the only reliable national source of information available on children in care. Contrary to Dingwall's assertions, a recent study which analysed the data from the returns to the Department of Health (formerly DHSS) found that there had been an increase in the proportion and numbers of children admitted into care for abuse and neglect (O'Higgins, and Boyle, 1988).

Upon the reception of a child into care (voluntary or compulsory), the local authority has to provide the most appropriate placement for a child, a matter in which the local authority has a considerable amount of discretion. Children in care may be looked after in residential homes. These may be community homes run by the local authority or voluntary homes run by a

charity, another organisation or individual. Children may also be boarded out, that is, placed with foster parents to live in their home as a member of their family. They may also be placed for adoption with parental agreement unless there are grounds for dispensing with agreement. Finally, it should be stated that in the case of compulsory care, there are no statutory requirements for the child to be physically removed from his/her natural family home. The local authority may allow a child in their care (under sec.1(2) 1969 CYP A) to remain with his/her parent, guardian, relative or friend. This type of placement is often called 'Home-On-Trial' since the care order is still in force.

A child is discharged from care when he/she reaches the age of eighteen (or nineteen if the child was sixteen when the care was made). Discharge from care can occur before the age of eighteen if a successful application is made for the revocation of the care order. The revocation of the care order can be applied for by the child, parent/guardian, or local authority.

It is important to highlight that child care legislation has been passed in a very colour-blind fashion. There has been no consideration of race and culture in either the admission, placement or

rehabilitation of children. No duty has been placed on Local authorities to show sensitivity in matters of race and ethnicity. In 1983 the Home Office Social Services sub-committee mentioned that children should be placed with families which are racially and culturally appropriate to their own. However, local authorities are not under a duty to do this. The recent case of a Mixed-Origin child removed from his white foster parents to be placed with black foster parents may compel the government to produce guidelines on the matter of fostering and adoption placements of children (Guardian 25th August 1989).

The child care legislation and its implementation reflects the general response of social services to the presence of black people. This is discussed later in this chapter.

5.2 Social services departments

This section is concerned with the development of social work and the organisation and structure of the current Social Services Departments. It also analyses the role and function of social workers within these settings. It is argued that social workers serve an essentially ideological role in their day to day activities.

Before the advent of the welfare state, social work was the domain of charities and religious

organisations. By the end of the 19th century, philanthropy and charity themselves came to be seen as social ills. It was argued that by scrounging from many charities and living off the philanthropy of the rich, the labourer could escape from the natural operation of the free market (Seed, 1973). Social work came into being closely related to a need to repair the national image of greatness which had been spoilt through the dramatic exposure of social need at the end of the the 19th century (see Engels, 1971), and where charity and philanthropy had failed.

While social work was establishing itself as a social movement, certain kinds of activities within the movement were becoming professionalised. The professionalism of social work must be understood in the context of a general move in the direction of professionalism amongst teachers, nurses and other groups. Seed (1973) argues that 'in order to be effective, the almoner wanted to show other professionals that she was competent in relation to certain areas of practice and entitled by virtue of training and experience to make professional judgements'. It would appear therefore that social work as a profession found its identity in relation to the promotion of social work education. The effect of professionalism was to fragment social work in terms of specialism which came to be identified with particular

settings. Such fragmentation was closely related to administrative fragmentation within the piecemeal development of social services, during the period up to 1939. After the second world war, a comprehensive system of statutory social services was constructed on the basis and plan of what came to be known as the welfare state.

Under the newly created welfare state, the separate and unrelated nature of social services led to problems of coordination and inefficiency. The Ingleby committee, looking at problems of child neglect and delinquency in 1960, first drew attention to this problem and its report 'The child, the family and the young offender' (HMSO, 1965), recommended the setting up of a committee to look at local authority personal social services. This resulted in the setting up of the Seebohm committee in 1968. The Seebohm committee envisaged a system in which the best advantages of bureaucracy, professionalism and community involvement would be combined. The Seebohm report stated:

We recommend a new local authority department, providing a community based and family oriented service, which will be available to all. This new department will, we believe, reach far beyond the discovery and rescue of casualties, it will enable the greatest possible number of individuals to act reciprocally, giving and receiving service for the well being of the whole community.

(Report of the Committee on local authority and allied personal social services (Seebohm Committee), 1968 Cmnd 3703, July, para 1).

With the Local Authority Social Services Act of 1970, following recommendations of the Seebohm Committee, Social Services Departments came into being. These departments were to undertake the functions previously performed by children's, welfare and public health departments in a 'community based and family oriented fashion'. In almost two decades of their existence, Social Services Departments have come under increasing criticism. Sensational cases of child abuse (notably Maria Colwell, Steven Mears, Tyra Henry, Jasmine Beckford, and Kimberley Carlisle) have raised doubts about the ability of the departments to guide the interests of the helpless. It is important here to pay some attention to the philosophy, policies and practices of these organisations and their front line social workers.

Much of the criticism made has focused on the bureaucratic nature of Social Services Departments rather than the general role and function of social work in a capitalist society (Hadley and Hatch 1981, Brewer and Lait 1980, Simpkin 1979). It is argued that the hierarchical rule-bound nature of Social Services Departments constraints social work practice. The debate about whether social workers are professionals or bureaucrats stems from the very nature of the organisational settings and service delivery. While

the effect of organisations upon workers is beyond doubt (Clegg 1979, Salaman and Thompson 1980), a wider analysis of the relationship of the state to the institution of social work has received limited attention. Moreover, much of the analyses of the failure of social work have been conducted from an orthodox class perspective to the total exclusion of race (Bailey and Brake 1975, Corrigan and Leonard 1978, Statham 1978, Jones 1983).

Social work as a profession is based upon the notion of individual problems and needs. In the days of philanthropy and charity, distinctions between 'deserving poor' (those who were unable to provide for themselves due to mental or physical infirmity), and 'non-deserving poor' (those who were poor due to socio-economic factors) were firmly rooted. In its desire to be recognised as a profession, social work as a movement looked towards education and training for legitimation (Younghusband 1947). The use of psychoanalytic theory came to dominate social work where problems of individuals were seen as a result of their own inadequacy, and thus compounding the above distinction of 'deserving' and 'non-deserving poor'.

With the introduction of the welfare state, successive governments believed that the problem of poverty had virtually disappeared. As a consequence of this belief, problems continued to be defined as a

result of individual or family pathology. Corrigan and Leonard (1978:101) assert:

Organisations such as Family Service Units and, later, Children's Departments gave particular attention to trying to understand the internal psychodynamics of such families. They were seen as inadequate and immature, and although, later, the impact of adverse economic conditions upon them could not be completely denied, these remain in the background, and the individual defects of the family members remained a prominent part of social-work diagnosis and social-welfare response.

Research conducted in the 1960s documented that poverty had far from disappeared (Abel-Smith and Townsend 1965). Moreover, great emphasis was placed on the negative consequences of institutionalisation (Townsend 1964, Goffman 1961). Seed (1973) states that social work thinking began to move from a psychological perspective to a sociological one, that is, attention was focused towards structural inequalities. There appears to be little evidence of this in social work practice. Thus, although social work rhetoric shifted towards 'preventive work', and 'community care', social work practice remained embedded in its analysis of problems.

In the 1970s, a more sophisticated approach came into prominence to explain and understand social problems, namely the cycle of deprivation. This approach was much popularised by a mouthpiece of the state in the form of Keith Joseph, the then minister

responsible for Social Services. There was a great deal of emphasis on working class parenting and the need for 'better preparation for parenthood'. The pathology was seen as lying not so much in individuals and families as in the culture in which they were raised. That is, attention was directed to a pathology of communities rather than exclusively to that of individuals and families (Corrigan and Leonard 1978). Fisher et al (1986) argue that the substantial funds made available under Keith Joseph for research into this 'generationally transmitted poverty' were the practical expression of this policy.

Wilson (1973) investigated the relevance of Keith Joseph's ideas on 'preparation for parenthood' to resolving the problems of poor families in inner cities. She concluded that the research indicated the need, not for social training, but for:

large-scale fiscal measures to speed up slum clearance and housing schemes, to improve local amenities, to boost family incomes by generous family allowances, to improve the job market in the inner city, and to implement the proposed extension of nursery provision.

(Wilson 1973:153)

The research commissioned by the DHSS failed to identify any attitudinal mechanism by which poverty was somehow 'transmitted' from parent to child. Instead, the studies pointed to a complex exchange between traditional attitudes and stark economic deprivation of

the kind described by Wilson (see Blaxter and Patterson, 1982; Coffield, Robinson, and Sarsby, 1982).

The power to define situations is an important arena of any professional group (Johnson 1970). The tendency for social work as a profession to locate problems within individuals is an example of that. It has been argued that if ruling class hegemony is to be maintained and developed in the face of the class struggle, then the problems which confront society must not be seen as a consequence of inherent contradictions in the system but, rather, as the result of individual failure (Corrigan and Leonard 1978). Moreover, ideology does not have its effect simply through the definition of problems. Althusser shows that ideologies always exist in practice, that ideologies have a material existence. In the welfare state and its services, ideology is embedded in the practice of social workers and the organisational delivery of services. State services are, following the definition of problems, geared to individual delivery where individuals are assessed, their 'needs' met and their progress monitored.

Since the 1970s, certain methods of practice in the field of social work have unquestionably been perceived as non-pathological. For example, the shift from case work to group work and community work is

viewed as a radical approach because of its wider focus. However, it has been argued that both group work and community work can operate primarily in terms of definitions which locate problems in groups or in particular communities, rather than draw attention to the contradictions within economic and political structures as a whole (Corrigan and Leonard 1978). For example, community work can be seen as a state response directed to eliminating undesirable cultural elements in certain working class areas. Thus it is asserted that ideology is embedded in social work practice.

Jones (1983) emphasises the pathological perspectives of social work thinking. He asserts that:

Although there have been important material changes in the composition of social work's client population since the nineteenth century, contemporary social work continues to insist upon the legitimacy of the COS's (Charity organisation society, established in late 19th century) perspective that the problem of clients lies primarily in their morality and personality rather than in the social structure.

While the tendency for social work to individualise problems and needs has been given some recognition in recent social work literature, it appears that much of the effort has been devoted to the organisational structures of Social Services Departments (Simpkin 1979, Jones 1983, Mays, Forder and Keidan 1983, Howe 1986, Webb and Wistow 1987). The debate about whether social workers are professionals or bureaucrats has been transported from the United

States and given much airing (Prottas 1978, Lipsky 1980).

5.2 The personal social services and 'race'

The response of the personal social services to the needs and problems of black people has been dominated by the ethnocentricity of policy, practice and provision, and as a consequence the services provided have been inappropriate and inadequate (ADSS/CRE 1978, Husband 1980). Since the personal social services do not operate in a vacuum they are likely to be influenced by the pervading issues in wider society. The previous chapter showed the emergence of race as a political and an ideological issue. In the sphere of social work, similar trends have been witnessed with regard to the position of black people in this welfare society.

5.2.1 From assimilation to anti-racism

Cheetham (1981) argues that the "debate about the relevance of ethnicity to social policy and social work cannot fail to consider how the shape of social services provision is influenced by views on the best and most desirable model for race relations", namely Assimilation, Integration and Pluralism.

During the 1950s and early 1960s it was widely assumed that a 'melting pot' situation would occur whereby racial differences would be mitigated. An Assimilationist dream such as that formulated by Park (1913) was envisaged. It was widely thought that it was only a matter of time before the black 'immigrant' communities would adapt themselves to the norms of the host society and become incorporated into indigenous culture. This was thought to be inevitable especially in view of previous immigrant groups, for example, the Irish, and the Poles. Moreover, the Afro-Caribbeans were thought to be already assimilated into British society particularly because they spoke the same language, wore the same clothes and worshipped the same God as the indigenous population. It was the Asians who had to be assimilated.

A study by Hyndman (1958:494) on the family welfare association concluded:

.....it will be observed that coloured immigrants ...are making good use of the social facilities provided, and that their problems are, in many respects, quite similar to those normally dealt with by the CABx.

Since the ultimate goal was assimilation, the Social services did not feel called upon to respond to the culturally specific needs of black people. Indeed, the needs and problems of black people were not even recognised as being different. The universalist nature

of social service policy and provision whereby everyone is treated in the same fashion led to a very poor service being offered to black people. It has been estimated that although black people in their contribution to the economy pay equal taxes, each white person receives at least 30 per cent more from the state than each black person (Racism, London Counter Information Services, 1976, p34, quoted in Simpkin 1979, see also Jones and Smith 1971).

Cheetham (1981) argues that the assimilation process was not taking place mainly because of the strong religious and cultural traditions of the 'immigrant' communities. Also, colour was an important factor. Cheetham states that the 'dark skins' of commonwealth immigrants makes them easily distinguishable from the white natives, and thus total assimilation is not possible. According to Cheetham, assimilation is now widely considered to be undesirable and impractical, undesirable because it is an assault on fundamental social traditions of ethnic minorities, and impractical because it ignores the fact of massive racial discrimination which would gravely militate against assimilation, even if it were desired by minorities.

Cheetham's view is however fallacious based on a liberalist interpretation. As the previous chapter shows the 'immigrant' was regarded as 'undesirable'

and a 'problem' from the beginning, thus full assimilation was never a realistic goal of the state. In the 1960s when facts of racial discrimination were being made public (PEP 1966), official thinking shifted to 'a philosophy of 'integration'. Roy Jenkins (in a speech in May 1966) emphasised the philosophy of integration in terms of 'equal opportunities accompanied by cultural diversity in an atmosphere of mutual tolerance'.

In order for the integration process to begin, it was regarded to be important to enhance understanding of black communities. The family/kinship systems, household organisation, marital arrangements and child rearing practices of the black communities came under close scrutiny (Kent 1965, Fitzherbert 1967, Cheetham 1972, Triseliotis 1972). The black family structures came to be seen in pathological terms because they did not correspond to the idealised 'nuclear' family of western society. The 'arranged marriage' system of the Asians, and the allegedly 'weak' family structure of Afro-Caribbeans were heralded as the source of 'all problems' (Carby 1981, Lawrence 1981). Asian adolescents, especially girls, were seen to be caught in a 'culture conflict'; the Afro-Caribbean parents were regarded as too victorian. These views are still prevalent today and are used conveniently to justify

lack of appropriate services by the service providers (Johnson 1986).

It appears that Roy Jenkins's 'atmosphere of mutual tolerance' was unattainable. It has been argued that social workers found black cultural values to be incompatible with their duty to uphold individual rights and interests (Cheetham 1981). Kent (1965) argues that because of their own internalised values derived from the wider society and their professional training, social workers will not be able to implement client self-determination and be ethically neutral for this would maintain 'deviant' identities. Kent argues that the main issue is social control and legislation, she views the social worker as a social control agent, not simply for British culture but for the 'middle classes'. Kent recommends a policy of assimilation as she sees this as the only viable solution.

In the last decade the notion of 'cultural pluralism' has emerged in the field of social work. Roys (1988) asserts that this has not been difficult to accept by policy makers and practitioners since it can be viewed as consistent with the tradition in social work which advocates respect for individual differences. Thus it is argued that needs arising out of religious and cultural differences would be met by social services because of the latter's tradition of respect for individual differences. However, there

appears to be little evidence of this taking place (ADSS/CRE 1978, Cheetham 1982, Dominelli 1988).

While the three models outlined above serve a purpose in understanding the historical situation, they create an illusion of progress and advancement. For example, it is believed that thinking has shifted from ideas of assimilation and integration to cultural pluralism. This analysis introduced by Cheetham (1981) and espoused by subsequent writers (for example, Roys 1988) fails to conceptualise the position of social work as an agency of the state. It is based on the assumption that the role of social work is to improve the lives of individuals.

Connelly (1985) believes that prior to the 1981 disturbances the attitude of the Social Services Departments was one of colour-blind nature. She argues that the situation has changed quite considerably since 1981, and points to the high number of black councillors (Fitzgerald, 1984) as evidence of this. Connelly (1985:3) adopts an unduly positive attitude. She asserts:

Many local authorities now have corporate race committees or subcommittees, local black communities are usually represented on these. Such committees may call on social services departments for information about particular policies or activities, they may arrange for review of the work of the department as a whole; they may require preparation for an action plan, and ask questions subsequently about progress made in fulfilling the plan. Authority-wide implementation of

equal opportunity employment programmes has perhaps provided an even greater impetus for change in some social services departments.

The belief clearly is that great changes are taking place in the interests of the black community. Roys (1988:209), however, while acknowledging 1981 as a demarcation point, argues:

The 1980s have witnessed a higher profile for black politics; uprisings in the inner cities and the entry of a number of black people into the formal political process are leading to a challenge to white dominated institutions. This has resulted in social services provision for the black population receiving increased attention in professional literature and political debate. But in only a few local authority departments is such attention beginning to be systematically translated into policy and practice; the general picture is of services and institutions failing to offer an adequate response to the needs of the black communities.

While the above two accounts are conflicting in nature regarding the extent of changes which have taken place in the 1980s, they are both concerned with the latest developments in social services. In recent years there has been the emergence of a new approach to tackle the problems of black people. The 'race relations industry' has witnessed a massive growth. The emphasis has shifted from 'cultural awareness' to 'racism awareness'. The need to employ black staff at all levels as well as the importance of 'appropriate services' has been stressed (ADSS/CRE 1978).

The response of the social services which have engaged in this process has been expressed as 'anti-

racist'. It is important to note that the anti-racist approach is based on a number of assumptions. Firstly, it assumes that given the 'right' type of training, white social workers will be able to work with black clients. Secondly, it assumes that the employment of black social workers will, without any additional changes, be in the interests of black clients. Thirdly, it assumes that social services play a beneficial role and that if services could be made 'relevant' for the needs of black people then they, like the indigenous population, would also reap the fruits of this welfare state society.

The anti-racist approach is similar to the other approaches of assimilation, integration, and cultural pluralism in that it totally overlooks the coercive role of the state in the field of social work. Recommendations such as those made by the ADSS/CRE report in 1978 are being implemented at an incremental pace. It would be wrong to assume that the response of the social services has moved along a continuum of race relations thought, that is, from assimilation in the 1950s to anti-racism in the 1980s. As has been pointed out by Roys (1988) and more recently by a CRE report (1989), only a few local authorities have taken a positive anti-racist stance in their policy and provision.

It would appear that culture still forms the basis of much of social work thinking. Problems are perceived at an individual interpersonal level and needs are met accordingly. The continual use of special funding (that is section 11 funding whereby the Office makes available 75 per cent of the amount, the rest being met by the local authority) by local authorities in the form of interpreters, and other specialist workers is testimony to this. Section 11 funding is based on the notion of cultural differences and the difficulties 'immigrant' communities can face in settling in a new society. The major aim of such funding is to ensure that such difficulties are mitigated. There is little recognition of long-term difficulties as they are perceived to be ephemeral. Such use of funding serves to reinforce the myth that the problems of black people are pathological.

5.2.2 Role of black social workers

Although the employment of black social workers at a wider scale is a recent phenomena, the role of such workers in the personal social services has been a point of debate since the 1960s. Much of the arguments have centred around the elusive concepts of culture and ethnicity of the clientele as well as that of the workers.

Davies (1969) recommended that the employment of more black social workers would overcome many of the difficulties. Mujahid (1971) a community relations officer is quoted by Wallace McCulloch, and Kornreich (1974) as saying that it is impossible to train a native British white social worker to deal with Asian culture. This debate which is based on the premise that cultural expertise is required to work effectively with black clients still continues today. Wallace McCulloch and Kornreich (1974) argue that there is no necessary relationship between country of birth, race and culture. They assert that it is likely that because of class position and occupational socialisation, black social workers would be almost as alien to their compatriots as white, native ones. Such a criticism is also implied by Hutchinson (1969) when he states that black middle-class people and officials are westernised and hostile to their working class compatriots. However, these authors are still placing the emphasis on knowledge of culture and the ability to empathise to the total exclusion of the more important function of social control. They also reduce the argument to one of class interests. Using a marxist analysis, and incorporating the race dimension, it could be argued that there is a difference in the role performed by black and white social workers, in that black social workers can be more successful in securing the consent

of black families and children in the interests of the state.

Rooney (1981) highlights the incompetent nature of equal opportunities policies by providing illustrative examples from Liverpool Social Services Departments. He points to the appointment of non-white social workers who were as different from the majority of Liverpool's indigenous black population as it was possible to be in terms of ethnic and racial origins, class position, racial consciousness, and so on. While Rooney's argument is similar to that of Hutchinson (1969), and that of Wallace McCulloch and Kornreich (1974) it is important to note that his analysis acknowledges the race dimension. That is he not only views the differences of class and ethnicity, but also those of race.

Related to the analysis drawn by Rooney is the concept of a 'good black social worker', that is, a social worker who serves the interests of the agency and the state. According to Liverpool (1982) the 'good black social worker' is one who 'colludes with the organisation's view of its record in race relations'. In his study of two local authority social services departments, Stubbs (1985) quotes white social workers and managers who support their beliefs by stating that their black colleagues also think similarly. Stubbs

points out that there are real possibilities of black social workers being controlled and exploited within social services departments. Cheetham (1981:93) discusses the exploitation from the specialist black social workers' point of view:

Black social workers felt hopelessly isolated, misunderstood, at times snubbed and overwhelmed by totally impossible, responsibilities and an unsupportive administrative structure.

It appears that black workers not only feel pressurised, but are also valued very little by their white colleagues. Stubbs (1985:14) states:

White workers were, on the whole, sceptical of, or openly hostile to, any significant change in employment practices in favour of black people. This often involved a fear of an erosion of their own position or challenge to their claims to professional status and competence.

White social workers felt that black social workers did not possess any special skills which enabled them to work more effectively with black clients. Stubbs (1985:14) quotes one social worker as saying:

.....I've got a black student at the moment who is actually working with black kids, I don't actually believe that they've made any discernible difference over what I and my colleagues would be doing. I don't think that these kids have shown any greater positive attitude just because the worker is black.

Stubbs uses the example of the black group which came into existence during his fieldwork as evidence of the fact that black social workers do make an

appreciable difference which goes beyond mere ethnic sensitivity. By challenging social work values and principles, black workers were making an impact, that is, by emphasising the importance of 'community accountability' in service provision, and by challenging the bureaucratic procedures.

While the collective action of black social workers in some local authorities has proved to be influential in shaping policy and provision, it has to be borne in mind that, on the whole, the contribution of black workers has only been incremental. This is largely due to their position in the power structure. In his analysis of Lambeth Council, Ousley (1982) states that there was an underrepresentation of black workers within the directorate. This was said to be particularly acute within two groups, 'senior management' with only 4 per cent in total and none of the 53 most senior posts, and 'specialist, professional and practitioner' posts. Overall, some 80 per cent of the total black staff in the directorate was concentrated in the lowest three, non-social work, grades.

The employment of black social workers continues to be analysed by the role which they serve in meeting the needs of black clients. The two major perspectives, namely the consensus and the conflict models view this role very clearly. While the consensus model views the

role of black social workers as a beneficial one, whereby black clients receive an appropriate ethnically sensitive service, the conflict model views the role of such workers in a negative way in that social workers are agents of the state and the employment of black workers merely serves to enhance the social control of the state. In the subsequent chapters, an attempt is made to analyse the role of both black and white social workers in their work with black families and children by employing both the consensus and the conflict model.

5.3 Summary and conclusion

In this chapter, it has been possible to provide an outline of the key issues surrounding child care and social work developments in the last 100 years. It was felt important to throw light on these developments in order to understand the situation of social work policy, provision and practice which this thesis attempted to explore. The response of the social services to the presence of black families and children has also been addressed. This is additional but complementary to the account presented in chapter two where the child care and race literature was reviewed.

Chapter 6

Borough profile

This chapter is divided into two sections. Section one addresses the socio economic situation in the borough, while section two describes the context of the four social services area offices where the research was conducted. An attempt is made to analyse the departmental child care policies policies by exploring the perceptions of social workers and higher management.

6.1 Borough of Wenford

The London borough of Wenford is one of the poorest and most economically deprived areas in the Country. It ranks high in terms of the usual indicators of deprivation. The borough has one of the highest unemployment rates in London. Those in work, on average, earn the lowest income in London. Many families live in overcrowded accommodation, lacking basic amenities such as baths and inside lavatories, and the area has the highest proportion of dwellings defined as unfit for human habitation in the capital.

Information below provides an account of the deprivation which exists in the borough. It is

important to understand this situation in order to conceptualise the many problems faced by families and children which have a direct bearing on the care careers of children.

6.1.1 The population of Wenford

Several different sources of statistics have been consulted in compiling the following information. Some indication of the size, age structure and other aspects of the population is given below.

Population size 1901-1981

According to the annual census data, the population of Wenford has fallen from 389,000 at the turn of the century to around 180,000 in 1981. Other inner-city London boroughs have experienced a similar situation. With the development of the new towns, a move out of the inner city areas in London was actively encouraged during the 1960s, as was the moving of firms and jobs out of London. There were also other reasons for this fall in the population during the 1930s and 1940s including bombing during the war, redevelopment of unfit housing and replacement either at low density or with non-domestic uses.

Table 6.1 Population of Wenford, 1901-1981

Year	Population
1901	389,000
1911	385,000
1921	379,000
1931	364,000
1941	No census taken
1951	265,000
1961	258,000
1971	220,000
1981	180,000

Source: Census of Population, OPCS

6.1.2 Ethnic minorities in Wenford

Population estimates:

The 1981 census has been used together with information from the 1981 Labour Force Survey and a CRE publication 'Ethnic Minorities in Britain: Statistical information on the pattern of settlement', to give estimates of the population of Wenford by ethnic origin.

Table 6.2 Ethnic Minorities in Wenford

Ethnic Group	% of population
African	4.5
Caribbean	17.3
Asian	7.0
Cypriot	4.5
Turkish	1.0
Orthodox Jewish	6.8
Irish	6.1
Other	0.4
Total	47.6

Source: 1981 Census, OPCS, EEC Labour Force Survey 1981, 'Ethnic Minorities in Britain: Statistical Information on the pattern of Settlement' published by the Commission for Racial Equality.

According to the 1981 Census, the New Commonwealth and Pakistan population of Wenford is 28 per cent of the total population. The table below gives details of the age breakdown of the population classified by country of birth of head of household. It shows the different age structures with the black population being more concentrated in the younger age groups and less in the retirement age groups.

Table 6.3: Residents By Country of Birth of Head of Household

Country of birth of head of household	AGE %OF RESIDENTS							TOTAL	TOTAL NUMBER
	0-4	5-14	15-19	20-29	30-44	45-59/64	60/65+		
England	5.4	9.8	6.5	17.4	15.3	20.5	25.1	100.0	96086
Scotland	6.9	13.2	6.6	22.7	21.2	19.1	10.4	100.0	3697
Wales	3.6	9.5	5.5	23.4	18.2	18.5	21.3	100.0	1646
Northern Ireland	5.8	16.0	8.1	21.0	21.9	18.8	8.4	100.0	1413
Rest of UK	1.7	15.0	5.0	31.7	26.7	10.0	10.0	100.0	60
Irish Republic	5.7	18.4	11.5	15.2	21.7	19.8	7.7	100.0	9332
New Commonwealth and Pakistan	9.3	20.3	12.8	19.2	19.3	15.8	3.2	100.0	49417
East Africa	11.2	15.1	8.2	31.6	22.8	8.9	2.2	100.0	936
Rest of Africa	14.6	17.3	7.3	24.3	30.4	5.6	0.5	100.0	4394
Caribbean	7.3	21.5	15.6	16.5	17.2	18.7	3.2	100.0	26653
India	12.8	20.9	9.9	19.5	18.5	13.6	4.8	100.0	5515
Bangladesh	18.3	26.0	7.4	17.2	19.3	11.2	0.6	100.0	1336
Rest of Asia	5.7	10.1	7.8	45.5	18.5	10.0	2.4	100.0	1309
Mediterranean	8.1	18.5	12.1	18.9	20.6	17.1	4.8	100.0	7038
Rest of New Commonwealth	11.2	16.2	8.1	22.8	25.7	13.1	3.0	100.0	881
Pakistan	17.4	22.7	7.2	23.0	17.9	10.5	1.3	100.0	1355
Old Commonwealth	11.0	6.1	2.7	39.0	22.7	11.5	7.0	100.0	556
Other EEC	9.0	18.5	9.1	19.9	17.2	17.0	9.2	100.0	2988
Other Europe	7.1	16.3	9.0	10.8	14.1	19.9	22.9	100.0	4469
Rest of World	12.3	17.4	7.6	20.7	22.7	11.1	8.2	100.0	7012
TOTAL	6.9	13.9	8.7	18.1	17.3	18.6	16.5	100.0	
Total number	12267	24567	15366	31920	30554	32830	29172		176676

Source: 1981 Census. OPCS. Special Table DT1286

6.1.3 Housing in Wenford

The main source of housing in Wenford is the local authority. According to the 1981 census, 57.5 per cent of the households were in local authority housing. Private renting was the next most common, covering 17.8 per cent of the households, owner occupation accounted for 16.6 per cent, housing associations accounted for 7.3 per cent and 0.9 per cent were in other forms of housing.

The proportions of households by country of birth of head in particular tenure vary widely. For example, 34 per cent of the households where the head was born in India, Bangladesh and Pakistan were in Council housing and 65.5 per cent of households headed by someone born in the Caribbean were in Council housing. Proportions in owner occupations also differed considerably between 13.3 per cent household heads born in Britain and 42.3 per cent of household heads born in India, Bangladesh and Pakistan.

There may be several reasons for this difference in tenure. It could be due to the municipalisation of the worst private rented property which the Caribbean households were likely to have been in since their arrival. There could also be socio-economic factors involved. Discrimination has led to low economic status, low income and difficulty in getting mortgages,

hence lack of choice in housing (Rex and Moore 1979, Ratcliffe 1982, Brown 1984). An investigation into Wenford housing in 1982 found that black applicants and tenants frequently received poorer quality housing than white applicants and tenants. In a detailed study of two poor-quality housing estates with large black populations, the report found supporting evidence for its findings of discrimination in relation to the homeless and waiting list housing categories.

The information available from the 1981 census data is somewhat out of date. However, more up-to-date estimates are produced by the London Research Centre. They do not provide the same level of detail as given in the census but the overall figures are useful.

Table 6.4 Household Composition in Wenford, 1981, 1986

Household Composition	1981	1986
Married couple families	34000	33000
Lone parent families	12000	13000
One person households	22000	23000
Other households	8000	9000
Family households	43000	44000
Total households	74000	76000
Total private household population	182000	185000

Source: London Research Centre Estimates.

Table 6.5 Households by Tenure, Wenford 1981

Tenure	% of Households	Average Household Size
Owner Occupied	16.5	3.3
Council	57.4	2.6
Housing association	7.3	2.4
Rented with business	0.2	-
By virtue of employment	0.7	-
Other rented: Unfurnished	9.9	2.1
furnished	7.9	1.8
Non-permanent	0.1	-
	100.0	2.6
Total	68,500	

Source: 1981 Census, OPCS, Small Area Statistics, table 10, Special Table DT1255

In 1981, Wenford had a low level of owner occupation and a relatively high level of Council housing and private renting. Council tenancy is by far the largest tenure group. The above table gives average household size by tenure. This varies from 1.8 in the furnished privately rented sector to 3.3 in owner occupiers. Overall, the average household size is 2.6. The relatively large private sector accounts for there still being high levels of lack of amenities, sharing of amenities and overcrowding in the borough. Wenford has the second highest level of overcrowding in the

country as measured from the 1981 Census and the fifth highest lack of amenities. The following tables give some of the details.

Table 6.6 Lack of amenities: Total private rented sector (%)

Lack of amenities	Households
Neither bath nor inside WC	5.6
Sharing bath or inside WC	29.9
No inside WC	7.8
Sharing inside WC	29.6
No bath	14.8
>1.5 persons per room	5.1
> 1 person per room	8.8
No car	70.2
	100.0
Total households	12171

Source: 1981 Census, Small Area Statistics, table 10

Table 6.7 Lack of amenities: All households (%)

Lack of amenities	Households
Neither bath nor inside WC	1.6
Sharing bath or inside WC	6.9
No inside WC	2.4
Sharing inside WC	6.5
No bath	4.2
>1.5 persons per room	2.5
>1 person per room	9.0
No car	65.6
	100.0
Total households	68500
Source: 1981 Census, OPCS	

Table 6.8 Household sizes, Wenford 1981

No. of persons in household	% of households
1	30.0
2	30.0
3	15.6
4	11.9
5	6.4
6	3.6
7+	2.4
Source: 1981 Census, OPCS	

Table 6.9 Type of Households, Wenford 1981

% of households with:	
Children under 16	30.0
No children under 16	70.0
2 or more children <16	16.6
One or more pensioners	32.8
All pensioners	23.1
Children plus only one adult	4.9
At least one single parent family	10.6

Source: 1981 Census, OPCS

Table 6.8 gives information on households by size showing the predominance of smaller households containing 1 or 2 people. Table 6.8 gives details of households with children, those that were all pensioners and families with children and only one adult. Wenford has the highest proportion of households containing at least one single parent family in the Country.

6.2 Wenford social services department

Wenford Social Services Department serves one of the most deprived communities in the country. Section one above illustrates the level of deprivation found in this particular borough.

The Social services Department operates on an annual budget of about fifty million pounds. The

directorates of social services is organised in three divisions - Community Services, Care Services and Support Services. Community Services provides social work and practice support to people in their own homes, across all user groups. Care Services provides residential and day services in over 70 establishments in the borough. Finally, Support Services provides administrative support, research, development and training to the service divisions. Our concern here will be with the policies, practices and provision for families and children.

6.2.1 Children and young people

In terms of resources, the department has 8 children's homes, 2 community planning units, 1 family centre, 3 adoption and fostering teams (one of which is specifically to recruit potential black foster families), Intermediate Treatment, a unit for young people leaving care and a unit for young mothers and their babies. An operational plan adopted in 1985 has seen the closure of nearly 20 out-of-borough children's homes. The department claims that the resources from these have been transferred into preventative services.

Over the last few years, there has been a rise in the number of children boarded out with families. The department aims to increase this further. In defence of

its 'same race placement policy' (a policy which states that children should be placed in families which are racially and culturally appropriate to their own), adopted in 1984, the department has this to say:

There is no room in our child care practice for blanket policies. The Council supports the Black fostering policy but will also give a margin for individual choice, especially for older children and for those with special needs. To aid this, all foster parents will receive adequate training in child management and in other cultures.

It can be seen that the department is quick to disassociate itself from a policy which has been criticised for its inflexibility and heavy handed approach (Children First Campaign 1986, Toynebee 1986, Dale 1987). The effects of this policy as perceived by social workers and parents are discussed in chapter eight.

In terms of its provision for the under fives, the department has 11 nurseries offering 630 places. It also funds 12 community nurseries (over 400 places), and 35 playgroups. Support is given to over 600 childminders including the subsidy of several hundred places. Wenford is one of the few boroughs which makes this latter resource available.

6.2.2 Area offices

The four social services Offices (which come under the Community Services Division) where the empirical research for this thesis was conducted are described below. All area offices were expected to adhere to the policies resulting in uniform practice.

Apart from the total population served by each area office, there appeared to be little significant difference between areas in the factors generally associated with deprivation. While there were some housing estates and areas which suffered greater hardship, no area office could be described as being particularly more vulnerable than another. For example, unemployment ranged from 14 - 16 per cent in all four area offices. Also, all four area offices had similar proportions of one parent families. The tables below contextualise some of the characteristics of the four area offices.

Table 6.10 Population served by Area Office

Area	Total Pop (thous)	Total Black Pop (%)
Area 1	45000	25
Area 2	53000	33
Area 3	36000	21
Area 4	44000	30

Area 2 has the highest population, while Area 3 has the lowest population. In terms of individuals from the New Commonwealth and Pakistan, Area 3 has the lowest proportion while Area 2 has the highest. Similarly, when the figures for the child population are compared, Area 3 has the lowest proportion of children from New Commonwealth and Pakistan families, while Area 2 and Area 4 have the highest proportion of all four areas. The table below illustrates this.

Table 6.11 Proportion of children in population by 'race' by Area Office (%)

Area	Black	White
Area 1	37	63
Area 2	43	57
Area 3	34	66
Area 4	42	58

6.2.3 Staff composition in area offices

All four area offices followed a similar structure in terms of staff. They were all headed by an area manager, followed by a principal social worker, team leaders, social workers and administrative staff. A detailed statistical account of staff in each area office and team is provided in appendix E.

We know from the figures above that each area office has a significant proportion of individuals from the New Commonwealth and Pakistan. The staff composition in the four area offices did not reflect this. All four areas were dominated by white staff, particularly at the senior managerial level, that is, all area officers, and with the exception of one or two all team leaders were white, generally white female. Area two had the largest number of black social workers, while area 3 had the least number of black social workers.

6.3 Discussion and analysis

The borough of Wenford is an extremely deprived borough. It ranks high in all the usual indicators of deprivation, for example, poor housing, unemployment, single parent families. The local authority is Labour controlled and attempts to combat the deprivation

through its services. However, it has a limited budget and is also rate capped by central government which imposes further restrictions on its spending power.

Wenford has a significant proportion of ethnic minority residents within its boundaries. The largest ethnic minority group is that of Afro-Caribbeans who comprise about 17 per cent of the total population. There are also significant proportions of Asians, Africans, Turkish Cypriots and Jewish people.

The contribution of the Social Services Department in tackling the deprivation with respect to families and children is discussed below. The discussion focuses on aspects of race and ethnicity by analysing the role and function of the social services in the development of equal opportunities policies.

6.3.1 Employment of black social workers and managers

In chapter five, an attempt was made to analyse the role of black social workers from a consensus and conflict perspective. It was argued that the role of black social workers can be viewed as either that of providing an ethnically sensitive service, or as agents of the state. The two notions are, of course, not necessarily separable. That is, black social workers can act as agents of the state while providing ethnically sensitive services. In this discussion, a focus is placed on the perceptions of white and black

social workers in Wenford. Their views about the recruitment of black social workers and service delivery to black clients are explored.

Wenford Social Services Department is viewed by individuals within and outside the department as a very progressive borough which has made enormous efforts to provide appropriate services to black clients who have traditionally been denied such services. The recruitment of black staff and their secondment to social work courses were presented as the major indicators of such progress.

Our research shows that the situation is not as rosy as it has been presented. We found that although there were black staff in individual area offices, a racial imbalance was still in existence. There were very few black staff in managerial positions. All four area officers, and all but two of the sixteen team leaders were white, and generally female. Thus black workers were found to be severely underrepresented in senior posts. This finding supports Ouseley's (1982) study of Lambeth Social Services Department, where black workers were found to be underrepresented in senior posts.

Black social workers were found in basic grade posts. However, there was still an underrepresentation of black workers compared to the proportions of black

people in the borough. According to the 1981 census, a fifth (21 per cent) of the population in Area 3 is from the New Commonwealth and Pakistan. Our findings indicate that Area 3 had only a handful of staff who were from the New Commonwealth and Pakistan (see appendix E) One Turkish Cypriot social worker from this area office described how the equal opportunities policies had resulted in very little in her area office.

This whole thing about ethnic sensitivity, its a hypocrisy. Its a farce. I mean take our team. How typical is that team of our Smallheath area? Its typical in the sense that people think of Smallheath as white English working class, but its not. There are so many Asians out there who are not getting a look in. There are a few Greek Cypriots that I know. There's no body in this building who can speak Greek anymore. There used to be one Greek Cypriot, but he's left. There's nobody. I recently had to be called into another team to interpret in a Turkish case.

The situation where there were just one or two black social workers in a team (which was the case in most situations) resulted in the isolation and marginalisation of these particular individuals. The workers' feelings of being exploited as stated by Cheetham (1981) were not uncommon. One worker explained how being only one of a few Asian social workers meant that she was constantly asked to take on cases from other area teams. It appeared that white social workers were quite happy to let the black workers deal with the black cases, but could not work collectively on black

cases with black social workers. Black workers stated that they were very rarely consulted by white colleagues regarding black clients:

Black Social Worker: They feel that they cannot consult me because it would undermine their professionalism.

Black Social Worker: I don't think my colleagues can actually come to me and say, 'Look, I'm working with this black client, i've got problem X, Y, Z. What do you think?' or 'I've actually decided to do this. What do you think of that?' or 'I've picked up such and such thing on a home visit. What do you think?' Even in other teams, I've never heard that sort of exchange going on.

They're (the white social workers) are not prepared to take advice from a black colleague because they think well, who the hell does she think she is, I've been here longer than she has. Whereas I think if it was a black senior, then he/she would be in a position to offer advice and it would be considered more favourably.

In a study of two London Social Services Departments, Stubbs (1985) found that white social workers held very negative attitudes to the recruitment of black staff. Fear of being de-skilled and the lowering of standards were expressed by white workers. Our study confirms the findings of Stubbs (1985), and goes further to analyse the relationship of conflict which exists between black and white social workers. The above quotes illustrate the lack of cooperation between black and white staff. White workers' feeling of being de-skilled were not understood by black workers who asked how an absence of a skill in the first instance can lead to de-skilling. That is, if one does not possess a skill in working with minority

cultures, how can he/she argue that they are being de-skilled.

White workers, despite their feeling about being de-skilled, nevertheless, felt that they were far superior to their new black colleagues:

White Social Worker: As a social worker in an area team, whilst agreeing with positive discrimination I think some of the appointments that have been made in the last couple of years have been not very good ones. This is my personal perspective. I think a number of people have been appointed who haven't been experienced enough to do the work, and I think this has caused a lot of friction within this particular area office. I think professional standards have dropped quite considerably in the last few years.

White Social Worker: I mean Wenford had this scheme whereby you didn't have to be qualified, you didn't have to be trained, as long as you were black.

White workers felt that black workers were incompetent. They felt very strongly that these individuals had only been employed because they were black. In an atmosphere like this, it is hardly surprising that black workers are not consulted by their colleagues regarding black cases.

The relationship between black and white staff was an uncomfortable one. Many of the black appointments were perceived by white workers as inferior. White workers did not see black workers as being on an equal par with them. Black workers felt that they had greater expertise in working with black clients which was not

being recognised by white staff. Despite the department's claims to a commitment to anti-racist work, black workers were found to be underrepresented not only in senior posts but also in basic grade posts.

6.3.2 Social worker attitudes towards departmental policy

Social Workers were found to be most vociferous in areas where the departmental policies affected the workers' pay and working conditions. Decisions to boycott cases, and close social services offices to the public were used as weapons to negotiate with higher management. Departmental policies which affected client provision were not viewed in the same light. There existed basically three types of social workers- the 'don't knows', the 'confused', and the 'know all, but can't do anything'. The first group of social workers just had no idea as to what the policies were. They operated in a haphazard fashion in an attempt to match clients and resources. The second group of social workers felt very confused, their only complaint was that higher management ought to give clearer guidelines. 'I wish they would make up their mind' were common echoes amongst social workers who waited for direction from above. The third group of social workers felt they knew the ins and outs of departmental policy, but were powerless to effect any changes. While Social workers argued that child care policies were unfair and

worked to the detriment of the client, their conflicts with higher management were not over these issues, but over issues of gradings and pay. The 'Same Race Placement Policy', 'Private and Voluntary Placement Policy', and the 'Rights and Duties Policy' were mentioned as ones which caused dissatisfaction amongst social workers. These are examined below.

6.3.2.2 Same race placement policy

This policy stipulated that children should be placed in substitute families which were racially and culturally similar to their own background. The wide availability, made possible by the department's team of black social workers, of black substitute families meant that there were generally no problems in the placement of black children in substitute families. However, it appears that there was discontent in the placement of some black children. Some White Social Workers were unclear about whether light skinned black children (generally 'mixed-origin') should be placed in black families. It was stated that the child would feel alienated. There was no collective opposition to this policy, but individual social workers did express their grievances. This is discussed in greater detail in chapter eight.

6.3.2.2 Private and voluntary placements (P & V)

Private and voluntary generally referred to placements in residential institutions which were not a local authority resource. That is, the local authority had to make monies available to pay for this service. These placements were, on the whole, in places outside London such as Norwich, and Sussex. The placements of black children in such areas where they are removed from familiar cultural surroundings have been the focus of concern (BIC 1984, First Key 1987).

The borough of Wenford had imposed an embargo on such placements. This meant that children had to be placed in the borough's own homes rather than in private homes elsewhere. However, it appears that higher management had introduced this policy not out of concern for the children but due to financial constraints:

Director: We felt that we were spending something like two and half million pounds a year of our budget which was then just over thirty million pounds on children's placements out of London, usually private and voluntary care often in homes in Wales and elsewhere.

The social workers' objection to this policy came because to implement the policy higher management had introduced a private and voluntary panel to which the social workers had to present their case to secure funding for such a placement. That is, such placements

were still possible, but social workers had to explain to the panel why the department's own homes were not suitable. Approval had to be gained from this panel to place a child in a Private and Voluntary placement. There was a certain amount of resentment to this. The feelings of being de-skilled were very much in existence. Social workers felt that their professionalism was being eroded. They did not feel the need to justify their decisions to higher management. Higher management stated that it was important to monitor the resources. It was felt by them that social workers did not always make a full investigation to establish if there were places available in department's own homes:

Director: The P & V panel, yesterday for example, found three places in the borough that social workers didn't even know existed. I think that says a lot. By telephone yesterday afternoon places were found that social workers didn't even know existed.

The director proceeded further to say that their policies were not paper policies, and that social workers had to ensure that they were put into practice:

Director: I mean we were prepared even to go and say if you make places against council policy we'll make you pay for it personally. It almost needed to say something like that to make them realise that the huge amount of resources they could spend on their own discretion actually had to relate to council policy. So it did need a lot of central control to make that point in order to impose a certain policy.

What is interesting about the accounts given by higher management and the front line social workers is that both parties represent their own parochial interests to the detriment of the client. Higher management are in a business of monitoring resources, whilst social workers wish to assert their professionalism. Thus one party introduces policies to maintain control, while the other perceives those policies as an erosion of their power. Neither considers the best interests of the client.

6.3.2.3 Rights and duties (assumption of parental rights)

Rights and duties are assumed in cases where children entered care via the voluntary route, that is under section 2 of the 1980 Child Care Act with the consent of his/her parents. An assumption of rights and duties means that the local authority assumes full parental rights and the child's legal status becomes compulsory. The decision is made by the social services Sub-Committee and is not a matter for the courts. It is instructive to note that with the introduction of the new child care act, local authorities will lose their right to assume parental rights as this particular aspect of the 1980 child care act is being phased out.

On the whole, social workers felt that there ought to be some flexibility. It was stated that sometimes there were cases where assuming rights and duties was

in the child's best interests.

6.4 Summary and conclusion

In this chapter, it has been shown that Wenford is an extremely deprived inner city borough with many complex social and economic problems. The Social Services Department's role in alleviating some of these difficulties in relation to child care has been outlined. The recruitment of black staff and the introduction of 'progressive' policies are discussed together with the contradictions posed by such measures.

Chapter 7

Entry into care

The admission of children into care is contingent upon many varied factors. This chapter examines the process by which families are referred to the Social Services Department. As well as the stage of referral, the chapter also explores the circumstances under which children enter care. Both quantitative and qualitative findings of this study are discussed in the light of previous research evidence.

7.1 The cohort group

The cohort group comprised 294 black children and 270 white children (a total of 564). Almost all children had been born in Britain. Black children were not 'immigrant' children who had joined their parents after years of separation as was found by studies in the 1960s and 1970s (Fitzherbert 1967, Pinder and Shaw 1974). While the great majority of white children had parents who were born in this country, black children were less likely to have both parents who were born in this country. It was found that 50 per cent of the black children had a mother who was British born, but only seven per cent had a British born father. It should be stressed that black children included Mixed-

Origin children. Indeed, 36 per cent of the black group were Mixed-Origin children. They were the second largest group in the black category, second only to Afro-Caribbean children who comprised 52 per cent of the black group. The other two groups in the black category were West African (10 per cent), and Asians (2 per cent). Thus black children who had a British born mother were on the whole Mixed-Origin children with white mothers (78 per cent).

Many families in the cohort group had had previous involvement with social services (80 per cent). About 50 per cent of the cohort group had been in care on previous occasions. Of these, a great majority had been in care once or twice before. Only a small minority had had several previous care episodes. No significant differences were found between black and white children. Similarly, no significant differences were found between black and white children in the number of siblings who were in care or had been in care, or in terms of size of family (that is total number of siblings).

The borough of Wenford has one of the highest proportions of single parent families in the Country. This was certainly reflected in the cohort group findings. An over-whelming majority of the children (74 per cent) came from single parent families. These one

parent families were on the whole mother headed units (89 per cent). The proportion of black children (83 per cent) coming from single parent families was significantly higher than that of white children (64 per cent).

The majority of the cohort had mothers who were between the ages of 26-45 years old (69 per cent). Black and white children were equally likely to have mothers from this age group.

A fifth of the children had mothers who were over the age of forty-five (19 per cent). There were more white children who had older mothers than there were black children (57 per cent compared to 43 per cent black).

About a tenth of the cohort group had mothers in the youngest age category (15-25 years old). The majority of these children were black, 69 per cent compared to 31 per cent white.

Most children in the cohort had fathers in the older age group. While one in five of the children had fathers who were between the ages of 36-45 years, two thirds had fathers who were over 45 years old. More white children had a father in the middle-age group of 36-45 years (59 per cent compared to 41 per cent black). More black children had a father over the age of 45.

Only 17 per cent of the children had fathers under the age of 35. The majority of these children were white, 65 per cent compared to 35 per cent black.

Black children were much more likely to come from higher socio-economic backgrounds. There were significantly more black children who came from families where both parents were either in skilled manual occupations or in white collar occupations. For example, 47 per cent of the black children had mothers in white collar occupations compared with 22 per cent of white children.

The previous chapter documented that the main source of housing in Wenford is the local authority. According to the 1981 census data, 57.5 per cent of the households were in local authority housing. The cohort findings show that an overwhelming 93 per cent of the families were living in local authority housing. Black and white families were equally likely to be represented in this sector. It was not possible in this research study to collect quantitative data on the quality of housing, however an investigation into Wenford housing in 1982 found evidence to suggest that black applicants and tenants frequently received poorer quality housing than white applicants and tenants.

7.2 The sub-group

The sub-group comprised 80 children who had come into care in the previous six months. There were 55 black children and 25 white children. The black children included 28 Afro-Caribbean children, 20 Mixed-Origin children, 4 West African children, two Asian children and 1 Turkish child. Since there was no random selection of the sub-group, the high number of black children means that more black children than white had been admitted into care in that period of time.

Forty field social workers (20 white and 20 black) who were the allocated workers for the 80 children in the sub-group were interviewed. The number of natural parents interviewed (18 black and 13 white) amounted to 31, while the number of children interviewed was 21 (15 black and 6 white). The theoretical and practical problems involved in obtaining interviews are discussed in chapter three. The major purpose of the sub-group was to explore the perceptions of the individuals associated with the care process, therefore it is these perceptions which are discussed in relation to the findings of the cohort group. The sub-group findings are not analysed quantitatively as these would only duplicate the cohort study.

7.3 Referrals

There are a number of ways by which families become known to the social services. This can range from the parents of the child, to agencies like the school, police and the health service.

The Wenford research focused on the child's current care episode, details were therefore recorded on the referral which culminated in the child's most recent admission into care. Information such as the date, month and year of referral, the referral agency and the reasons for referral were observed.

Table 7.1 Referral agency by 'race' (%)

Referral Agency	Black	White	All
Parents	32	28	31
Police	20	18	19
Hospital/H.V/G.P	20	18	19
School	5	7	6
Voluntary agency (e.g NSPCC)	2	8	5
Self	1	2	1
Other(neighbour, relative)	20	19	19
	100	100	100
Total	(293)	(264)	(557)

* Referral agency here refers to the most recent referral agency in the child's care career ie. one which resulted in the current care episode.

Previous mainstream research has suggested that parents are one of the major referral agencies (Millham et al 1986, Fisher et al 1986). The Wenford study confirms these findings. About a third of all cases were referred by the parents themselves. Were black parents any less likely than white parents to refer themselves to the social services? It has been argued that due to their relative newness in a welfare society, black families are not familiar with the availability of service provision and thus do not present themselves to the social services (Kornreich et

al 1973, Boss and Homeshaw 1974). The Wenford study found no evidence to support these findings.

Overall, it can be seen (table 7.1) that there are only slight differences between the proportions of black and white families referred by any one particular agency. Thus the proportions of black families referred by the police, the health service, neighbours, and parents themselves is only slightly higher than that of white families. One of the major differences in referral is one where a case is referred by a voluntary agency. It can be seen in the table above that while 8 per cent of all white children were referred by a voluntary agency (usually the NSPCC), this was the case for only 2 per cent of the black children.

Table 7.2 Reasons for referral by 'race' by area (%)

Reason	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Family Relationships	20	32	14	16	26	18	36	23	24	21
Financial/Mat. Circumstances	10	9	12	10	19	14	14	14	15	12
Parental neg/ Inadequacy	32	44	25	31	12	36	24	23	21	33
Failure to thrive/ medical health/ handicap	0	7	2	4	2	4	0	9	1	6
Mother's mental health	7	4	13	8	13	6	8	2	11	5
Mother's physical illness	7	6	1	5	7	6	5	9	5	6
Homelessness/ housing	13	5	8	4	19	11	5	24	11	11
Suspected child abuse	10	15	17	21	13	12	16	23	15	18
Child's behaviour	15	28	17	31	14	29	9	15	15	26
(n)	40	54	93	77	98	73	63	66	294	270

(n) refers to overall numbers in care. Actual percentages do not add up to 100 due to the multiplicity of reasons that could be recorded.

7.4 Reasons for admission

Most admissions into care occur at crisis point (Packman 1986, Fisher et al 1986), therefore one would expect to see very little difference between the reasons for referral and admission. However, since local authorities are under a duty to carry out preventive work to ameliorate problems and obviate the need for children to be admitted into care, one would expect children to be less likely to be received into care for certain reasons such as financial difficulties or family relationships. The Wenford findings show that children were admitted into care where preventive strategies could have been attempted or were attempted but failed. There were interesting differences between the admission of black and white children. It should be noted that in most admissions there was normally more than one factor involved. For example, child abuse was almost invariably associated with parental neglect and inadequacy, while juvenile delinquency, non-school attendance, child's behaviour and often family relationships went hand in hand.

The two most common factors in admissions were family relationships, and parental neglect and inadequacy. Where family relationships was the contributory factor, black and white children were equally likely to be admitted into care. However, in

the situation where parents were seen to have neglected or abused their children, greater proportions of white than black children were admitted into care. There was a similar situation where child abuse and child sexual abuse were the precipitating factors, that is, more white children than black children were admitted into care for these reasons. It was found that while similar proportions of black and white girls had been admitted into care for child abuse and child sexual abuse, significantly lesser proportions of black boys than white boys had been admitted into care for such reasons. Overall, while there were little gender differences in child abuse admissions, more girls were found to have been admitted for child sexual abuse (7 per cent compared to 2 per cent).

The proportions of children referred for certain reasons and then admitted for those reasons varied for black and white groups. Higher proportions of black children were admitted for reasons such as housing, and financial difficulties. For example, 10 per cent of black children and 9 per cent of white children were referred for reasons of financial difficulties in Area 1. However, only 5 per cent of white children were actually admitted where this was a contributory factor compared to 10 per cent of black children. There was a similar situation where the reason was housing difficulties, that is, black children were more likely

to be admitted into care than were white children.

It was also found that while general trends remained the same as those at the referral stage, there were differences in the actual proportions of children being admitted into care for particular reasons. This reflects a difference in perception between the referral agency and the social services department. For example, where the reason was mother's mental illness, greater proportions of black children were admitted into care than were actually initially referred.

Table 7.3 Reasons for admission by 'race' by area (%)

Reason	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Family Relationships	13	37	12	23	40	23	48	24	29	26
Financial/Mat. Circumstances	10	5	7	5	7	4	2	2	6	4
Parental neg Inadequacy	40	52	31	35	30	43	36	42	33	42
Failure to thrive, medical health/handicap	5	15	2	9	1	8	2	11	2	10
Mother's mental health	10	7	17	8	19	7	8	2	15	6
Mother's physical illness	2	4	2	4	4	3	2	21	3	8
Homelessness/housing	15	2	12	4	11	3	0	6	10	4
Suspected child abuse	10	18	20	22	14	23	14	18	16	21
Child's behaviour	17	31	21	39	16	36	16	17	18	31
(n)	40	54	93	77	98	73	63	66	294	270

(n) refers to overall numbers in care. Actual percentages do not add up to 100 due to the multiplicity of reasons that could be recorded.

7.5 Length of time between referral and admission

An analysis of the length of time between the date of referral and the date of admission revealed some

interesting results. Looking at the borough as a whole, it was found that 75 per cent of all children admitted into care were admitted within a year of referral. The majority were admitted within three months of referral (55 Per cent).

Black children entered care more quickly than white children. Of the black children who were in care, 28 per cent were admitted into care within four weeks of referral compared with 15 per cent of white children (see table below).

The mean number of months for the cohort group was found to be 9.77. However, for black children (8.93), it was much lower than for white children (15.29). Black boys (8.56) came into care twice as quickly as white boys (16.87). There was a considerable difference between black girls (9.26) and white girls (13.17), however it was not as great as that between black boys and white boys.

In each of the four area offices, black children entered care more quickly than white children. In area one and 2, they came into care three times more quickly than white children.

Table 7.4 Length of time between referral and admission by 'race' (%)

Length of time	Black	White	All
0 - 1 month	28	15	22
1 - 3 months	29	37	33
4 - 6 months	12	9	10
7 - 12 months	6	14	10
1 - 2 years	16	8	12
Over 2 years	9	17	13
	100	100	100
Total	283	264	547

7.6 Legal status

A significant task facing social workers at the stage of admission is what particular legislation would be appropriate to use in the given circumstances. Chapter five gives an account of the legal routes of entry used by social services in admitting children into care. Two principal routes exist, namely the voluntary, and the compulsory.

The legal status of children in care in Wenford Social Services Department was recorded at two points, firstly when the children entered care and secondly their legal status at the time of the research.

(a) Upon admission

Over half the cohort group (52 per cent) initially entered care via the voluntary route. There were no significant gender differences in these voluntary admissions. However, there were remarkable differences in terms of 'race'. The proportion of black children entering voluntary care was much higher than that of white children. This situation was found to exist throughout the borough in all four area offices.

The table below shows the legal status of children upon entering care.

Table 7.5 Legal status upon admission into care by 'race' by area (%)

Legal Status	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Vol.Care	70	44	57	38	63	37	62	47	62	41
POSO/ICO	20	28	33	35	23	51	34	48	29	41
Remand	3	2	4	1	4	0	0	0	3	1
Full CO (1969 CYPA)	0	13	1	6	1	8	2	5	1	7
Full CO (MCA)	0	2	0	4	1	3	0	0	0	3
Wardship	7	11	5	16	6	1	2	0	5	7
Other	0	0	0	0	1	0	0	0	0	0
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	63	66	294	270

In the compulsory route, there were significant variations in the type of legislation chosen. Very few children entered care on a full care order. The most common route of entry was the place of safety order (POSO), or the interim care order. While all four areas made considerable use of this route, it can be seen that Area four has the highest number of admissions under this route. Place of safety orders and interim care orders are usually made in cases of child abuse. Since there was little difference in the proportions of black girls and white girls who were admitted under these circumstances, it was found that a similar situation existed in the use of place of safety orders. Black girls were as likely as white girls to be made subject to place of safety orders/interim care orders.

Wide variations were found between area offices in the use of wardship. Area 4 together with Area 3 had the lowest proportion of wardships while area one and Area two have the highest proportion of wardships.

Although black girls were as likely as white girls to enter care on a place of safety order, overall compulsory powers were more frequently used in the case of white children. This applied to all routes of compulsory care except that of remand where black children were more likely to be found. The most common route for black children was voluntary care.

(b) At the time of the study

A great majority of the children in all four area offices had experienced a change in their legal status. There were three main types of changes in legal status - from voluntary care to the assumption of parental rights by the local authority, and from a place of safety order/Interim care order (POSO/ICO) to a full care order, or voluntary care to wardship or a full care order under the 1969 CYP A.

There were area variations in the proportions of black and white children who had had their legal status changed. For example, while in Area 1 there was a greater proportion of black children who had undergone a change in their legal status, in Area 3 there were greater proportions of white children who had undergone a similar experience. However, it was in Area 3 that more black children than white had had parental rights assumed by the local authority (21 per cent to 11 per cent). Overall, it was found that black children were much more likely to have parental rights assumed by the local authority. This was found to be the case in three of the four area offices (see table 7.6).

Where children had been made subject to full care orders or wardships, the gap which existed between black and white children at the admission stage was no longer so obvious. Black children were almost as likely

as white children to be made subject to full care orders or wardships. In one area office (Area 2), they were much more likely to be made subject to both full care orders and wardships.

Table 7.6 Change in legal status 'race' by area (%)

Legal Status	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Same	45	48	44	48	37	25	36	37	40	39
Assumption of parental rights	23	17	11	16	21	11	21	15	18	14
Full CO (1969 CYPA)	20	20	27	17	18	31	14	15	20	21
Full CO(MCA)	5	4	4	5	7	7	2	0	4	4
Wardship	3	9	14	14	13	23	24	30	15	20
Other	4	2	0	0	4	3	3	3	3	2
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	66	63	293	270

7.7 Distribution of children in care by 'race'

The table below presents the proportions of children by race in the care of Wenford Social Services Department, as well as the the borough's child population.

Table 7.7 Children in care by 'race' by Area (%)
 Child population (0-15 years) by 'race' by area (%)

'Race'	Area1	Area2	Area3	Area4	All
White (in care)	57	45	43	53	48
White (in pop)	63	57	66	58	60
Black (in care)	43	55	57	47	52
Black (in pop)	37	43	34	42	40
	100	100	100	100	100
(Total in care)	(94)	(170)	(171)	(129)	(564)
(Total in pop)	(9834)	(13109)	(7599)	(8947)	(39489)

It can be seen in the table above that in comparison with white children, there are lower proportions of black children in the general child population of the borough in each area office. However, when one looks at the situation of black children in the care of Wenford Social Services Department, it is clear that their proportion in care is much higher than their proportion in the child population. Moreover, the proportion of black children in care is even higher than that of white children in two of the four area offices (Area 2 and 3).

Overall, black children comprised 52 per cent of the borough's children in care. Over half of these black children were Afro-Caribbean (52 per cent). The next largest group was that of 'Mixed-Origin' children (36 per cent). The proportion of West African (10 per cent) and Asian (2 per cent) children was much smaller in comparison with Afro-Caribbean and 'Mixed-Origin' children.

The situation of over-representation was not only in existence at the time of the study in 1987, but was found to have existed in previous years. Table 7.8 below shows the proportions of children admitted into care from 1983 to 1986 and still found to be in care at the time of the study.

Table 7.8 Admissions into care by 'race' by year, 1983-1986 (%)

Year	Black	White	Total
1983	61	39	100 (49)
1984	51	49	100 (47)
1985	51	49	100 (81)
1986	56	44	100 (94)

7.8 Sex distribution of children in care

In terms of the actual proportions of children in care, there appeared to be significant findings in terms of gender. The table below shows gender differences between black and white groups. Black girls were equally likely as black boys to be found in care. In comparison, white girls were much less likely than white boys to be in care. This situation existed in all four area offices.

Table 7.9 Sex distribution by 'race' by area (%)

Sex	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Male	53	63	48	53	50	58	36	56	47	57
Female	47	37	52	47	50	42	64	44	53	43
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	63	66	294	270

7.9 Age structure

(a) Age upon entry into care

The majority of the cohort group were under the age of five when they entered care. About a third were between the ages of 6 to 12, and the remainder (just over a tenth) were between the ages of 13 to 16.

Table 7.10 Age upon entry into care by 'race' (%)

Age group	Black	White	All
0 - 5 Years	58	54	54
6 - 12 Years	28	34	32
13 - 16 Years	14	12	14
	100	100	100
Total	276	259	535

(b) Over-representation by age

In order to compare findings with the census data, the Wenford data were grouped into three age categories corresponding to census data, shown in the table below. It was found that the majority of the cohort group fell into the middle category of 5-15 years. Slightly over a quarter of the cohort group were between the ages of 16-18, while the remainder fell into the youngest age category of 0-4.

In terms of 'race', there were some variations. For example, in Area 2 and Area 4 there were a higher proportion of white 5-15 year olds. In Area 2, Area 3 and Area 4 there were higher proportions of black under fives.

Table 7.11 Age at the time of study by 'race' by area (%)

Age group	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
0-4 yrs	15	22	11	7	17	15	17	12	15	13
5-15 yrs	57	56	61	71	55	52	59	68	58	62
16-18 yrs	28	22	28	22	28	33	24	20	27	24
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	63	66	294	270

A comparison by 'race' of two of the three age groups 'in care' with the 'child population' emphasised the over-representation of black children in the care system. An analysis of the borough's child population showed that black children comprised 38 per cent of the under fives while white children comprised 62 per cent of the under fives. Thus although the proportion of black under fives was lower than white under fives in the general child population, it was higher in Wenford's 'in care' population; 55 per cent of the under fives were black compared to 45 per cent who were white.

Similarly, in the case of 5-15 year olds, black children were again over-represented in the care system. The findings show that while black children

comprised 41 per cent in the borough's child population, they comprised 51 per cent of the borough's 5-15 year olds in care.

It is more than likely that black children were over-represented in the 16-18 age group. It was not possible to compare these figures accurately with the census data because the age category did not correspond to those for which census data are available at this level of detail.

7.10 Discussion and analysis

The admission of black children into the care system has received little attention from researchers and other academics. The various contributions made by previous studies are discussed at length in chapter two. An attempt is made here to place the Wenford findings in the context of these studies.

One major factor which has been documented or accepted uncritically by various research studies is the disproportionate representation of black children in care. The problematic nature of the terms 'disproportionate' and 'care' has received little attention. The high presence of black children in residential homes has often been understood to mean that black children are over-represented in care (NCB 1954, Rowe 1973). The term 'care' has frequently been

used in an ambiguous sense to imply care in general when in fact research studies have measured care only by virtue of a child being in a residential institution. Thus children placed in non-institutional settings, for example, foster families have not been included. So, when Rowe and Lambert (1973) asserted that black children spend longer periods in care, it has to be understood that care was used to mean residential care only. Also, the disproportionate representation of black children was not established by comparisons with their actual numbers in the child population. Their high presence was taken as the indicator of over-representation.

Other research studies, although somewhat outdated, have demonstrated to various degrees and by various means the over-representation of black children in the care system (Gale 1963, Foren and Batta 1970, McCulloch, Batta and Smith 1974, Smith and Batta 1979, Lambeth 1980). The Lambeth study (1980), for example, found that in its random sample of 90 children in care, 54 per cent were black. This figure was then compared with the borough's black population of 18 per cent, and black children between the ages of 0-19 in the borough's population, and thus it was argued that black children were clearly disproportionately represented in the borough of Lambeth. What has to be recognised is that the Lambeth study was based on a random sample of

90 children, 49 of whom were black. How representative this sample is of the borough or indeed other inner-city boroughs is questionable.

The Wenford research in its study of the total 'in care' population has been able to document the over-representation of black children in care not only in terms of sheer numbers but in terms of other variables such as age and gender. Previous research has been able to shed little light on the age and gender of children entering care or in care. The three Bradford studies conducted in the 1960s and 70s have asserted that there is a high rate of reception into care for Mixed-Origin children under the age of five (Foren and Batta 1970, McCulloch, Smith and Batta 1979, and Batta and Mawby 1981). This finding is not strictly comparable to the Wenford cohort group because of its focus on 'reception into care'. The Wenford research observed children in a 'snapshot' like fashion where all those found to be in care at that particular time were analysed rather than all those being admitted in a given period of time. By comparing 'in care' age groups to the child population figures the Wenford research was able to establish that black children of all age groups were over-represented in care, and that the majority of the cohort group were under the age of five when they entered care. The situation of Mixed-Origin children did not differ

significantly from those of Afro-Caribbean origin who were the other largest group in the black category.

Research conducted on black children in care has failed to observe the differences and/or similarities in the situation of black boys and girls. Indeed, there has been a total denial of the existence of black girls in the care system, and most research has favoured a 'race' rather than a 'race' and gender perspective. A few research studies have focused on black boys in residential institutions pointing to the differential treatment received by these individuals (Lambert 1970, Pearce 1974, Cawson 1977, Pinder 1980). Overall however, in their documentation of the over-representation of black children, the various studies have failed to highlight the circumstances of black girls.

The Wenford research was designed to monitor the gender situation. In terms of over-representation, it was found that black girls were as likely as black boys to be found in care. The situation for white girls was different in that they were much less likely than their white counterparts to be found in care.

The circumstances under which black children enter care have received limited attention from other studies. Little is known of how black families come to be known to the social services and for what reason

they become known? The high rate of referral by parents themselves (a third of all referrals) documented by the Wenford research has been highlighted by other mainstream studies (Millham et al 1986, Fisher et al 1986). Also, there has been some evidence to suggest that significant proportions of black parents refer themselves to the social services (Boss and Homeshaw 1975). The Wenford study demonstrated that in terms of overall numbers the proportion of black parents referring themselves to the social services was in fact higher than that of white parents, but not significantly so. It appears therefore that black families are as likely as white families to seek the assistance of Social Services.

Previous research suggests that black families are more likely than white families to be referred by other agencies such as the police, education and the health service (Boss and Homeshaw 1974, McCulloch, Smith and Batta 1979). The Wenford study found that although the proportion of black families referred by the police and the health service was higher, there was little significant proportional difference between black and white families. There was no significant evidence to support the findings of earlier studies which maintain that black families are more likely to be referred by agencies such as the police and the health and education service.

It is important to note however that the difference was observed not in the type of agency but in the reason for referral. That is the reason for which black and white families were referred by any one particular agency was of significance. For example, it was found that more black mothers were referred by the police and the health service for reasons of mental health than were white mothers. Also, the proportion of black boys being referred by the police for reasons of delinquency was greater than that of white boys.

Boss and Homeshaw (1975) found that 34 per cent of the black cases in their sample were referred by the families themselves, however in terms of the actual reason for referral very few cases were referred for housing or financial difficulties. White families however were much more likely to refer themselves for these reasons. Boss and Homeshaw (1975) concluded that black families were less familiar with the fact that this kind of help was available from the social services. The Wenford study found no evidence to suggest that black families were less likely to refer themselves for socio-economic difficulties. In fact more black families referred themselves for housing difficulties than did white families.

The 'rapidity' at which children enter care after the date of referral has been explored in the

'mainstream' studies (Millham et al 1986, Packman 1986). However, the situation of black children has been left unexamined. By using the data drawn from social work case files, the Wenford research was able to ascertain that black children came into care much more quickly than white children. For example, in the first four weeks of referral, 28 per cent of the black children were admitted into care compared to 15 per cent of the white children.

Why were black children admitted into care so quickly? It could be argued that these admissions can be explained by the fact that the majority of black children entered care under section 2 of the 1980 Child Care Act, that is, they were admitted into care with parental consent. However, the study shows that a great majority of the referrals were made by the police and the health service. Therefore the situation was not so simple where the parents were requesting care in each case. It has been suggested that social workers do not check the accuracy of the information presented to them by other agencies at the point of referral until the damage has been done, that is, the child has been removed from his/her home environment (CARF 1983). Are social workers more willing to accept the problem definition imposed by other professionals (for example, doctors, health visitors, police officers) in the case of black families and children? If so, why? For the

last few decades it has been argued that social workers lack an awareness and appreciation of the cultural complexities of black clients (Kent 1965, Triseliotis 1971, Cheetham 1972, Ahmed 1981, Arnold 1982, Liverpool 1986, Small 1984). Could it be that in the absence of this knowledge social workers feel under pressure to accept the perceptions of other professionals?

Research into the perceptions of parents and social workers illustrates the differing understanding of the care process held by these individuals. In explanations of the initial entry into care, Pinder and Shaw (1974) found that while parents emphasised their socio-economic circumstances, social workers de-emphasised these and placed greater stress on family relationships. Pinder and Shaw (1974) presented their findings in a general way because of the small number of black parents in their sample. Their study therefore puts forward a class perspective which overlooks the importance of 'race'. Adams (1980) in his study of Lambeth Social Services found evidence to support Pinder and Shaw. However, he went further to assert that black parents emphasised their socio-economic situation to a greater degree than white parents. It has to be recognised nevertheless that both Pinder and Shaw (1974) and Adams (1980) present a class perspective to the detriment of 'race'. So while they acknowledge the disadvantaged position of black and

white families , they make little attempt to explore the ways in which the issue of race is handled in the social services.

Boss and Homeshaw (1974) argued that while the referral agencies appeared to be treating black families in a discriminatory fashion, they found no evidence to suggest that social workers operated along similar lines. The Wenford sub-group study found that social workers did hold negative attitudes towards black families which very often influenced their decision making process.

Local authorities are under a duty to attempt to ameliorate the poor situation of families. The borough of Wenford has one of the largest budgets (600.000 pounds per annum) allocated to offer financial help to families. Interviews with key social workers revealed that preventative work, where financial help (under section 1 of the 1980 Child Care Act) and other assistance is offered to obviate the reception of children into care, was less likely to be done with black families and children. In the words of one black social worker:

In my team I'm the only black social worker having to work with six other white social workers. My senior is white. In the whole area, all the seniors are white except one who's recently been appointed. So you have to work in a situation where there are predominantly white people, in a situation where white seniors are not looking at how white social workers are dealing

with black clients but are monitoring how black social workers are working with white clients. That's a situation you are in. Also, when you get black clients on duty whereby you are suggesting financial assistance because that's all at the end of the day we're doing. We are not actually doing any preventative work here. We're just kind of giving out section 1 payments to the families. Then you hear a colleague of yours shouting across the room repatriation , yeah, this kind of attitude is in the office you know.

Black social workers gave accounts of racial remarks made by their white colleagues consciously and unconsciously about black families. It was felt that this undoubtedly fed into their work with black families and children. It appeared that white social workers in one area office team often sent West African parents to the DHSS knowing full well that they were not eligible for any social security benefits due to their student status in this country. This was done apparently to prove to themselves that these individuals were in need of financial help. Because if these families returned from the DHSS, this would be sufficient evidence to make section one monies available.

In 1970, a piece of research was commissioned by the Home Office to explore the attitudes of social workers towards 'immigrant' clients (Kornreich et al 1973). About 12 per cent of the social workers with 'immigrant' clients (both black and white) held negative attitudes towards them. When colour could be isolated from 'immigrant' status, nearly 23 per cent of

the workers showed a negative bias against black clients. For about a quarter of the social workers who had black clients who were all 'immigrants', the negative bias rose to 33 per cent.

Johnson (1986) asserts that racial stereotypes of black families are very much in existence in the 'caring professions', for example, "Asian women keep to themselves", and "West Indians believe in firm discipline administered in the home". He points to the contradictions within these deeply held stereotypical views. That is, on the one hand such stereotypes are convenient when justifying the non-existence of appropriate service provision, however they conflict with the pathological notions of the black family - "that migrant families are incapable of fending for themselves, make poor adoptive parents and require more intervention than 'normal families'" (Johnson 1986:85).

In the Wenford study, information from interviews with white social workers illustrated their negative attitudes about black families which they used as rational explanations for their own decision making. In the case of a 15 year old Afro-Caribbean boy who was in voluntary care, the social worker was in the process of sending this child to a community home outside the borough. This particular child had entered care after having stolen from his mother's purse. The mother had

shown her disapproval by totally rejecting the child. In an interview, when the researcher asked whether the child had been in care previously, the social worker replied:

No, he hasn't.

His mother, she's got a very complicated history. I mean she's only 30 now. Richard is 15. She had Richard when she was 14, her mother chucked her out. She was in care to another local authority. She's lived in several bed and breakfast places.

But no, Richard hasn't been in care before.

By offering information which was not even asked, and furthermore by presenting a totally negative picture, the social worker demonstrated her pathological perspective of the black mother. This was further illustrated when the social worker made her perception more explicit. After a period of time in care, it was discovered that Richard had been truanting from school as well as engaging in solvent abuse. The social worker unhesitatingly attributed these problems as having stemmed from within the family:

Richard didn't seem to be locked into delinquent behaviour. It seemed that he had got into trouble because of his family problems, it wasn't the other way round. It looked as though the family problems were causing this. It looked as though he had been reacting against problems at home.

While some black children are no doubt in need of care and protection which the local authority provides, evidence suggests that social workers' negative attitudes about the black family clearly work to the

detriment of other black children. Since a great proportion of the black children are admitted into voluntary care, it could be argued that social workers fail to make effective assessments of black families' situation either through inability, ignorance and incompetence or due to the racist nature of policy, practice and provision. The pathological views of black families held by social workers undoubtedly informed their practice. When asked to offer explanations of why a child was admitted into care and was still found to be in care, social workers emphasised factors such as the mother's inability to cope as a single parent as well as general conflict within the family home. Black parents, on the other hand, felt that the poor circumstances for which their child/ren were taken into care had not improved at all. They felt powerless, helpless, and unable to change their situation. Some black parents felt totally dissatisfied with social services and stated that years of involvement had achieved very little for them and their children. Parents felt that they were almost invariably blamed for their situation:

I would never go to them again. I'd rather struggle on my own. I've never had any satisfaction from the social workers; all the time they used to talk down to me. They used to blame me, I was the one who was doing wrong and all that. They used to make me feel that I was a bad mother. They used to make me feel really guilty.

Another black mother whose ten year old son was admitted into care after sustaining an injury gave her perception of the circumstances:

It was my son Peter; he had hurt his finger. They (the Social workers) said it was broken and that I broke it when I didn't. A week after this incident when Peter hurt himself, they had a meeting and came to my house with the police and took my son away.

The initial place of safety order under which the child was admitted into care later resulted in a wardship. The mother stated that she had been prevented from visiting her son in the children's home and was kept uninformed about social services plans of wardship:

I feel very bitter that my son has been made a ward of court without my knowledge. I've been told this can last until he's 18. I am going to court on the 26th of this month; the court wants to see if there's been any changes in my circumstances. They don't want me to work; but I can't stay at home.

The above case illustrates the feelings of helplessness of a black mother regarding her child's compulsory legal status. It should be stressed that while the majority of black children entered care via the voluntary route, a significant proportion entered care on a place of safety order or an interim care order. The majority of these children were made subject to compulsory care after a period of time in care. Also, higher proportions of black children than white

children had had their voluntary care status changed to compulsory care. The implications of this change in legal status are discussed in the following two chapters.

While parents expressed their feelings of disengagement from the decision making process, the children in the sub-group felt the least involved in the whole situation. The children felt confused about what had happened or was going to happen to them. When asked what led up to her reception into care, one Afro-Caribbean girl stated:

I couldn't really say. It's all a bit confusing, a bit hard for me to even understand. The way I see it is that me and my mom just couldn't get on under the same roof.

The children often absorbed the views of social workers or foster parents, and tended to blame their parents for the situation. John, a West African child was admitted into care following a police referral. The police found some bruises on John's arm which led them to take a place of safety order. John, in explaining his reception into care could only see where his mother was at fault:

It was because my mom kept on beating me, when I came home after school. I was on the bus, the bus conductor took me to the police.

After much prompting, John conceded that he was responsible for some of what happened between him and

his mother, for example, he used to go home late from school. Ahmed (1981) argues that social workers often take the side of the child and fail to gain the parents' perception of the situation. It is argued that social workers jump on the culture bandwagon and fail to explore other possibilities. John's social worker was a typical example of this, she had less to say about the actual injuries but more to say about the West African culture. Apart from stating that West African parents are disciplinarian and dictatorial, she very emphatically stated that John's early childhood separation from his mother was the cause of the problem.

He had a very marked foreign accent. In the conversation, it came out that he'd been born here, but sent back to live with his granny in Sierra Leone when he was only 2. He had then come back 18 months ago. So he was feeling very very strange. It was like a culture shock to him.

The above quote illustrates that while social workers attempt to empathise with children, they very rarely empathise with the parents' situation. It was in these situations that children often felt that care was a much better alternative to their own home environment. They liked the freedom which was permitted.

7.11 Summary and conclusion

In conclusion it can be seen that there are differences in the referral and admission patterns of black and white children. While a recognition is made of the disadvantaged position of black families in the areas of housing and employment, and therefore the greater likelihood of such families to need social services help, it has been my concern to illustrate the way social workers process such cases. The study showed that while there were no significant proportional differences in the referrals made by agencies such as the police and the health service, there were differences in the reasons these same agencies referred black and white families. Moreover, the evidence suggests that social workers approached cases of black children and families with a greater degree of negativity than those of white children and families. Such negative attitudes operated to the detriment of black children and families.

The Wenford study has been able to demonstrate, in quantitative terms, the disproportionate representation of black children in the care system. It has also been able to shed light on age and gender variables, as well as the wider issues of entry into care; areas which had received little attention in the past.

Chapter 8

The placement stage

Upon admission into care a local authority is under a duty to provide a safe and secure environment for the child. Local authorities have considerable amount of discretion in deciding upon the most appropriate placement for children in their care. Placements generally fall into two broad categories, namely institutional and family settings. This chapter explores the stage of placement at the quantitative and qualitative level. Various factors which influence social worker decision making, for example, legal status of child, age, 'race', and social services policy are discussed in the light of the findings.

In my study of Wenford Social Services Department, I recorded the type of placement in which a child was found at three intervals. Firstly, when the child was admitted into care, secondly at the time of the early part of the research in 1987, and finally six months after the initial research was conducted. The findings below are presented for these three stages. The chapter also addresses the practice of transracial placements in the borough of Wenford.

8.1 Placement upon admission

Research evidence suggests that admissions into care are invariably a result of a crisis situation (Millham et al 1986, Packman 1986). In the previous chapter I showed that according to my research, 55 per cent of the cohort group were admitted into care within four weeks of referral. Such admissions inevitably determine the type of setting in which a child may initially be placed. For example, children admitted into care for reasons of failure to thrive and child abuse are invariably placed in hospital settings while medical examinations are carried out. These placements are generally short-term, and other arrangements have to be made after the initial crisis period. The children's circumstances are reassessed after the initial admission and decisions are reached about short-term and long-term care.

The table below shows the range of placements in which children in the cohort group found themselves upon admission into care.

Table 8.1 Placement upon admission by 'race' by area (%)

Placement	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Foster Family	28	43	50	20	47	25	37	27	43	27
O & A Centre	13	4	6	14	5	15	6	5	7	10
CH	30	20	24	29	18	31	19	44	21	32
CHE	0	2	1	6	1	1	2	0	1	3
RN	2	13	15	9	17	6	15	18	14	11
Hospital	12	7	0	1	4	5	5	2	4	4
HOT	0	0	1	9	2	4	0	3	1	4
Relative	15	7	2	12	4	10	13	0	7	7
Other	0	4	1	0	2	3	3	1	2	2
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	63	66	294	270

In the table above, it can be seen that there are children placed in various type of settings. If a distinction is drawn between family settings (foster family, relative, home on trial) and institutional settings (the remainder), it can be seen that with the exception of Area 1, similar proportions of black children are found in these two types of settings. In the case of white children, with the exception of Area 1, greater proportions of them are concentrated in

institutional settings. In the borough as a whole, 51 per cent of the black group are placed in family settings compared to 38 per cent of the white group who are placed in family settings.

(a) Foster family

More black children than white children were placed in substitute family settings. This is clearly demonstrated in Areas 2, 3 and 4.

There was little proportional difference between black and white under fives in terms of their prospects of being placed in foster family settings. However, there were differences between the other two age groups. While greater numbers of white 6-12 year olds were placed in substitute families (39 per cent compared to 29 per cent), greater numbers of black adolescents (13-18 years) were found in such placements (36 per cent compared to 24 per cent).

There were significantly more black girls than white girls placed in foster families; almost half of the black girls (47 per cent) in the cohort group found themselves in foster families compared to only 27 per cent of the white girls in the cohort group. A comparison of boys showed that while there were more black boys than white boys placed in foster families, the difference was not significant.

(b) Children's home

Since more black children than white children were placed in foster families, significantly more white children than black children were found in children's homes. Very few black girls were found to be placed in children's homes, only 15 per cent of them were placed in children's homes compared to 34 per cent of the white girls.

On the whole, the borough's own children's homes were used to place these children, that is, the children were not placed in homes outside the borough. The distance of placement often jeopardises parental links (Millham et al 1986). The implications of this are discussed in the next chapter. Of the black children who were placed in children's homes, the majority were adolescents, 78 per cent were between the ages of 13-18, while 22 per cent were between the ages of 6-12. There were no significant differences in terms of age between black and white groups.

(c) Observation and assessment centre (O&A), and children's homes with education on the premises (CHEs)

These residential institutions are different from ordinary children's homes in that they admit children who cannot normally be assessed or contained in

ordinary children's homes. Observation and Assessment centres are short-stay assessment settings and children move on very quickly into other placements. Children's homes with education on the premises (CHEs, formerly known as Approved units) are institutions where more unruly children who cannot be contained in ordinary children's homes or who are persistently truanting from school are generally placed. Both types of institutions impose stricter discipline than ordinary children's homes.

Previous research has shown that higher numbers of black children are to be found in such settings particularly CHEs often for reasons such as parental conflict (Lambert 1970, Pearce 1974, Cawson 1977, Pinder 1982). Our research shows that in the borough of Wenford, very few children (both black and white) were placed in such institutions. In terms of 'race' there was no overall pattern in existence which could be applied to the whole borough. For example, while in Area 1, more black children than white were placed in Observation and Assessment centres, this was not the case in Area 2 and Area 3 where more white children than black were placed in such an institution.

There were no proportional differences between black and white boys, about a tenth of each group were placed in these settings. However, more white girls than black girls were found in these institutions, 11

per cent of the white girls were placed here compared to only 6 per cent of the black girls. This is possibly because fewer black girls than white entered care for reasons of delinquency, non-school attendance and behavioural problems (see chapter seven).

(d) Residential nursery

Children under the age of seven are sometimes placed in residential nurseries. Quite a sizeable proportion of the cohort group were found to be placed in these settings. Differences were observed in the proportions of black and white children here. While in Area 1 and Area 4, there were more white children placed in residential nurseries, in Area 2 and Area 3 there were more black children placed in such settings. Looking at the borough as a whole, it was found that while there was not a significant difference, a slightly greater number of black children (14 per cent) than white children (11 per cent) were placed in residential nurseries. Of the black children placed in residential nurseries, the majority were girls.

(e) Hospitals

Children admitted into care for reasons of failure to thrive and child abuse are often placed in hospital settings. In the previous chapter, my findings showed that quite a significant proportion of children were

admitted into care following allegations of child abuse.

In the table above, it can be seen that although in Area 1, significantly more black children were placed in hospital settings, there was no overall proportional difference. Also, no differences were found in terms of gender.

(f) Relatives

Children are sometimes placed with relatives where the local authority provides financial assistance. The borough of Wenford made payments available to relatives on a par with foster parents. In Area 2 and Area 3, more white children than black were placed with relatives while more black children than white were placed with relatives in Area 1 and Area 4. While there were are proportional differences between black and white groups within Areas, there was no overall difference. The majority of the children placed with relatives were older children. There were no proportional differences between boys and girls placed with relatives.

(g) Home on trial (HOT)

On occasions, children are technically admitted into care but remain with their parents. These types of placements often occur when the local authority lacks

an appropriate placement or it is not considered a risk to leave the child in the family home. Children who are placed home on trial at the beginning are often admitted for reasons of delinquency and/or non-school attendance. The Wenford research showed that more white children than black were placed with their natural parents, 5 per cent of white boys compared to 2 per cent of black boys, and 3 per cent of white girls compared to no black girls.

The majority of the children placed home on trial were from the older age group (13-18). All the children were on compulsory care orders (full or interim).

(h) Other

Some children were placed in settings other than those named in the questionnaire. The numbers were much too small to make valid generalisations. However, it needs to be noted that there were children placed in settings such as bed and breakfast hotels, and hostels run by registered charities, for example, Dr Barnardos. These were normally older children who were due to leave care upon the age of 18 or 19. and for whom other placements were not considered appropriate.

8.2 Placement at the time of study

It was decided to record the type of placement in which a child was found at the time of the research to

measure the differences between placements upon admissions and placements after a period of time in care. The results of these are presented below. It should be pointed out that there were possibilities of some children having had several different placements in the period between admission and the time of the research. Information related to this is presented later in the chapter.

The legal status of a child has direct consequences for the placement of that child. Short-term or long-term placements are sought depending on the legal status. Also, the age of the child determines the type of placement.

Table 8.2 Placement at the time of study by 'race' by area (%)

Placement	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Foster Family	43	59	58	27	55	41	52	47	54	42
O & A	0	0	0	3	1	2	0	0	0	1
CH	15	15	17	23	16	23	17	30	16	24
CHE	2	0	3	6	1	3	2	2	2	3
Hospital	0	0	0	0	0	1	0	0	0	0
RN	0	0	0	0	0	0	0	4	0	1
HOT	5	8	12	16	12	18	2	9	9	13
Relative	25	5	1	13	8	8	14	3	10	8
Other	10	13	9	12	7	4	13	5	9	8
	100	100	100	100	100	100	100	100	100	100
Total	40	54	93	77	98	73	63	66	294	270

With the exception of Area 1, black children were still more likely to be placed with foster families than to be concentrated in children's homes or other institutional settings. There were no significant differences in age between black and white children who were boarded out with families.

White children were still to be found in children's homes, and CHEs at a greater rate than black children in all four Areas.

The greater likelihood of white children being placed home on trial was again confirmed. It was found that white children in all four Areas were more likely to be placed with their natural families than were black children.

At the time of the research, there was a five fold increase in the number of children placed home on trial. A majority of these were again white. Most of the children were from the older age group. White under fives were more likely to be placed home on trial than black under fives, however there were no significant differences in the other two age categories. The situation at the time of the follow up survey was very similar. More black children than white were placed with relatives in Area 1 and Area 3, while more white children than black were placed with relatives in Area 2. There was little overall difference.

Quite a sizeable number of children were now concentrated in 'other' placements. There were great Area variations and no consistent pattern in terms of 'race'.

The gender patterns which existed at the initial stage of admission were very much in existence at the time of the research.

8.3 Placement upon follow-up

Six months after the initial information was recorded, a follow-up study of the same children showed that the pattern of placements which existed at the initial stage of admission, and at the initial stage of the study had not changed greatly. The findings below (Table 8.3) are presented for the borough as a whole.

Table 8.3 Placement upon follow-up by 'race' (%)

Placement	Black	White	All
Foster Family	49	39	44
O & A Centre	0	1	1
Children's Home	12	21	16
CHE	2	3	2
HOT	8	11	9
Relative	7	7	7
Other(hostel etc)	23	18	21
	100	100	100
Total	294	270	564

The rates of difference between black and white groups can be seen very clearly. More black children than white are represented in foster family settings, more white children than black are concentrated in institutional settings like children's homes, and CHEs.

A greater number of white children than black children are placed home on trial. There is virtually no difference in the proportion of black and white children who are placed with relatives. One difference from the earlier findings is that more black children than white are found in 'other' placements.

8.4 Total number of placements

It was shown in the last chapter that many of the children from the cohort group (Over 50 per cent) had been in care previously, some more than once. Although the Wenford research focused on the current care episode, it was felt important to record how many placements children had actually experienced in all their care episodes. The findings below, therefore, relate to all care episodes and not just the current care episode.

Table 8.4 Total number of placements (related to all care episodes) by 'race' (%)

Number of placements	Black	White
1 - 2	35	38
3 - 5	38	35
6 or more	27	27
	100	100
Total	294	270

It can be seen in the table above that there are virtually no differences in the proportions of black and white children in terms of total number of placements. They are equally likely to have had several placements. A majority of the children who had had the greatest number of placements were adolescent children who had been in care more than three times previously.

A correlation was found between length of stay in care and number of placements. It was found that a quarter of the cohort group had been in care for more than ten years. These children had had the greatest number of placements. There was little significant difference between black and white groups.

8.5 Transracial placements

In theoretical terms, a transracial placement is one where a child is placed in a substitute family which is

racially and/or culturally different from his/her own. However, in reality a transracial placement is one where a black child is placed in a white family, and not vice versa. The practice of transracial placements began in the the 1950s and still continues to exist today. The factors leading up to this and the implications of such practice as outlined by researchers and practitioners are discussed in chapter two.

The borough of Wenford had adopted a policy a few years before my research study took place which stipulated that children should be placed in families which were racially and culturally similar to their own. This policy was to be applied to new admissions into care, and not to children who came into care previously and were perhaps placed transracially. It was argued that children who were placed transracially already were settled in their families and it would not be in their interests to move them.

(a) Upon admission

While there were black children placed in white foster family settings, there were no white children placed in black families. With the exception of Area 1, it was found that a third or more of the black children in each Area office were placed in white families.

Table 8.5 Foster family's 'race' by Child's 'race' by area (%)

Race of F/F	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
White	29	100	30	100	27	100	27	100	28	100
Black	71	0	70	0	73	0	73	0	72	0
	100	100	100	100	100	100	100	100	100	100
Total	17	33	54	22	52	27	33	31	156	113

(b) Upon follow-up

The proportion of children placed with foster families fell from 269 to 244 at the follow-up stage, however the proportion of children placed transracially remained the same.

8.6 Discussion and analysis

In the quantitative inquiry, the Wenford research focused generally on the type of placement in which a child was found. Interviews with social workers, parents and children provided insight into the actual process of placement. The quantitative findings are therefore analysed in the context of the perceptions of major individuals.

Social work literature on black children has highlighted the issue of type of placement. That is, the placement of black children in substitute white families and residential establishments. While focusing on the current situation of black children in these types of placements, the Wenford findings point to another two areas of concern felt by social workers, parents and children. These are related to 'Mixed-Origin' children, and other black minority children namely Asian, West African and Turkish Cypriot. The decisions about the placement of these children are analysed in this chapter. While there is very little similar research to which the findings of the Wenford study can be compared, an attempt is made here to conceptualise the issues in the light of current thinking.

8.6.1 Family vs residential placements

In the review of the existing literature in chapter two, I emphasised the shortcomings of research conducted in the area of child placements. It was argued that while much has been written on the issue of the placement of black children, the focus of such writings has been limited in scope (Rowe and Lambert 1970, Raynor 1969, Jackson 1975, Gill and Jackson 1983, Lambert 1970, Pearce 1974, Cawson 1977). The practice of transracial placements and the

representation of black children in children's homes have transcended all other aspects of the placement process. For example, the issues of age, gender, the number of placements and social services policy, practice and provision have not been addressed.

Previous research has documented that black children are more likely to be found over-represented in institutional settings (NCH 1954, Gale 1963, Rowe and Lambert 1970, Lambert 1970, Pearce 1974, Cawson 1977, Dale 1986). In a study of long-term children in care, Rowe and Lambert (1973) found that 552 of the children in their sample were black, that is one child in every five. They state that 388 of these children were confined to residential institutions and that only 164 were deemed to be suitable for substitute family placements. Such studies have argued that due to the difficulty of finding suitable family placements for black children, they have tended to be concentrated in residential institutions. Dale (1986) has recently argued that black children languish in residential institutions as a consequence of social services policies. Other studies have stated that due to the 'behavioural difficulties', differential police activity, and delinquency, black children have been disproportionately represented in CHes -Community homes with education on the premises, (Lambert 1970, Pearce 1975, Cawson 1977). The overwhelming finding has been

that black children are over-represented in residential establishments.

The Wenford research showed that more white children than black were placed in institutional settings. Higher proportions of black children than white children were placed in substitute family situations. This pattern of placement was in existence at the time of the initial admission as well as at subsequent intervals of the research.

There is clearly a conflict between the Wenford research findings, and the findings of previous research. There are a number of factors which have to be explored to understand this conflict. Firstly, much of the previous research is now outdated. It could be argued that the situation has changed and that the results of the earlier studies no longer hold true for the late 1980s. Secondly, the geographical scope of the studies means that they are not strictly comparable. For example, Rowe and Lambert (1973) studied 28 different agencies, while the Wenford research is a study of one local authority Social Services Department. Thirdly, while the Wenford research focused on the total number of children who were admitted into care and their various placements destinations, other studies have limited their focus to residential institutions. This has meant that they have not been able to draw comparisons between those placed in

alternative settings. The Wenford research cannot confirm or refute previous findings because of the nature of the research design. Most of the Observation and Assessment centres and CHEs used by the borough of Wenford were a private resource outside London also used by other local authorities. Thus there were probably black children there from other areas. The Wenford study observed only the placement patterns of children in the care of Wenford, and was not designed to establish the black/white ratio of residential institutions. A study of these institutions may have shown that there were higher numbers of black children than white in these settings.

In the last few decades, the social work emphasis has shifted towards family placements which are much preferred to residential institutions (Rowe and Lambert 1973, Thorburn 1987). The permanency principle has meant a move away from institutional care to foster care, and is intertwined into 'good social work practice'. More importantly, the need to find appropriate families which are racially and culturally suitable is being considered seriously. The latter has come about as a result of increasing evidence which suggests that black children placed in white families suffer acute psychological problems (Tizard 1977, Gill and Jackson 1983, Divine 1983, Small 1984).

In the borough of Wenford, the child care policy regarding the placement of children in substitute families stipulated that children should be placed in families which were racially and culturally similar to their own. A new fostering and adoption team had been set up as a direct consequence of this policy to recruit substitute families from the ethnic minorities. The team was staffed by black social workers. It should be stressed that overall in the fostering and adoption unit, there were three teams, two were assigned to find white substitute families, while one was assigned to find black families. The new fostering and adoption team had been extremely successful in finding black substitute families. In 1987, a journalist stated that 67 per cent of the foster parents in the borough of Wenford were black. While the accuracy of this assertion is questionable since the department itself does not claim to know the situation, it is clear that there is a sufficient pool of substitute black families available. This explains the greater likelihood of black children to be placed in family settings.

Why were white children more likely to be concentrated in institutional settings? We know from the previous chapter that white children were more likely to be admitted into care for reasons of 'delinquency', 'non-school attendance', and 'child's behaviour'. Their legal status was more likely to be

compulsory. Recent evidence suggests that adolescents admitted into care compulsorily are more likely to be placed in residential institutions (Fisher et al 1986). In their study of Sheffield Social Services Department, Fisher et al (1986) found that two-thirds of the compulsorily admitted children were placed in reception facilities (including O & A centres and CHEs), one quarter were placed in family group homes and only 6 per cent were fostered. Since the majority of black children enter care via the voluntary route they are more likely to be placed in foster family settings. Voluntary admissions are normally intended to be short-term, and the likelihood of children to be placed in foster families is greater since the availability of short-term foster parents is greater. Factors such as reason for admission, compulsory care status, and age of white children indicate that their chances of being placed in institutional settings were greater.

What were the experiences of black children and parents of foster families and children's homes? Black parents' views about black foster parents ranged from 'stricter discipline' to racial and cultural factors. Natural parents wanted black foster families because they saw them as more disciplinarian and felt that they would be more able to control the children. They saw the role of the black foster parent as a continuation of their own role. They felt able to relate to black

foster mothers and found them very accessible. Consequently, this enabled them to maintain better contact with their children.

Children, on the other hand, while recognising the need for a black family felt at pains to point out what they saw as the bad features of their placements. These views were expressed by children who had had previous care episodes and had experienced more than one foster placement:

Child: She used to try and beat me up. Once, Angela didn't come back home, so the foster mother took it out on me. She punched me in my mouth. She expected me to cry and not hit her back. But I punched her back in her mouth. I don't know how she got to be a foster mother.

The above quote illustrates the resentment children feel in substitute family settings. So while some parents want stricter discipline, children clearly do not.

Some children felt the material standards of foster homes to be very low, and issues of concern:

Child: The foster mother only had a small black and white T.V., and no video.

Children who had had experience of residential establishments expressed their dissatisfaction of these settings. Their views echoed the arguments put forward elsewhere (CRE 1979, BIC 1984). Children complained about the unmet dietary needs and skin care as well as

the general ignorance and attitude of the staff in children's homes. Some children explained how in their previous children's home, 'rice and peas' meant boiled rice and green peas, and not the traditional Caribbean rice and peas. Also, although Wenford had recruited greater numbers of black residential staff, children stated that very often homes only comprised one or two black members of staff. These initiatives were nevertheless perceived by some children to be positive aspects.

Child: There were two friendly workers, Janet and David. I liked Janet because she cooked food like my mum's. The other staff just cooked other food which I didn't like. All the kids were black. There weren't any whites or Indians.

Since the Wenford research did not focus on residential institutions as subjects of study, it is not possible to state whether black children were more likely to be represented in certain homes in the borough than others. Interviews with children revealed that they often felt that the homes were full of black children. Since a great majority of the black children were placed in foster family settings, and the proportion of white children in residential homes was higher than that of black children, it can only be inferred that social workers used some children's homes to a greater degree for black children than other homes.

8.6.2 Children of Mixed-Origin

Some of the factors explaining the higher likelihood of black children's placement in foster families have been highlighted above. One of the major factors responsible for the placement of black children in substitute families and particularly black foster families was said to be the adoption of the 'same race placement' policy. There was a ready pool of black families available in which black children could be placed. However, the policy was not without problems. While social workers felt clear about the placement of Afro-Caribbean children in Afro-Caribbean families, they were less clear about the situation of Mixed-Origin children. The previous chapter showed that 36 per cent of the black children in care were children of Mixed-Origin. They were the second largest group of black children in care after Afro-Caribbeans. On the whole, the majority of Mixed-Origin children had a white mother and an Afro-Caribbean father. According to the 1984-1986 Labour Force Surveys, 27 per cent of married and cohabiting Afro-Caribbean men aged 30 and 28 per cent of married and cohabiting women of the same age had white partners (Central Statistics Office 1988). Tizard (1989) argues that the children of these unions seem to be greatly over-represented in care. Our research shows however, that the vast majority of Mixed-Origin children in the care of Wenford Social

Services Department had a white mother and a black Afro-Caribbean father. There were very few children who had a white father and a black Afro-Caribbean mother. This suggests that Mixed-Origin children from one particular type of union are more likely to be in care.

In the borough of Wenford, the children of Mixed-Origin presented difficulties for the social workers. On the whole, black social workers perceived Mixed-Origin children as black and regarded a black family or a Mixed-Origin family as a suitable placement. Most white social workers and some black social workers found themselves caught in a dilemma when dealing with Mixed-Origin children. Their arguments ranged from 'client self-determination' to 'culture shock' and 'identity' issues. There were those social workers who argued that the child's and the mother's wishes (who in many cases was white) should be respected and saw the departmental policy as 'very aggressive and watertight' which denied the principal of client self-determination. The following extract from an interview with a social worker illustrates this argument.

Social Worker: The child care policy is that you've got to culturally match children but this cultural matching doesn't take into account mixed-race children, and doesn't take into account mother's views. It seems that everytime there is a mixed-race child in care, we tend to take the father's side who may be a black person, and want to give the kid a black identity. But I think its equally important to consider mother's view on this and work towards coming to a conclusion whether the child needs to be identified as black or not.

I think the social worker involved should make an effort to bring together the views of the two parents. I think the policy of transracial placements should be flexible. It should depend on the individual, since the whole of social work is based on individual need. I think the policy is imposing. I'm not in a game of imposing. I'm in a game of partnership with my clients. I'm there to advise them.

The above quotation typifies the general feeling of many social workers working with Mixed-Origin children. When the above social worker was asked how the Mixed-Origin children with whom he had worked perceived themselves, he replied that '99 per cent of them see themselves as black'. When asked whether these children would want to be placed in white families, he stated that he had not come across any Mixed-Origin child who did.

Social workers' pathological perception of black families was very much in existence. While they accepted the placement of Afro-Caribbean children in Afro-Caribbean families, they felt that a white family would be better for other Mixed-Origin children.

Social Worker: I had a child who was half Irish and half Singhalese, and they (fostering and adoption) wanted me to place him with either a Caribbean or an African family. And I said 'No'. It's ridiculous, I'd rather place him in a white family.

Cheetham (1981) highlights this point by illustrating the reluctance of white social workers to place white children in black families. She found that

even when a placement was a short-term one, and there were black families available while white families were not, social workers were reluctant to place children in these families. Similarly, in the case of Mixed-Origin children, social workers in the borough of Wenford engaged in discourse on the shades of colour when deciding upon a family placement for these children. Comments such as 'this is almost a white child in a black family' were not uncommon.

The notion that Mixed-Origin children are essentially black is understood to a greater degree by the children themselves and their parents (both black and white). However, this black identity did not exist from the start but was formed in later adolescent years. White mothers of Mixed-Origin children emphasised the traumas their children had experienced in the formulation of this identity. Mothers themselves acknowledged that they had not always played a positive role in this process. When asked whether her adolescent son saw himself as black, one mother replied:

Mother: I Wouldn't know because that never arises in this family. The colour doesn't enter into it. I mean I wouldn't have gone with their father if I didn't want half-caste children.

The same mother stated that when her son was five years old, she found him painting himself white with emulsion. This had apparently happened because children at school had teased the boy about his colour. The

mother's only response was that 'it was a good job it was emulsion and not gloss'.

White natural mothers of Mixed-Origin children, while unable to see their child as black, made no objections to the placement of their children in Afro-Caribbean families. Most white mothers in fact praised the level of care being offered by black foster parents:

Mother A: ...he knows both anyway, that doesn't bother me. I mean there's good and bad isn't there? There's good and bad in every race. She's a very nice lady.

Mother B: They're doing all right. The foster mother is very good. She fights with the social worker to get things for them. She is also fighting with the social worker regarding sending the children home for Christmas. The children want to come home, and the foster mother has expressed their view to the social worker.

Although individual social workers expressed their feelings in research interviews about the situation of Mixed-Origin children, there was no collective opposition to the placement of Mixed-Origin children in Afro-Caribbean families. The centralised power structure meant that social workers had little or no say in the formulation of policies. They found themselves being dictated by policies about which they could do little but implement according to the wishes of higher management. The major policies which social workers resented were the 'same race placement' policy, the 'private and voluntary placement' policy (where

social workers had to present their case before a panel before funding could be approved for such placements) and 'closure of children's homes' policy (see chapter 6 for an account of these policies). Social workers felt undermined and deskilled, and perceived such policies as an attack upon their professionalism:

Social Worker: For example, Wenford have got the same race placement policy which I agree with. But I would say that, it should not be said that it must be, it should left to professionals who have a got a professional base knowledge and who should decide what's best for the child. You can't have a blanket policy like that.

As already mentioned, although social workers made comments such as above, there was no collective voice which argued that social workers as professionals could decide what was in the client's best interests. Where social workers did organise to oppose higher management was in the area of industrial relations where their pay and lack of resources in terms of staff recruitment were the issues. One Area office (Area 3) was regularly closed to the public two or three days a week while negotiations were continuing with higher management. In this situation, neither higher management nor the professional social workers expressed the client's best interests.

8.6.3 'Marginalised' black children

The Wenford cohort study showed that while Afro-

Caribbean and Mixed-Origin children were the two largest groups of black children in care, there were small proportions of West African, Asian and Turkish Cypriot children also in care. The placement of these children in substitute families presented difficulties in relation to the departmental policy of 'same race placements'. The only families which were available for the placement of these children were Afro-Caribbean families, and the only individuals who felt strongly about the placement of these children in Afro-Caribbean families were social workers who were of similar origin as the children. This created a great deal of bad feeling amongst the staff:

Social Worker A: I understand that there are a lot of Afro-Caribbean children in care, but they've actually kind of prioritised that to the extent of marginalising the other groups which I think is really bad.

Social Worker B: What I'm worried about in Wenford is that they seem to be doing quite a lot for the Afro-Caribbeans, a lot of good work there, what I'm worried about is the Asian kids. I think little efforts have been made.

Social Worker C: The policy fails when it comes to Asian children. There are no foster families from the Asian communities. It seems that no efforts have been made to recruit Asian foster families.

While West African, Asian and Turkish Cypriot social workers felt very strongly that children should be placed in families which were racially and culturally similar to their own, white social workers had little awareness of children's cultural background let alone argue where these children should be placed.

On the whole, the latter tended to work within the defined framework. The following social worker had two Asian children placed in a short-term Afro-Caribbean family, when asked whether a long-term Asian family would be sought in the future, she replied:

Social Worker: Ideally, I suppose, its difficult to know. I don't think we are particularly well off in terms of Asian foster parents. It depends which way you look at it. They (the children) are not particularly familiar with the Asian culture.

When asked what religion the children were, the social worker replied after a long pause by saying, 'I don't think I've ever known that'. This particular social worker was not alone in her ideas of working within the boundaries drawn out by her superiors. A social worker's role as a mere bureaucrat is clearly summed up here, and conflicts with the view presented earlier in this chapter where social workers resented the imposition of policies and wished to assert their professionalism.

8.7 Summary and conclusion

This chapter has explored the various issues related to the care process. As well as quantitatively documenting the placement pathways and destinations of children, it has been possible to explore the perceptions of individuals about the process of placement. The higher representation of black children in family settings was

clearly one of the major findings on which this chapter has been able to shed light. The particular situation of Mixed-Origin, West African, Asian and Turkish Cypriot children has been discussed together with the light that this casts upon the workings of an idealistically 'ethnically sensitive' policy, combined with forms of worker sensitivity and resistance.

Chapter 9

Rehabilitation and discharge

This chapter explores the process of rehabilitation and discharge of children from the care of the Social Services Department into their natural families and into the community. Although the two terms, rehabilitation and discharge, are generally used loosely and interchangeably, an important distinction is drawn out in this thesis. Thus the chapter is divided along these two lines. Section one explores the process of rehabilitation while section two addresses the situation of children discharged from care.

The process of rehabilitation, for the purposes of this study, is defined as the facilitating of a situation to enable a child's return to his/her natural family. It is distinguished from the stage of discharge in that discharge refers to the total departure from care while rehabilitation means that although the child has returned home, the Social Services Department is still involved with the family and the child, and the child is still technically 'in care'. Discharge from care can take place via a number of routes. These can range from adoption, return to natural family upon reaching the age of 18 or 19 or upon withdrawal from

voluntary care, or upon successful revocation of court order.

9.1 Process of rehabilitation

The eventual aim of a local authority Social Services Department is to work towards the rehabilitation of children received in their care. This duty is actually enshrined in the law. For example, in the case of voluntary admissions the law requires that the social services shall 'in all cases where it appears to them consistent with the welfare of the child to do so, endeavour to ensure that the care of the child is taken over either by a parent or guardian, or ... relative ...' (Child Care Act 1980. S.2(3)).

The process of rehabilitation is influenced by a number of factors which stem from the child's experiences in care. Factors such as the length of time in care, parental contact, social worker contact and efforts made by the Social Services Department determine children's chances of rehabilitation (Millham et al 1986, Vernon and Fruin 1986). These factors were explored by the Wenford study and the findings are presented below.

9.1.1 Length of time in care

Two recent studies which observed the factors which determine children's length of stay in care have come

to similar conclusions (Millham et al 1986, Vernon and Fruin 1986). Millham et al (1986) found that if a child remains in care for longer than five weeks, it has a very strong chance (two out of three cases) of still being in care two years later. What efforts do social workers make to facilitate the process of rehabilitation? In their study of 11 local authorities, Vernon and Fruin (1986) found that once a child had been admitted into care, social workers accorded little priority to the case. Moreover, they argue that planning is not seen as a matter of concern by the social workers as time progresses.

The above two studies refer only to the plight of white children in the care system but are nevertheless illuminating in their findings. The reasons for decisions and their consequences for black children and families remain unexplored. While the numbers of black children in care have been documented to some extent, the factors influencing their length of stay have not been identified.

The Wenford findings show that the majority of the cohort group had been in care for two or more years. A quarter of the children had been in care for more than ten years. No significant differences were found in the proportions of black and white children in these categories. A small proportion of the children had been in care for more than 15 years, of these the majority

were black (72 Per cent compared to 28 per cent white). Bearing in mind the findings of Millham et al, it could be argued that the chances for the majority of the children in the cohort group who had been in care for more than a year are reduced to a minimum.

9.1.2 Parental links

Parental links are one of the important indicators for the rehabilitation of children. Studies done in the area of separation and loss highlight the importance of parent/child links (Holman 1966, Stevenson 1968, Berry 1972). Millham et al (1986) have argued that the maintenance of close contact with their families is the best indicator that a child will leave local authority care rapidly.

In the Wenford study, parental contact was categorised as 'frequent', 'infrequent', and 'none' (see chapter 3). 'Frequent' refers to contact (face to face or via letters, and telephone) which took place at least once per month. 'Infrequent' refers to contact which took place a few times a year, usually on birthdays, and Christmas day. 'None' refers to where there was absolutely no contact at all. Due to the incomplete nature of social work case files, it was not possible to establish in this study whether contact had been terminated by the social services or had dissipated over time.

(a) Parental links at the initial inquiry

The study found that quite a sizeable proportion of the cohort group had lost all contact with their natural families (a third). A similar proportion had only infrequent contact with their families. Forty per cent of the cohort were found to have frequent contact with their natural families.

Differences were found to exist in terms of race. The findings showed that a greater proportion of black children than white children had frequent contact with their natural families (see table 9.1). With the exception of one area office (Area 4), this situation was found to exist boroughwide. Where there was no contact at all, a greater proportion of white children than black children were found to exist.

Table 9.1 Parental links by 'race' by area (%)

Parental link	Area1		Area2		Area3		Area4		All	
	B	W	B	W	B	W	B	W	B	W
Frequent	42	35	55	36	45	35	33	32	45	34
Infrequent	37	26	26	31	23	32	45	45	31	34
None	21	39	19	33	32	33	22	23	24	31
	100	100	100	100	100	100	100	100	100	100
Total	33	46	80	61	82	57	60	60	255	225

(b) Parental links at the follow-up inquiry

Six months after the initial inquiry, that is at the stage of follow-up, the level of parental contact was again measured to establish the change in circumstances. The pattern of parental links which was found to exist at the initial period of the study was very much in existence. That is, the level of contact between black parents and black children was still greater than that between white parents and white children.

Table 9.2 Parental links upon follow-up by 'race' (%)

Parental link	Black	White
Frequent	28	19
Infrequent	49	46
None	23	35
	100	100
Total	223	215

(c) Parental links by type of placement

An analysis of the level of parental contact and type of placement showed some interesting differences between black and white children.

(i) Foster family

The findings below are highly statistically significant. Black children placed in foster families were much more likely to have frequent contact with their natural families than were white children placed in similar settings.

Table 9.3 Parental links of children placed in foster families by child's 'race'

Parental links	Black		White	
	%	(n)	%	(n)
Frequent	42	(63)	24	(26)
Infrequent	29	(43)	30	(33)
None	29	(44)	46	(51)
Total	100	(150)	100	(110)

While it was found that black children placed in foster families had better contact with their natural families, it is important to point out that those black children who were placed in white families did not have good contact with their natural families. We know from the previous chapter that a third of the black children had been placed transracially. Over fifty per cent of the children in this group had lost all contact with their families. Only five per cent had regular contact with their parents, and the remainder saw their parents occasionally. A reverse situation was found to exist in the case of black children placed in black families. Over fifty per cent had regular contact with their parents, and only less than a fifth had lost all contact.

(ii) Children's home

Of the children placed in children's homes, no significant difference was found to exist between black and white children. Only a small proportion in each of the two groups had lost all contact with their natural families.

Table 9.4 Parental links of children placed in Children's Homes by 'race'

Parental link	Black		White	
	%	(n)	%	(n)
Frequent	42	(20)	46	(29)
Infrequent	44	(21)	43	(27)
None	14	(7)	11	(7)
Total	100	(48)	100	(63)

(iii) Relatives

The majority of the children placed with relatives had some contact with their natural parents. Black children were found to have greater frequent contact than white children.

Table 9.5 Parental links of children placed with relatives by 'race'

Parental links	Black		White	
	%	(n)	%	(n)
Frequent	63	(15)	50	(10)
Infrequent	21	(5)	20	(4)
None	16	(4)	30	(6)
Total	100	(24)	100	(20)

(d) Parental links by legal status

The legal status often determines the access arrangements between parents and children. In chapter six, it was found that the majority of black children were entering care via the voluntary route, but after a period of time in care they were as likely as white children to be made subject to compulsory care.

In the analysis of children who had regular contact with their parents, it was found that of the black children about 50 per cent were in voluntary care and the other 50 per cent had either entered care via the compulsory route or had been made subject to compulsory care. Of the white children, the picture was not very different, about 40 per cent were in voluntary care while the other 60 per cent were subject to

various forms of compulsory care. There were no significant proportional differences between black and white children.

Where there was no contact at all between parents and children, it was found that more than two-thirds (72 per cent) were in compulsory care, either made subject to a parental rights resolution (46 per cent), care order (39 per cent) or wardship (15 per cent). Black and white children were equally likely to be in this situation.

9.1.3 Social worker contact with natural family

The degree of contact a social worker may have with the natural family plays an important part in the social services' decision to rehabilitate a child with his/her natural family. Social worker contact with natural family suggests that some kind of a relationship exists between the family and, the Social Services Department should rehabilitation be a matter of consideration. The Wenford findings show that a very small proportion of social workers maintained contact with natural families following the admission of a child into care (7 per cent). The majority of the families had little or no contact at all with the social worker. It was found that there were no differences in terms of 'race', black and white families were equally likely to

have none or a low level of contact with their social worker.

Table 9.6 Social worker contact with natural family by child's 'race' (%)

SW Contact	Black	White	All
Frequent	8	7	7
Infrequent	52	51 ²	52
None	40	42	41
	100	100	100
Total	286	264	550

The situation upon follow-up, six months after the initial study, did not differ greatly from that presented above in table 9.3. Very few natural families had regular contact with their social worker. There was little difference between black and white families in terms of their contact with the social worker.

9.1.4 Home on Trial attempts

Home on Trial attempts are a good indication of social work intervention to enable a child's rehabilitation into his/her natural family in the possibility that total discharge may occur. The attempts measured in this study related to both the current care episode and previous care episodes. This is because it was felt that previous attempts made by Wenford Social Services

Department could not be ignored. For this reason, the proportions of children for whom Home on Trial was a possibility may seem high.

An attempt to place the child Home on Trial was made in about a third of all cases in the cohort group. In terms of proportions the situation was similar in all the four area offices except in area 4 where Home on Trial attempts had been made in only 15 per cent of the cases (see table 9.7).

Table 9.7 Home on Trial by 'race' by area (%)

Area Office	Black	White	Total	(n)
Area 1	41	37	39	(35)
Area 2	19	35	26	(45)
Area 3	25	37	30	(52)
Area 4	6	23	15	(19)
All	21	33	27	(151)

The Wenford findings show that white children are much more likely to be rehabilitated than black children. This difference is quite pronounced in Area 2 and Area 4. In Area 2, for example, Home on Trial attempts had been made with 35 per cent of the white children compared with only 19 per cent of the black children. The reasons for this difference are analysed

later in the discussion.

9.2 Discharge from care

Discharge from care refers to the complete departure from statutory and voluntary care. This means that the local authority no longer acts as the guardian for the child and is no longer responsible for the care and control of a child. The departure from care can take place in a number of ways. The child may be adopted, he/she may be withdrawn from voluntary care by his/her parents or guardians, or a court order may be revoked to allow the child to return to his/her natural family.

9.2.1 Children discharged from care

Since this study was concerned with the care careers of children, the situation of the children in the cohort group was examined six months after the initial inquiry. The table below refers to all children in the cohort group. It shows the proportion who were discharged, and those who were still in care.

Table 9.8 Proportion of children in/out of care upon follow-up by 'race' (%)

In/out care	Black	White
In care	83	87
Out of care	17	13
	100	100
Total	294	270

It should be noted that although more black children were discharged from care, their overall proportion in care was still higher than that of white children (51 per cent black compared with 49 per cent white).

9.2.2 Length of time between admission and discharge

It is important to determine the period of time a child spent in care before he/she was discharged. An understanding of this factor would show whether children spend long periods in care or whether they are discharged from care as quickly as possible.

The Wenford findings show that over a fifth of the black children and a similar proportion of the white children left care within a year of being admitted (table 9.9).

Table 9.9 Length of time between admission and discharge(%)

Years	Black	White
Less than a year	23	22
1-2 years	19	3
Over 2 years	58	75
	100	100
Total	43	32

While there is little difference in the proportions of black and white children who are discharged from care within a year of their admission into care, there are differences where the children have been in care longer. Children who are discharged from care within one to two years of being in care are mostly black children. It can be seen in the table that the majority of the white children who left care did so after at least two years in care.

It was found that sixteen of the children discharged from care were those from the sub group who had come into care in the previous six months. The majority of these children were black (13 were black compared to only 3 who were white), and from one area office (Area 2).

Black children were nevertheless still disproportionately represented in the sub-group (66 per cent of the children were black compared to 34 per cent white).

9.2.3 Routes of discharge from care

The two major exit routes appear to be discharge from voluntary care, and the attainment of adulthood. Of the black children who left care, the majority were withdrawn from voluntary care by their parents. On the other hand, the majority of the white children who left care had done so upon reaching the age of 18 or 19 when the local authority no longer had any responsibility to keep them in care. It appears that very few children leave care by any other means. Only one child out of 87 who left care had rights and duties rescinded, and only two had a care order revoked. Of the children who left care by means of adoption (a total of five), all were white.

Table 9.10 Route of exit by 'race' (%)

Route of exit	Black	White	(n)
Adoption	0	11	5
Age 18/19	40	55	47
CO Discharged	2	3	2
R & D Rescinded	0	3	1
Voluntary care	58	28	45
	100	100	100
Total	47	36	83

9.2.4 Place of residence after leaving care

It was found that the majority of the children who left care had returned to their natural families (about a third). The remainder, who were all over 18 years of age, either had their own accommodation in the form of a bed-sit or flat or, were living in hostels.

The proportion of black children returning to live with their natural families was slightly higher than white children, while the proportion of white children who went into 'other' type of accommodation was slightly higher than black children. It is instructive to note that the category 'other' in this instance includes those white children who went into adoptive families, hence the difference between black and white proportions since no black child was adopted.

There were no differences found in terms of 'race' in the age groups of children who returned to their families. Adolescents were just as likely to return to their families as were younger children.

Table 9.11 Place of residence upon leaving care by 'race' (%)

Place of residence	Black	White	Total	(n)
Natural family	63	58	60	(46)
Own Accommodation	21	21	21	(16)
Other(Hostel, B&B etc)	16	21	19	(14)
	100	100	100	
Total	43	33	76	76

9.3 Discussion and analysis

In the light of the dearth of research evidence in this area, a comparative analysis is not possible. As the previous chapters have shown most studies have preoccupied themselves with particular aspects of the admission and placement of child care careers. There is virtually no information available on the rehabilitation and discharge of black children. This chapter discusses the findings of our research in the light of the paucity of information in this area.

Research studies which have focused on some of the relevant issues have tended to adopt a definition of rehabilitation and discharge which is incongruent with the one adopted in this thesis (Rowe and Lambert 1973, ABSWAP 1983). Both of these studies have taken rehabilitation and discharge to mean removal from institutional care into either natural family or substitute family. This thesis has perceived rehabilitation and discharge to mean placement with natural parents or guardians, adoption or return into the community where the child has his or her own accommodation. Thus placement within foster family settings has not been taken to mean rehabilitation or discharge. However, the placement of children within adoptive families is perceived as discharge from care, since the local authority no longer has any

responsibility.

In their evidence to the House of Commons, ABSWAP (1983) asserted that in one London borough in a sample of 100 children (50 black, 50 white) who came into care within the same period, after six months there were clear differences in the patterns of rehabilitation. In the white group, the proportion of children remaining in institutions was likely to be reduced by sixty per cent. In the black group by contrast, the proportion of children was likely to be reduced by only twenty per cent. Thus the chances of black children being rehabilitated into their natural families or substitute families were greatly reduced. Similarly, Rowe and Lambert (1973) in their nationwide study found that one in five of the children in their sample were black. They argued that because of the difficulty in finding substitute family placements, black children were spending longer periods in care, where care was taken to mean institutional care only.

Although the findings of the above two studies are useful, they cannot be readily compared with the findings of the Wenford research because of the difference in focus and definition. It needs to be emphasised that the definition of rehabilitation and adoption employed in the Wenford study is different from the one used by the two earlier studies. It is clear from my research that had I adopted the

definition of these particular studies, I would have shown that black children were more likely to be rehabilitated than white children since my findings demonstrated that there were more black children being placed in foster family settings.

Level of contact between natural parents and children is a crucial contributory factor leading to the rehabilitation and discharge of children from care. The Wenford study showed that greater proportions of black children than white children had regular contact with their parents. The situation boroughwide was such that 45 per cent of the black children had regular contact with their parents compared with only 34 per cent of the white children. Where there was no contact at all, the majority of the children and families were white. This contact had either been terminated on legal grounds by the SSD or parents and children had lost contact over the years.

As in the cohort group, the sub-group also showed that black parents were more likely than white parents to have regular contact with their children. This contact was almost always initiated by parents themselves. Most black parents saw their children twice a week, while the contacts between white parents and children were beginning to wither away.

White Child: My mom doesn't come as often as she used to . She has work to do, she has kids to look after.

White parent: I don't go to see him because it's upsetting, coming home without him.

White parents often had little idea of where their child was placed. This suggested that they had very rarely visited their child. Also, in their view, a few visits a year were sufficient contact.

White Mother: He's placed in a foster family somewhere in the north of Wenford, I think. We'll be going to see him at Christmas of course, take his Christmas present and that. It'll be his first Christmas away from us. I mean I do see him at birthdays, Christmas and that.

What role did social workers play in encouraging contact between parents and children? A recent study (Vernon and Fruin 1986) found that:

Parent-child contact was not a feature relayed by social workers as of importance in relation to placement... Social workers invariably commented that they left this (visiting arrangements) to be worked out between the foster parents and the parent.

(Vernon and Fruin 1986, as quoted in DHSS 1985:10-11)

Although the above study did not focus on the 'race dimension', its findings are remarkably similar to the Wenford study where both black and white groups were examined. It was found that after the initial admission into care, while some social workers explored the possibilities of encouraging contact between parents and children, most social workers did not see

this as a matter of concern. Indeed, parental contact was often seen as being good for the parent and not necessarily for the child. Also, as the cohort findings show social worker themselves had very minimal contact with the natural parents after the stage of admission. Workers often accepted the diminishing contact as a normal state of affairs over which they had no control:

Social Worker: She doesn't visit the child. She used to.

Social Worker: The mother has disappeared from the scene. We have been unable to trace her. Keith is still in voluntary care.

Social Worker: Mother visited very irregularly. Her attendance at family meetings also left a lot to be desired.

Social Worker: Her visits haven't in any way been encouraged. She's just left to her own devices. We've deliberately kept a low profile.

Vernon and Fruin (1986) demonstrated the social workers' propensity to adopt a neutral stance. They argue:

In general, the effects of their so-called 'neutral' stance were unrecognised and when, according to them, they were exercising no influence on a case, they were, in fact, creating obstacles to children returning home....the significance of maintaining contact between children and their parents received little attention or priority.

(Vernon and Fruin 1986:147)

In our study, we found ample evidence of this neutral stance adopted by social workers. Moreover, we also found that far from fostering contact between

parents and children some social workers demonstrated their power over clients by creating obstacles. Little was done to facilitate links. Parents often saw themselves being put through extremes as a test of their commitment to their child. In the case of a one year old white baby admitted into care for failure to thrive, and now on a care order and placed with a foster family, the social worker objected to the father wanting to visit on a particular day of the week because she did not work that day of the week.

Social Worker: The father wanted to visit on Wednesdays because it fitted in with his work. But I mean if the foster mother needed help, I would not be there to turn to on Wednesdays.

It appears that in the case of both black and white families, social worker attitudes towards encouraging parental links with the child as well as maintaining social worker contact with the family do not differ a great deal. Also, social workers are themselves very unlikely to maintain contact with natural families after the stage of admission. Virtually little or no attempts are made to ensure any form of contact between the child and the family.

If social workers expect natural parents and foster parents to negotiate the visiting arrangements as was found by Vernon and Fruin (1986), what then is the situation regarding natural parents and foster

parents in terms of 'race'? The Wenford study findings show that black children placed in foster families, particularly black foster families, were more likely than white children to have regular contact with their parents. Black children placed in white foster families were found to have lost contact with their natural parents.

The placement of black children in black families is obviously an important factor in terms of access. Almost all black foster families were from within the same borough. This undoubtedly led to better links being maintained between black parents and children. There were several cases of black children who were placed with a foster mother only a 'few streets away'. Furthermore, black foster parents operated an 'open house' policy whereby very few if any restrictions were imposed upon parents visiting their children. Black foster parents made no objections to the disclosure of their address and telephone number to natural parents. This 'open house' practice was less likely to be found in the case of white foster parents. The following quotes illustrate this difference in approach. It is important to understand that such an approach often determined the level of contact between parents and children placed in substitute settings.

In the case of black children and parents:

Social Worker: Mother keeps in touch with the foster mother and vice versa, via telephone.

Social Worker: At the moment, mother is having 48 hours contact with Sandra and John (the children). She picks them up on a Friday, and drops them off on Sunday. Sometimes, this is extended by prior arrangement with the foster mother.

In the case of white children and parents:

Social Worker: Mother visits too frequently, and too irregularly for the foster mother's liking. This has been the cause of much friction.

Social Worker: Child visits her parents on a regular basis. They don't visit her because the foster parent's address is confidential.

Social Worker: We placed the girls with foster parents. The foster parents were rejecting mother's visits and taking the attitude that she was as guilty as the father.

The need to keep the foster parents' address confidential is sometimes necessary especially in situations where children are seen to be at risk. However, all the above cases refer to children admitted into voluntary care except in the last quote where the children were admitted into care following allegations of sexual abuse and made wards of court. In the above cases' visiting arrangements, there was no immediate danger of the children being at risk. Interviews with social workers, parents and children revealed that friction between the foster parents and natural parents often led to diminished contact.

In situations where children were placed in residential establishments, it was found that while

children in the borough's own homes were more likely to have contact with their parents, children placed in Community Homes (CHEs) outside the borough were in danger of losing contact with their parents. Social workers did not always see this as a matter of concern. If social workers opposed out of borough placements, it was usually on the grounds that it was going to be difficult to monitor the case. Some social workers described such homes as holiday homes set in beautiful countryside which would do the children a 'lot of good':

Social Worker: I mean if you see it, you fall in love with it. Its a really nice place. Its like a bungalow, you know, your own place.

It was argued by social workers that children saw their parents at weekends only. Thus it was felt that this weekend contact was possible even if the children were placed in places such as Norwich or Dorset. Social workers asserted that it took just as long to get from one end of London to the other. There was relatively little understanding or concern about the uprooting of children.

Social Worker: The future plan is to find a Community Home with education on the premises. We don't have any in Wenford. We'd have to place him in Norwich or Bristol.

The presence of black staff in residential homes within the borough is a positive factor in terms of

maintaining family links. It was without a doubt a contributory factor in providing confidence in black parents to make regular visits to their children. For the purposes of this study, we were able to visit a few of the homes outside the borough. These homes, particularly in places such as Norwich and Dorset, had a very eurocentric atmosphere. The following quote by a black social worker about a black child in voluntary care, placed in a CHE outside the borough illustrates this point.

Social Worker: There weren't any black kids when she first went there. There are two now. There is only one black member of care staff, the other is a cleaner. There is no work done on the children's racial identity. The place is very white.

So not only did the geographical distance jeopardise parental links, but black children felt totally alienated in an environment far removed from their neighbourhood and communities. The difficulties young black people face upon returning to their own communities after years in such institutions are enormous (BIC 1984). The problems faced by black youngsters in general upon leaving care in terms of employment and accommodation have been explored elsewhere (First Key 1987).

Millham et al (1986) in their study of 450 children conclude that the maintenance of close contact with their families is the best indicator that a child

will leave local authority care rapidly. The Wenford study findings show that this may be true for white children, but it was not the case for black children. It was found that although black children had better links with their parents than did white children, they were less likely to experience rehabilitation. In terms of the placement of children with their families (Home on Trial) with a view to discharge, there were greater proportions of white children than black children for whom this was a possibility. Could it be that social workers have less confidence in placing black children Home on Trial? Interviews with social workers certainly attested to this.

Social Worker: The staff at Lynford House were arguing very strongly that Richard and his mom should be forced to go back with each other. They were arguing that the longer Richard was in care, the worse it was for Richard and his mum, and that there was no reason for Richard to be in care.

The above quote refers to the case first mentioned in chapter seven. Richard, a fifteen year old Afro-Caribbean boy initially entered voluntary care after having stolen from his mother's purse. Other problems of delinquency came to light after Richard's admission into care. This resulted in Richard being made subject to a care order. His initial placement was in an Observation and Assessment centre, where he spent six months because no other placement could be found for him. After this period, he was temporarily placed in

one of the borough's own homes while arrangements were made to find a suitable CHE placement for him somewhere out of the borough. It was while Richard was in this home, that conflict developed between the white field social worker and the black residential staff. The ultimate power of the field social worker is demonstrated here. Richard was not rehabilitated with his mother as suggested by the black residential staff, but sent to a CHE outside the borough.

An analysis of the white children placed home on trial showed that the majority of them were adolescents, admitted into care for reasons of delinquency, and sometimes placed Home on Trial from the very beginning. That is, although they were technically in care, they had never physically entered care. While, there were black children who were in a similar situation as these children, they did not follow the same path as them.

The cohort study found that the proportion of black children discharged from care was slightly higher than that of white children (17 per cent black and 13 per cent white). The routes by which these children left care was interesting. It was found that social services were not instrumental in the discharge of children. Most children were either withdrawn from care by their parents, or they left care upon reaching the

age of 18 or 19 when the social services no longer had any responsibility for them. The fact that more black children left care within two years of admission can be explained by their legal status in care. The majority were in voluntary care. Their discharge from care was as a result of their parents resuming care. There were more white children who spent longer periods in care because there were more of them in compulsory care. We know from our findings that social workers did not play an active role in the discharge of children. Thus if children's legal status was compulsory care, they remained in care until the age of 18 or 19.

The low level or the non-existence of contact between social workers and natural families is an indicator of the social workers' apathetic role. Interviews with social workers revealed that discharge from care was something they very rarely contemplated. Remarks such as the following were commonplace:

Social Worker: I think once the children come into care, its very difficult to get them back.

Social Worker: I don't know I've never discharged anyone from care.

Some social workers argued that they were willing to discharge children from care, it was the natural parents who were reluctant to have their children back:

Social Worker: You get some parents, who once the kids are in care, they don't want to co-operate with you. They don't want to visit their children. They don't

want to get involved in the rehabilitation programme. So its this thing about 'you can't send my children home to me, because I haven't got accommodation. I can't cope, I can't do this, I can't do that' ' '.

The poor socio-economic situation of black parents which was often the contributory factor for the admission of a black child into care played an important part in social worker decisions to rehabilitate and discharge children. For example, if there was no change in the parents' socio-economic circumstances, it was unlikely that a child would be returned home. Thus the parents' poor situation coupled with negative social worker attitudes ensured the child's stay in care. The following quote regarding a West African father illustrates this point. The social worker explains why the children have remained in care on a long-term basis.

Social Worker: Mr Atolagbe was wanting to take the children back, made every effort to have the children back, but he lived in terrible circumstances - too cramped, damp attic rooms, cooker on the landing, and other kitchen facilities cramped in one room with beds in it as well. So they remained in care.

As discussed in chapter seven, there is a clear difference in the perceptions of parents and social workers. In some instances, the standards adopted by social workers conflict with those of parents. These ranged from material circumstances as outlined in the above quotation to interpersonal relationships. Some parents argued that they wished to have their child

back, but stated the child had changed his/her mind about going back home. Parents felt angry that the social worker was siding with the child and hindering all prospects of a good relationship between them and their child.

Parents, both black and white, whose children were in compulsory care were fully aware of the statutory implications for themselves and their child. This finding contradicts a recent study conducted in Sheffield by Fisher et al (1986) which stated that parents were not particularly concerned about the implications of compulsory care. This difference in finding can be explained by the fact that the Sheffield study focused on adolescent children who were admitted for reasons such as delinquency and behavioural problems, situations of which parents and social workers had common understanding. Our study consisted of a cohort of children of all ages who were admitted into care for a multiplicity of reasons. Thus our study was not biased towards any particular group of children. This diversity naturally meant that in the Wenford study there were parents who did not share a common definition of the underlying problems with social workers.

There were parents who felt powerless, but created the impression that they would be fighting against the decision of the Social Services Department:

Mother: I've got a very good solicitor and barrister. You see, social services want to try and make out it is better for the children to remain in care.

One day, there was a school progress report for Kathy which was delivered to this address. I opened it and it was an awful report. My solicitor has made copies of this for the court hearing. We've also made copies of school reports for the period before Kathy was taken into care. These "before reports" are much better. So we'll try and fight the case on this issue. Also, we've got letters from the girls saying they want to come home.

Mother: At the moment, we're taking the social services to the court for what they've done.

Parents were aware of the fact the local authority was in control, and that although they had some contact with their child the situation was tenuous. They realised that discharge from care was not something they had a great influence upon.

In chapter seven, it was highlighted that the majority of the families in the cohort group had been known to the social services for years. In interviews with parents it was learnt that years of involvement with the social services had created disillusionment and dissatisfaction in them. Many felt that nothing positive had come out of their involvement and in a way they regretted ever having contacted the social services. Most of the black parents whose children were admitted into voluntary care initially came to the Social Service Department seeking help and advice, unaware of the full implications of their actions and

with hindsight, stated that they should not have approached the social services.

Mother: I'd never go to them again. I'd rather struggle on my own. I've never had any satisfaction from the social workers. All the time they used to talk down to me. They used to blame me, I was the one who was doing wrong, and all that. They used to make me feel that I was a bad mother. They used to make me feel really guilty.

Mother: This place is really overcrowded, the bedrooms are really small, and I have four children, two in each of the two bedrooms. I've been asking for a transfer for the past five years. Nothing's been done. Social Services won't do anything. Yet, when they want to, they do, for example they didn't waste any time in taking my kids into care.

Many black parents stated that poor housing had been their major problem, and felt very strongly that social workers had not adequately advocated on their behalf. Some white parents with adolescent children also felt that they had not gained the advice they sought. One white mother stated that she had been experiencing difficulties with her adolescent son, and had made a referral to the social services. She argued that instead of advising her on how to cope with her son, she was told that his behaviour was probably something to do with her. The important point to draw out in this case however is the difference in social services' approach to black and white families. In this case, the enormous efforts made by the white mother to have her son received voluntarily into care failed. The social services were not interested in taking him into

care. The boy was finally admitted into care as a result of the mother initiating care proceedings. The Wenford findings which show a large proportion of black voluntary care admissions indicate that although the social services may have been reluctant to admit white children into care, that reluctance was less visible in the case of black children.

Some parents felt that although they had been given practical help, social workers had not been able to detect the root of their problem. One mother stated that her main problems had been marital discord and alcoholism. While she had been able to obtain an injunction to keep her husband away from the house, alcoholism which was one of her major problems was never detected by any of her social workers. In fact, one of her social workers used to go drinking with her.

The majority of the parents interviewed, both black and white, expressed their dissatisfaction with the social services. They pinned no hope in the social workers. With respect to the discharge of their children, they gave the impression of being completely helpless whether their children were in voluntary or compulsory care.

In the Wenford research, it was found that after leaving care, the majority of children went to live with their natural families. Two thirds of these

children were black. This relates to the finding that black families are more likely to maintain contact with their children. It could be that because there are better links between black children and families, that the proportion of black children returning to natural families is higher. Another significant factor is that many black children were withdrawn from voluntary care by their parents.

A third of the children who left care did not return to their natural families, but found their own accommodation such as bedsits, flats, or a place in a hostel. The majority of the white children who left care were over the age of 18. This meant that very often, they received the help of the social worker to find their own accommodation.

9.4 Summary and conclusion

In this chapter, it has been possible to illustrate some of the factors influencing the process of rehabilitation and discharge. The findings of the subgroup were used to analyse and discuss the situation presented by the cohort group. Unfortunately, there is a lack of previous research literature on black children to make a comparative analysis. Nevertheless, the comparisons made with some of the mainstream studies on white children's rehabilitation and discharge patterns have proved to be useful.

One of the salient findings of our research was that although there was greater contact between black children and parents, black children were in fact less likely to be placed Home on Trial or be discharged from care (as would be expected since parental links are a good indicator of a child's chances of rehabilitation) than white children. It was also found that the very reason for the black children's greater contact with their parents was the fact that they were placed in black foster families. Those black children placed in white families did not experience the same degree of contact as the ones placed in black families.

It cannot be said whether these findings are typical or different since there is no previous similar work to which they can be compared. The newness of our findings makes them unique and is in itself a contribution to this very important area of care careers of black children.

Chapter 10

A different reality - black and white child care careers

In this chapter, an attempt is made to integrate the major findings of this study. While discussing the whole care career process in the light of the similarities and differences found to exist between black and white groups, an analysis is made to conceptualise and contextualise the salient findings. The theoretical and practical issues are intertwined to provide a thorough examination of the care career process.

The focus of this thesis was to explore the care careers of black children. A review of the existing literature had indicated a very fragmentary picture of their situation. Areas which had received some attention were the actual representation of black children and their placement in institutional and family settings. The limitations of these studies have been discussed in chapter two.

10.1 Social services response

As a consequence of the issues highlighted on the situation of black children, concern at policy and practice level has been to combat the high proportions

of black children in the care system. However, this concern has only manifested itself in the disposal of such children, that is, by finding substitute families for them.

Research evidence in the 1960s and 70s indicated that black children were overrepresented in institutional care and were likely to spend longer periods in such establishments due to the difficulty of finding substitute families (Gale 1963, Barnardos 1966, Lambert 1970, Rowe and Lambert 1973, Pearce 1974, Cawson 1977). In recent years, the negative effects of transracially placed black children have also been voiced (ABSWAP 1983, Divine 1983, BIC 1984, Small 1984). The success of some of the campaigns to recruit black substitute families have proved that black children can be placed with black families (Cheetham 1982, Arnold and James 1988). Local authorities have channelled their efforts in this direction. The fact that black children are admitted into care at a disproportionate rate has received little attention. The preoccupation of previous research on the numbers of black children in institutional settings and the problems of finding substitute families for them has dominated the debate of black children and public care.

In the light of the fact that very little is known of the care careers of black children, it is argued that social services are ill-prepared to make plans for

these children. Also, it would appear that with a few exceptions, social services on the whole are still operating in a colour-blind fashion (CRE 1989). In 1985, an HMSO report summarised the findings of nine DHSS funded studies in a report entitled 'Social Work Decisions in Child Care'. These studies explored the various aspects of the care career process (Packman et al 1986; Millham et al 1986; Vernon and Fruin 1986; Fisher et al 1986; Rowe et al 1984; Sinclair 1984; Hilgendorf 1981; Adcock et al 1983; Stevenson and Smith). It is instructive to note that not one of these nine studies focused on the 'race' dimension. This is reflective of the way social services continue to operate within an assimilationist\integrationist framework.

10.2 Major findings

This study was designed to examine the significance of 'race' in the care careers of black and white children. By studying the processes involved in referral and admission, placement, and rehabilitation and discharge, an attempt was made to explore the usefulness of 'race' as a variable. Some of the major findings are listed below:

(1) Black children of all ages and both sexes were disproportionately represented in the care system in comparison to their proportion in the general child

population. Disproportional representation was found to exist in all four area offices in the borough of Wenford.

(2) The majority of the black children entered care under section 2 of the 1980 Child Care Act, that is, their legal status was voluntary. They were received into care following the consent of their parents.

(3) Black families and children were less likely to have received preventative help before admission into care.

(4) The police were more likely to refer black children than white children for reasons of delinquency.

(5) The health service were more likely to refer cases of black mothers than white mothers for reasons of mental health.

(6) While there were some similarities, black and white children entered care for different reasons. For example, black children entered care for reasons of socio-economic difficulties, family relationships, and mother's mental health, while white children entered care for parental neglect/inadequacy, failure to thrive, child abuse, delinquency, non-school attendance and child's behaviour. These differences in circumstances explain why the majority of black children entered care via the voluntary route, while

the majority of white children entered compulsory care.

(7) Black children were admitted into care much more quickly than white children after the initial referral.

(8) Although black children entered care on a voluntary basis, once in care, they were as likely as white children to be made subject to compulsory care. In fact, black children were much more likely to be made subject to a parental rights resolution than white children.

(9) Black children were much more likely to be placed with a foster family than white children.

(10) No differences were found between black and white children in the total number of placements.

(11) Black children were much more likely than white children to have regular contact with their natural parents.

(12) Black children placed in black foster families had a much higher chance of maintaining contact with their natural families. Those placed in white substitute families had little or no contact with their natural parents.

(13) Both black and white families and children had minimal social worker contact after admission into care.

(14) Although more black children left care as a result of either parents resuming care, or children attaining adulthood, they were less likely than white children to be placed Home on Trial.

10.1 The significance of 'race'

Our findings indicate that while there are some similarities, on the whole black and white children lead different paths in their care careers. Interviews with social workers, natural parents and children provided some explanations for these differences. Moreover, the effects of social work theory and its influence on social work practice, departmental policies and provision, and the political and ideological significance of 'race' were analysed to make sense of the situation.

While a recognition is made of the fact that most families coming to the social services receive a poor service, the negative treatment of black families and children at the hands of social services is particularly noticeable. Despite the existence of specific 'race' policies, such as 'same race placement', the department's profile as an anti-racist agency did not appear to be benefitting black families and children.

An examination of the role of state social work is important here. If we accept that social work as an agency operates to maintain hegemonic control, then working within an economistic and ideological framework, it is easy to conceptualise the situation of families and children. However, in the light of our findings which suggest that 'race' as a variable plays a crucial role in the way the state responds to the needs of individuals, we have to recognise the correlation between 'race' and hegemonic control. Here, an understanding of economic, political, and ideological discourse on 'race' is essential. A recognition is needed of the ways in which structures operate to issues of 'race', via institutional, individual and cultural racism culminating in discriminatory practices to the detriment of black people in this society.

Previous research has thrown some light on the the issue of disproportionate representation. However, while the numbers of black children in care have been expressed as a cause of concern, very little structural analysis is drawn about their disproportionate representation. Explanations such as family structures, values and beliefs, higher birth rate in the black community are not wholly satisfactory (Fitzherbert 1967, Foren and Batta 1970, McCulloch, Batta and Smith

1979, Boss and Homeshaw 1974). Other explanations such as the lower socio-economic position of black families go some way in exploring the situation (Pinder and Shaw 1975, Lambeth 1981). However, we need to move beyond the disadvantage and social class analysis. While recognising the limited powers of the social services, we need to examine the ways in which social services respond to problems of disadvantage.

In our examination of the social work case files and in our interviews with social workers and natural parents, it became apparent that less preventive work was likely to be done in the case of black families. This is an interesting finding in the light of the fact that the majority of the black children entered care via the voluntary route. Most families either presented themselves or they were referred by other agencies to the social services with problems which were surmountable. Social services were under a duty to ameliorate difficulties being faced by these parents to obviate the need to receive the child/ren into care.

Our examinations of the case files as well as interviews with families and social workers demonstrated the difference in social services response to black and white families. In the case of a black family where a six year old child was in care, the social work case file had the following note attached to the front cover:

Julie is presently saying she does not want anything to do with me - so hopefully she will not be in contact making any demands.

Julie demanded financial assistance, on my refusal she threatened:

(a) She will have to go out to steal and we will have to take her kids into care.

(b) She will bring her children down here if she's not given any money.

NO MONEY SHOULD BE GIVEN UNDER ANY CIRCUMSTANCES - SEND TO DHSS.

The above example illustrates the failure of one aspect of preventative work, that is, the provision of financial assistance under section 1 of 1980 Child Care Act. Other examples of preventative work could include assistance with housing, welfare benefits, family relationships encompassing various methods of social work from psychodynamics to behaviourism. We found that in the case of black families, very little work was done indeed. The professional ideologies of social workers led them to view problems of families in a individualistic and parochial manner. Black parents were perceived as anti-authority and hostile, and social workers found it difficult to work with them. This had disastrous consequences. Thus not only were preventative strategies less likely to be employed in the case of black families but the consequences of this were far reaching and affected other aspects of child care careers.

Disproportionate numbers of black children were admitted into care. Also, as is shown in chapter 7,

black children were more likely to be admitted into care sooner than white children. The following case illustrates the readiness of social services to take black children into voluntary care:

Case Study

David, a 16 year old West African boy presented himself to Wenford social services. He stated that his mother was in Nigeria, and his father had deceased. He had moved down from Manchester where he lived with his friends and was now homeless. The social services received him into care. He was placed with a black foster family. The social worker described him as 'a bright young lad who was studying for his A levels'. After about twelve months in care, it was discovered that the whole case had been a fiddle. The boy was not 16 but 21. He had lived in Wenford for some years and had his own flat. The police were said to be investigating the case.

The above example is atypical, but it does show that social services are extremely hasty in receiving black children in care. In chapter nine, we discussed the case of a white mother who had enormous difficulty in trying to persuade the social services to take her 16 year old son into care despite her pleas that he was violent towards her. The response of the social services was that she was his parent and guardian and

therefore responsible for him. The boy was finally admitted into care as a result of care proceedings initiated by the mother who was knowledgeable about the law having been a social worker herself. There is a sharp contrast in the response of the social services in these two cases. In the case of the black child, admission into care took place without any questions being asked. In the case of the white child, the social services were adamant not to pursue an admission. The white child was admitted into care not as a result of the social services efforts, but because the mother successfully managed to achieve her aim. In both cases, it could be argued that the social services were doing a disservice to the families. However, the point to be drawn is that social workers seem more likely to intervene in the case of black families resulting in the admission of black children into care.

In the light of the majority of black admissions into care, the concept which needs exploration is voluntary care. How voluntary is voluntary care? The term voluntary implies an element of choice. We know that black people as the victims of an institutional, individual and cultural racism are the most disadvantaged group in society (PEP 1967, Smith 1977, Brown 1984). The chances of them needing help and assistance in the areas of housing, employment, social security, and social services are therefore greater. It

is because of their poor circumstances that they would call upon the social services for help. The element of choice bears little relevance to the situation. Their deprivation and disadvantage forces them to seek the help of welfare agencies.

Social services in Britain are based upon the Christian values of helping those who help themselves. Problems are invariably viewed in an individualistic manner. There is little or no appreciation of the structures which create situations of disadvantage. In their failure to recognise and act upon the structural inequalities, social services add to such situations. The reluctance of British social work to engage in community work and action, and social work methods such as psychoanalysis, behaviour modification, and family therapy are all testimony to the social services' limited understanding of needs and problems. By defining problems in an individualistic and familial manner, the focus is limited to particular strategies.

Fitzherbert (1967) in her study of Afro-Caribbean children in Lewisham recommended that social services ought to employ 'tough casework' in their work with Afro-Caribbean families. The problem was located within the family, it was the family which put the children into care. There is little appreciation of the disadvantaged situation of the family which may lead it

to request help from the social services. Working within such a framework where it is the family which is seen as deviant there can be little hope for an understanding of the family's circumstances.

In the case of black families and children, ideas about the family structures, their values and belief patterns have become part of the racial discourse (Carby 1982, Lawrence 1981). Ideas about the ability and competence of such families to rear children are viewed in negative terms. Black families are viewed very much within the assimilation/integration framework. While one parent families are perceived as inadequate for the upbringing of children in general, black one parent families are seen as especially deviant. In these situations, care is sometimes seen as a better alternative, and the 'rescue mentality' of the social services is particularly noticeable.

In our study, we found that black children were not only likely to be admitted into care more quickly than white children in cases of socio-economic difficulties and family relationships, but also where allegations of child abuse had been made. Black cases of child abuse for example were less likely to be treated with an open mind than white cases. Social workers' views about the black families being more strict and disciplinarian led them to be unnecessarily cautious when dealing with black families. Social

services together with other agencies tended to adopt the 'rescue mentality' and as a consequence overreact in these situations. Black social workers argued that in some instances cases of 'mongolian blue spots' on black children were misdiagnosed as actual child physical abuse. In one such case, a black mother was charged with assault when it was argued that the 'right buttock had a much darker area of skin beneath the normal brown colouring'.

These situations had to some extent been heightened in the wake of two cases of black children killed at the hands of their parents and guardians (Jasmine Beckford 1985, Tyra Henry 1987). It has been argued that because of these tragedies, social services were being extremely cautious (Hildrew 1986). Neil Kay, director of social services for Sheffield argues that children were being taken into care or kept there unnecessarily because of anxiety in social services departments after the inquiry into the death of Jasmine Beckford. It is interesting to note that in the borough of Wenford such cautious behaviour and actions generally manifested themselves in the case of black families.

Our findings above suggest that the experiences of black children in care were not entirely negative, and it would be wrong to assert that they were. In chapter

eight, we learnt that black children were more likely than white children to be placed in substitute family placements. Moreover, black children were being placed in racially and culturally appropriate families. In the subsequent chapter (chapter 9), it was shown that while the majority of black children were more likely than white children to have better parental links, black children placed in black substitute family settings were particularly more likely to have better contact with their parents than those other black children placed in white substitute families.

It is important to analyse the role played by the social services towards these positive outcomes. With respect to the placement aspect of child care careers, the differences between black and white children were found to be as a direct result of social services policy, provision and practice.

Black children were found to have a better chance of being placed in a foster family. This finding is unique and contradicts previous general findings regarding the placement of black children (Rowe and Lambert 1973, Dale 1986). In the past, it has been found that black children are more likely to be placed in institutional care because of the difficulty of finding substitute families for them.

It would appear that the 'same race' placement policy adopted by the borough of Wenford was more than mere rhetoric. The policy was backed by sufficient resources which made it possible for black children to be placed with black families. The role of black workers in the introduction and implementation of this policy has been discussed in previous chapters (particularly chapter 6). It has to be noted that their contribution has been enormous in this area of work.

While on the whole, the outcome of the 'same race placement' policy has been positive, it is not without complications. The clear aims and objectives of the policy were not always matched by social work practice. For example, the situation of Mixed-Origin children was felt to be of particular concern to some social workers. These social workers were generally white but included some black social workers. Social work ideals such as client self-determination were expressed to be lacking in the 'same race' placement policy. It was argued that it was wrong to select a black family in each case. The views of the mother (who was invariably white), and the mixed origin child were said to be paramount. This has been discussed at length in chapter eight.

A high proportion of the black children were placed in black families. These placements were found to be successful. There were good relationships between

natural parents and children. Consequently, there were better links between children and natural parents. Parents were able to visit their children without restrictions which can sometimes be applied by foster parents. Children placed transracially were found to have fewer links with their natural parents. Thus the same situation was not in existence where white foster parents and black natural parents were concerned. It must be emphasised however, that better links between black parents and children were not as a result of the efforts made by social services, but due to the efforts made by parents and children themselves.

10.4 Transracial placements

Although black children were no longer placed in white substitute families, the plight of those black children placed in transracial settings prior to the introduction of the 'same race placement' policy has to be recognised. As was shown in chapter eight, a significant proportion of the black children were found to be placed in white families. These placements had occurred before the policy was introduced and it was considered not to be in the child's interests to move them after the implementation of the policy. The negative experiences of these children were noted from the case files. A few case study examples are given below to illustrate the experiences of such children.

One of the most disturbing cases was of a West African boy who had experienced a series of white foster placement breakdowns. He was now 18, and diagnosed as schizophrenic. His file stated that he 'finds it difficult to accept his racial/cultural origin'. The West African children were often given English names as substitutes to their African names, and the implications of this for the identity of these children were enormous.

In another case, of a 12 year old Afro-Caribbean boy, the review report read:

The child has accepted their values and identifies completely with them. He has no illusions of having turned, overnight, into a white man and jokes with them about the name 'chalky', and they laugh with him and call him a 'coon'.

Recent case file notes revealed that the child's behaviour became 'aggressive' towards foster parents. This resulted in the breakdown of that foster placement.

One Afro-Caribbean girl was placed with white foster parents in Hampshire. Several problems had been mentioned, and the child's relationship with the foster parents was said to be poor. In a letter to her social worker in 1985, the child wrote:

This sort of life was alright for me when I was younger because I deserved it.
I think that one of the happiest times of my life was

when I was at the Children's home. I would love to go back there, because I felt there were more of my kind there.

Please don't force me to stay here because I'm only fostered not adopted.

The above cases offer a glimpse of the plight of transracially placed black children. There is no comprehensive study to date which has explored their pain and anguish in an adequate manner. It would appear inevitable that the majority of these young children fostered or adopted by white couples in the early 1980s, that is, before the 'same race placement' policy came into being, will suffer the consequences in later years.

10.5 Residential homes

The borough of Wenford had by a policy decision closed down most of its children's homes. The homes which were in existence had undergone changes in recent years, in that, the needs of black children were being considered. The employment of black staff were seen as step towards the right direction.

It was interesting to note that whereas the importance of identity for Jewish children was a matter of concern, the same was not true in the case of black children. In the case of Jewish children, great attention was paid to their cultural and religious needs, for example, private Hebrew lessons were arranged and paid for by Wenford Social Services

Department.

The experiences of black children in institutional settings varied depending on the nature and location. Those children placed within the borough were able to have better links with their natural parents, relatives and the community compared to those placed in rural settings such as Norfolk and Suffolk. While the borough's homes had some black staff and catered for the needs of the black children to some extent, the homes in the rural settings were extremely eurocentric and alienating for the children. The implications of these placements were not fully understood by social workers.

10.6 Rehabilitation and discharge

We found that although the majority of black children entered care via the voluntary route, they were as likely as white children to be made subject to compulsory care. This, to some extent, jeopardised their chances of rehabilitation. However, we know that more white children entered compulsory care than black children, yet these white children had a much better chance of rehabilitation, in the form of home on trial. Also, although better links were maintained between black parents and children, this did not work in their interests.

The following examples of black and white children illustrate the differences in the response of the social services to the rehabilitation process.

Two white children, boy (age 8) and girl (age 7), brother and sister were admitted into care following allegations of sexual abuse. Stepfather, the perpetrator, was found guilty and sentenced to 3 years imprisonment. Both children had been in voluntary care once before. In 1983, after about 18 months in prison, the stepfather was released on parole. Five months later, in 1984, the two children were placed home on trial. A year later, the stepfather was again charged with unlawful sexual intercourse with the girl, and sent to prison for 4 years. Both of the children were again admitted into care. In 1987, the stepfather was released from prison. The social worker argued that the father had received group therapy and psychiatric help on several occasions in the last 6, 7 years. It seemed as if the children would again be returned home once more. Both children were in children's homes.

In the case of a West African family, the social worker argued that the parents were uninterested in having their children back. Consequently, the social worker made no attempts to rehabilitate the children. The social work file contained the following comment:

Mr and Mrs Ameke pretend to be interested in their children but their interest is far from being genuine. Melanie does not seem to be fond of her parents and would very rarely make any mention of them. Rehabilitation is out of the question.

The child was placed with white foster parents and was likely to remain there.

In the case of an Asian family, the children were received into care following a place of safety order, because the mother was found 'not to be discharging her parental duties'. That is, there was no food in the house, the mother was found to be drunk, and there was marital discord in the family. The social worker's pen picture of the mother read:

Mrs Ahmed is of Asian origin, small, brown eyes, dark medium length hair, sallow complexion, dirty in appearance, with slurred speech often incoherent.

In the case of this family, the father had remarried. The social services perceived his 27 year old new wife to be unsuitable to care for the children. It was argued that she "had no previous experience with children, and did not speak English". Also, although the father was described as having a fairly good relationship with the children, it was said that he saw his "role more as a material provider rather than a parent who could give emotionally too".

The above issues were discussed at the foster care panel, and it was decided that a substitute family be

found for the children. The children were placed with a white foster family. Rehabilitation was not considered, and the children remained in the care of the social services.

Cases such as the above occurred with a great deal of regularity that it was difficult to see them as isolated examples. The structures of social services were such that they allowed these decisions to be made in the case of black families and children. Such decision making occurred from the initial stage of referral to when plans were being considered for rehabilitation.

Another factor which has to be considered in the rehabilitation and discharge of children is their legal status while in care. As already mentioned above, although the majority of black children entered care via the voluntary route, they were as likely as white children to be made subject to compulsory care. In fact, black children were much more likely to be made subject to a parental rights resolution than white children.

We found that sometimes social workers pursued the compulsory care route for no other reason but to facilitate working with parents, that is, to gain their co-operation. In the case of black families, who were perceived to be difficult to work with this was

especially relevant. Children were often made wards of court (a legal route which is quicker and easier than a care order) in order to ensure the cooperation of parents.

In other situations, compulsory care was chosen because parents were deemed to be unfit. In the case of one black child who was voluntarily received into care because of poor housing and mother's ill-health, social services assumed rights and duties. It was argued that the mother had "consistently failed without reasonable cause to discharge the obligations of a parent". There appears to have been little understanding of the mother's situation.

In chapter nine, it was argued that social workers played a very apathetic role in planning for the children's future after the initial admission into care. They had very little contact with families and children, and did little to encourage contact between parents and their children. Thus children who left care either had reached the age of 18/19, or they were withdrawn from voluntary care by their parents. Social workers did not play an active role in these situations. Since there were only a handful of cases (including both black and white) where care orders were revoked, it could be said that those children whose legal status had become compulsory had virtually no chance of leaving care. While this applied to both

black and white children, it is poignant to point out that while white children could still hope to be placed Home on Trial, black children were not so lucky (see chapter 9).

10.7 Other agencies

The role played by other agencies in the referral of black families to the social services, and their influence in these situations was also examined in our study. We found that not all black cases came to be known to the social services as a result of families referring themselves. The police and the health service were the other major referral agencies. Our research shows that the police were much more likely to refer black youngsters for reasons of delinquency, while the health service were much more likely to refer cases of black mothers for reasons of mental health.

The situation of police referrals suggests that unless more black youngsters than white youngsters in the borough of Wenford were juvenile delinquents the police as an agency were operating a system of racial discrimination. In 1986, a report conducted in the juvenile justice system in Wenford documented that black youngsters were less likely to be cautioned than white youngsters and much more likely to receive custodial sentences. Evidence to support these claims has also been documented elsewhere (NACRO 1986, Taylor

1981, Walker 1988). It would appear that the black youngsters in our study were being treated discriminately by the police.

It is increasingly being highlighted that black people are very often misdiagnosed as suffering from mental illness (Burke 1986, Cox 1986, Fernando 1988, Littlewood and Lipsedge 1989). Either through cultural ignorance or racism on the part of the psychiatric profession, the black community is subjected to the incorrect diagnosis of mental illness. In our study we found that quite a significant proportion of black mothers were referred by the health service for reasons of mental health. More importantly, more black children were admitted into care where mother's mental health was a contributory factor than were originally referred. This would suggest that unless the mother's mental health later come to light, there were other factors at work.

10.8 The role of the black worker

We showed in chapter six that the borough of Wenford had made special efforts to recruit black staff. Each area office had a presence of black social workers. The tensions which existed between black and white workers were outlined. Here, we explore the impact made by black social workers in their own and in their colleagues' work.

We know that black workers were concentrated in low grades, and therefore could not make an appreciable difference (see Appendix E for ethnic composition of staff in all four area offices). Black social workers were all too aware of their predicament. They knew that they had very little power to effect any change. For example, if a place of safety order was being taken in the case of a black family, they had to go along with that decision, and could not reverse the situation. Such an approach is very much in the tradition of the conflict model of social work mentioned in chapter five. It has been argued in the social work literature that unless social workers begin the process of understanding the many contradictions of the state, they will be nothing more than agents of the state (Bailey and Brake 1975, Corrigan and Leonard 1978, Statham 1978). In our study of Wenford we found very little evidence to argue against this view. It has to be pointed out that most black social workers were very aware and felt guilty when taking decisions in the interests of the state.

Black workers felt under pressure to work within the eurocentric 'professional' paradigm. They maintained that their advocacy in the case of a black client was interpreted by white colleagues and senior staff as unprofessional. They were accused of 'over-

identifying' with the black clients. Being told to maintain a professional distance and avoid becoming emotionally involved were not uncommon isolated incidents for the black workers.

Some black workers very clearly acted as agents for their department in an extremely bureaucratic manner. They stated that their knowledge of the black community placed them in a better position. They understood the black community, and knew when someone was being deceitful. One black social worker argued that there were no pressures from within the department, but from the black community:

Black clients' excuses won't wash with me. I know their network, their community because I am black.

Social workers such as the above were in the minority. But their influence upon their white colleagues and in their own practice cannot be underestimated. There were black parents who felt totally dissatisfied with the social services response to their situation. They argued that it did not make any difference if a worker was black or white. Others saw the black worker such as the above as a renegade.

The role played by some black workers can be seen in a positive way within the consensus framework. These workers were clearly serving a useful purpose to the benefit of the black community. Despite their

unsupportive environment, and feelings of powerlessness, these workers did make an impact in their work. They were able to form better relationships with their clients because they felt that they could empathise with their situation better. In terms of their work with black families and children, black workers were able to employ preventative strategies to prevent the admission of black children into care. Moreover, they were able to foster better links between parents and children and thus pursue programmes of rehabilitation and discharge.

10.9 Summary and conclusion

Our findings show that black and white children experience a different reality in the care system. The differences exist not only at the stage of referral and admission, but continue throughout the care career process. This suggests that we cannot simply explain the situation in terms of the disadvantaged position of black families. Black and white children go through a qualitatively different experience because of the way social services respond to their needs and problems.

Chapter 11

Conclusions

This study has been concerned with the care careers of black children. This has been done by an empirical examination of the processes involved in care career patterns, and by examining the accounts and explanations offered by social work professionals, and families and children. The study set out to test the major hypothesis of the significance of 'race' as a factor in the treatment of children in the public care system.

The basic questions explored were:

(a) What circumstances lead to black children entering care?

(b) What are the differences between black and white children's circumstances at the initial stage of referral and admission, at the stage of placement, and when rehabilitation plans are considered?

(c) What is the significance of 'race' and 'racism' in these differences?

(d) In what ways do professional ideologies contribute towards these differences?

The study has explored the ways in which the care careers of black and white children differ from each other. By developing upon the shortcomings of previous research, it has been possible to shed light on areas which were little known about. This chapter emphasises the findings of this study. While illustrating the newness and freshness of the research, an attempt is made to point to the limitations of the study and indicate where future research could place its efforts.

The study began by developing upon the themes already highlighted by previous research. It was particularly concerned about the gaps in existing research, and the ways in which a useful contribution could be made. The most recent mainstream studies funded by the DHSS had concentrated their efforts on certain aspects of child care careers in order to understand the totality of the situation (Packman et al 1986; Millham et al 1986; Vernon and Fruin 1986; Fisher et al 1986; Rowe et al 1984; Sinclair 1984; Hilgendorf 1981; Adcock et al 1983; Stevenson and Smith). Unfortunately, these studies had omitted the race dimension from their work. Britain is a society where there are deep divisions created by forms of discrimination along the lines of race, gender and class. The mainstream studies in their serious omission of the race dimension were unhelpful in understanding the situation of black children.

In the Wenford study, an attempt was made to develop a broad structural framework rejecting purely phenomenological, and class based structural perspectives, preferring to root the complex articulation of race and class structures in an historical analysis of racism in Britain as a set of economic, political and ideological practice. The study also attempted to explore the ways in which social work professionals assist in the reproduction of racism.

Previous race related research on black children has preoccupied itself with numbers of black children and their placement in institutional and family settings. While wishing to shed new light on these matters, the study accepted the task of examining the whole care career process.

This study, conducted in one Local Authority Social Services Department, observed a total of 564 black and white children. These children were found to be in the care of Wenford social services at the time of our study in 1987. As well as examining the whole situation of these children, a sub-group consisting of 80 children was selected. The latter comprised children who had been admitted into care in the previous three to six months. In the case of these children, principal individuals related to the care process (social

workers, natural parents and children) were interviewed. A follow-up survey was carried out six months after the initial inquiry on both the cohort and the sub-group.

The study demonstrated that black children were severely disproportionately represented in the care system. This finding confirmed previous research and was able to state with a great deal of authority and validity that black children of the three age groups devised in our study (under fives, 6-12 year olds, and adolescents) and of both sexes were overrepresented in care. It was found that while there were lower proportions of black children than white in institutional settings, black children were in fact overrepresented in care as a whole.

The lower proportions of black children in institutional care actually refutes previous studies which have claimed that black children are concentrated in these settings (NCH 1954, Gale 1963, Barnardos 1966, Lambert 1970, Rowe and Lambert 1973, Pearce 1974, Cawson 1977). Despite the different methodological focus of these and our own study, it is clear that black children did not languish in institutional care in the borough of Wensford. The higher proportion of black children than white in foster family settings is evidence to this.

In our study, we found that black children were admitted into care alarmingly more quickly than white children. This was a disturbing finding when placed in the context of reasons for referral and admission. For example, white children were more likely to be admitted in crisis situations where the major reasons for their referral were parental neglect/inadequacy, and child abuse. Black children on the other hand were more often referred and admitted for socio-economic difficulties, and family relationships. Yet our study found that it was black children rather than white who were admitted into care more quickly.

There was less preventive work done with black families. While greater efforts were made not to admit white children into care, the same was not true for black families. Social workers' negative perceptions of black families led them to develop a 'rescue mentality' which came into force very quickly when dealing with black families. Social workers' image of black parents as 'hostile and uncooperative' prevented them from working effectively with black families. This played a part not only at the initial stage of admission but was very much in operation in the later stages.

Black children were less likely to be rehabilitated than white children. This finding is odd

in the light of the fact that it was black parents and children who maintained better links with each other. One of the recent mainstream studies has indicated that good parental links are the best indicator of a child's rehabilitation chances (Millham et al 1986). We found that while this may be true for white children, it was not the case for black children. It would appear that the legal status of many black children was voluntary, therefore their return home would not be seen as rehabilitation (Home on Trial), but discharge from care. So it could be argued that since the legal status of black children was on the whole voluntary, we cannot talk about them being rehabilitated in the same way as white children. However, we know that many black children experienced a change in their legal status from voluntary to compulsory. These children therefore could have been placed Home on Trial. Also, since good parental links are an indication that children can be rehabilitated home, in the case of black children in voluntary care this should have meant the discharge of greater numbers of black children from care.

We found that since rehabilitation was less likely to happen in the case of black children, discharge from voluntary care was also less likely. The 'rescue mentality' of the social workers which resulted in the initial admission into care was very much in existence

in the later stages. This meant that black children were less likely to be discharged from voluntary or statutory care.

Our research was able to establish the similarities and differences between black and white families and children. We found that black children and families underwent a qualitatively different and inferior experience in their dealings with the social services. We have attempted to explain the situation of black families by examining social work policy, theory and practice, and provision. It is hoped that the study will not only contribute to our understanding of child care careers of black children, but will also facilitate a more socially reflective stance to the pragmatic and policy issues of state social work.

While highlighting the many areas of black child care careers, our research has shown that more work needs to be done if we are to truly understand the situation. For example, our study focused upon children who had already been admitted into care. Thus we were not able to examine situations where black children were referred to the social services but not admitted into care. This aspect of black families contact with the social services needs to be explored. Also, while our research provided empirical information on the placement patterns of black children, we were not able

to adequately investigate the qualitative experience of black children in institutional and family settings. The numbers in our sub-group were too small to make valid generalisations. Research is needed in this area which would focus upon these aspects of black children's experiences. Finally, with respect to rehabilitation and discharge from care, there is a need for longitudinal study to be conducted in this area.

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Appendix A

Questionnaires - Social Workers, Parents and Children.

Centre for Research in Ethnic Relations

University of Warwick

Children Admitted into Local Authority Care

(Social Worker Questionnaire)

Interviews with social workers were semi-structured, and focused on the following points:

Nature of problem since first referral

Nature of social work intervention since first referral

Nature of problem since social worker's own involvement

Nature of support given to family since own involvement

Reasons for admission into care

Child's relationship with natural parents

Parents' feelings upon admission into care

Major decision makers

Preventative social work strategies

Child Care Policy

Nature of social work intervention since admission into care with natural family/child

Child's relationship with parents now

Natural parents' occupation, housing, etc

Future short-term/long-term plans for the child

Effect of separation on child

General questions - social worker's qualifications, length of employment, views on departmental stance regarding anti-racist work

The following questionnaire provided the basis for the interview with social workers, and was not adhered to religiously.

How long has this particular family been known to the Social Services Department?

What has been the nature of social services involvement over the years?

At what stage did you become involved with this family? What was the nature of your involvement?

In your view, what circumstances actually led to the child being admitted into care?

What kind of relationship did the child have prior to coming into care?

How did the parents feel when the child was admitted into care?

With regard to this particular child, who were the major decision makers in the process of admission?

Were there any pre-admission conferences/meetings to discuss the admission into care?

Would you say that admission into care for this child was absolutely necessary, and that a preventative strategy of whatever kind would have been ineffective?

Could you briefly outline the type of preventive undertaken? Were there any problems in terms of the availability of adequate/appropriate resources?

It appears that your department has experienced a major boost in its section 1 budget. Do you think this particular resource has helped to keep children out of care, and with their families?

With regard to this case, what do you feel would have happened if this child had not been admitted into care? How would things have been different?

Regarding the placement of children who are admitted into care, who are the major decision makers, that is, who has the ultimate say about where a child is placed?

With regard to the child in question, could you comment on the circumstances resulting in the current placement? Were there any difficulties encountered?

On the whole, would you say that this placement is appropriate for the needs of this child? If not, what type of placement would have been more suitable?

What is the child care policy in your department regarding child care careers?

Would you say that the nature/type of social work involvement surrounding the child care career process is governed by departmental policies, or would you say that there is considerable room for manoeuvre, and that social workers as professionals can exercise discretion?

Since the admission into care of this child, what has been the nature of your involvement with:

(a) the child

(b) the natural family

What kind of relationship does the child have now with its parents and siblings?

What is the nature of contact between the child and its natural parents?

What are your future plans for this child, both in the short-term, and in the long-term?

Given help, are the natural parents likely to be able to care for the child and meet its needs?

What effect has separation from its parents had on the child?

General questions:

Are you professionally qualified?

What qualifications do you hold?

How long have you worked for Wenford? What did you do before?

What do you think of Wenford's stance on multi-racial, anti-racist work?

What are your feelings about the equal opportunities policies, particularly regarding the recruitment of staff?

What are your views on racism awareness training?

As a black/white social worker, do you feel any added pressures either from within the department, or from the community?

10. Type of Accommodation

11. How long have you/your family been known to the social services?

12. What kind of help have you received over the years?

13. What led up to your child/ren being admitted into care?

14. Have they ever been in care before?

15. What efforts did you and your social worker make to prevent their admission into care?

16. How much contact have you had with the child/ren since their admission into care?

17. How much contact have you had with your social worker since your child/ren's admission into care?

18. What efforts have you made to maintain contact with your child/ren and your social worker?

19. How much say have you had in the planning of your children's future?

20. Are you happy with your child's placement?
If not, where would you like to see him/her placed?

21. Since your child's admission into care, has your child visited you at home?

22. Has there been any sort of rehabilitation plan in operation?

23. Do you feel that the difficulties/circumstances which led to your child's admission into care still exist, or have they been resolved?

24. How do you envisage the future of your child?

Centre for Research in Ethnic Relations
University of Warwick
Children Admitted into Local Authority Care
(Children Questionnaire)

1. Name
2. Ethnic Origin
3. Age
4. Number of Siblings
5. How long have you been in care?
6. What were the reasons for your admission into care?
7. Could you describe to me what happened on the day you were admitted into care?
8. How did you feel about being away from your parents?
9. What was your initial placement like?
10. How many different placements have you had since you were first admitted into care?
11. How much influence did you have in the choice of your placement/s?
12. Are you satisfied with your current placement?
13. How much contact do you have with your family?
14. How much contact do you have with your social worker?
15. How do you see your future?

Appendix B

Questionnaires - Cohort Study

CENTRE FOR RESEARCH IN ETHNIC RELATIONS

UNIVERSITY OF WARWICK

CHILDREN ADMITTED INTO LOCAL AUTHORITY CARE

1.	Serial Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	(1-5)
2.	Area Office	<input type="text"/>					(6)
3.	Gender		Male	1			(7)
			Female	2			
4.	Ethnic Origin		White Indigenous	1			(8)
			White European	2			
			Afro-Caribbean	3			
			Asian	4			
			Mixed-Parentage(.....)	5			
			Other(.....)	6			
			No information	9			
5.	Religion		C of E	1			(9)
			Roman Catholic	2			
			Pentecostal/Baptist/Free Church	3			
			Sikh	4			
			Hindu	5			
			Muslim	6			
			Rastafarian	7			
			Other(.....)	8			
			No information	9			

(2)

6.

Age

--	--

(10-11)

7.

Place of birth

British Isles

1

(12)

West Indies

2

Indian Sub-Continent

3

Elsewhere(.....)

4

No information

9

8.

Age at entry to Britain(if not born in Britain)

(13-14)

--	--

No information

99

Not applicable

88

PRESENT ADMISSION INTO CARE

9.

Date of Referral

--	--	--	--	--	--

(15-20)

10.

Type of Referral

New Referral

1

(21)

Re-Referral

2

On-going Case

3

No information

9

11.

Length of involvement with family(i.e.Date of 1st referral)

(22-27)

--	--	--	--	--	--

12.	Referral Agency	Police	01	(28-29)
		School	02	
		H.V.	03	
		G.P.	04	
		Hospital	05	
		Child Guidance	06	
		Voluntary Agency	07	
		Parents	08	
		Self	09	
		Other(.....)	10	
		No information	99	

13.	Presenting problem:Reason for Referral		Y	N	DK	
	Family Relationships	1	2	3	(30)	
	Financial/Material Circumstances	1	2	3	(31)	
	Parental Neglect/Inadequacy	1	2	3	(32)	
	Failure to thrive/Medical health/Handicap	1	2	3	(33)	
	Mother's Mental Health	1	2	3	(34)	
	Mother's ill-health	1	2	3	(35)	
	Homelessness/Housing	1	2	3	(36)	
	Suspected Child abuse	1	2	3	(37)	
	Suspected Child Sexual abuse	1	2	3	(38)	
	Delinquency	1	2	3	(39)	
	Non-School attendance	1	2	3	(40)	
	Child's behaviour	1	2	3	(41)	
	Other(.....)	1	2	3	(42)	

14.	Nature of preventive work done.	Y	N	DK	
	Financial help under sec.1	1	2	3	(43)
	Accommodation Assistance	1	2	3	(44)
	Welfare Advice/Advocacy	1	2	3	(45)
	Close Monitoring/Supervision	1	2	3	(46)
	Counselling/Groupwork	1	2	3	(47)
	Use of Kin/Neighbourhood networks	1	2	3	(48)
	Other(.....)	1	2	3	(49)

15.	Date of Reception into Care	(50-55)
	<input type="text"/>	

16.	Reason for Reception into Care	Y	N	DK	
	Family Relationships	1	2	3	(56)
	Financial/Material Circumstances	1	2	3	(57)
	Parental Neglect/Inadequacy	1	2	3	(58)
	Failure to thrive/Medical health/Handicap	1	2	3	(59)
	Mother's Mental Health	1	2	3	(60)
	Mother's ill-health	1	2	3	(61)
	Homelessness/Housing	1	2	3	(62)
	Suspected Child abuse	1	2	3	(63)
	Suspected Child Sexual abuse	1	2	3	(64)
	Delinquency	1	2	3	(65)
	Non-School attendance	1	2	3	(66)
	Child's behaviour	1	2	3	(67)
	Other(.....)	1	2	3	(68)

17.	With whom did the child live prior to admission into care.	(69)
	Both Natural Parents	1
	Mother and Stepfather/Cohabitee	2
	Father and Stepmother/Cohabitee	3
	Mother Alone	4
	Father Alone	5
	Other Relative(.....)	6
	Other(.....)	7
	No information	9

18.	Legal Status on admission into care.	(70-71)
	Sec.1 1948CA/Sec.2 1980 CCA	01
	Place of Safety Order	02
	Interim Care Order	03
	On Remand	04
	Care Order(CYPA 1969) S.1.2(a)	05
	(b)	06
	(bb)	07
	(c)	08
	(d)	09
	(e)	10
	(f)	11
	S.7.7	12
	Care Order under Matrimonial Causes/Proceedings/Family Law Reform/Guardianship Acts	13
	Other(.....)	14
	No information	99

19. Serial Number

				2
--	--	--	--	---

 (1-5)

20. Status Change in care. (6-7)

Same 01

Assumption of parental rights 02

Care Order (CYPA 1969) S.1.2(a) 03

(b) 04

(bb) 05

(c) 06

(d) 07

(e) 08

(f) 09

S.7.7 10

Care Order under Matrimonial Causes/Proceedings/Family Law Reform/Guardianship Acts 11

Other(.....) 12

No information 99

21. Date of Status Change (8-13)

--	--	--	--	--	--

No information 99

Not applicable 88

22. Total Number of POSOs/ICOs (14-15)

--	--

 No info. 99

Not applicable 88

23. Is the Child on the NAI register (16)

Yes 1

No 2

No information 9

24. Number of Previous care episodes under:

Voluntary Care

(17)

Care Order

(18)

POSO

(19)

ICO

(20)

Remand

(21)

Other(.....)

(22)

25. Placement History:

(23)

(24)

Placement

Now

On Admission

Total

Foster Family

1

1

(25)

O & A Centre

2

2

(26)

Children's Home

3

3

(27)

CHE

4

4

(28)

Residential Nursery

5

5

(29)

Hospital

6

6

(30)

Home on Trial

7

7

(31)

Relative

8

8

(32)

Other

9

9

(33)

26. Ethnic Origin of Foster Family

(34)

White Indigenous

1

White European

2

Afro-Caribbean

3

Asian

4

Mixed-Parentage(.....)

5

Other(.....)

6

No information

9

Not applicable

8

27.	Parental Contact		(35-36)
		Frequent	01
		Infrequent	02
		None	03
		No information	99
		Not applicable	88
28.	Has rehabilitation ever been attempted		(37)
		Yes	1
		No	2
		No information	9
29.	Is/was a Guardian-ad-litum ever involved in the case.		(38)
		Yes	1
		No	2
		No information	9
30.	Total Number of Siblings	<input type="text"/>	(39-40)
		NO information	99
31.	Number of Siblings in care(Currently)	<input type="text"/>	(41-42)
		No information	99
		Not applicable	88
32.	Number of Siblings in care(Previously)	<input type="text"/>	(43-44)
		No information	99
		Not applicable	88

33. Mother:

(a) Relationship to Child

(45)

- Natural 1
- Step 2
- Adoptive 3
- Deceased 4
- Elsewhere 5
- No information 9

(b) Ethnic Origin

(46)

- White Indigenous 1
- White European 2
- Afro-Caribbean 3
- Asian 4
- Mixed-Parentage(.....) 5
- Other(.....) 6
- No information 9

(c) Religion

(47)

- C of E 1
- Roman Catholic 2
- Pentecostal/Baptist/Free Church 3
- Sikh 4
- Hindu 5
- Muslim 6
- Rastafarian 7
- Other(.....) 8
- No information 9

(d)	Age	<div style="border: 1px solid black; width: 100px; height: 40px; display: flex; justify-content: space-between;"> </div>	(48-49)
		No information	99
(e)	Employment Status		(50)
		Housewife	1
		Housewife seeking work	2
		Employee	3
		Self-employed	4
		Home Worker	5
		No information	9
(f)	Occupational Category		(51)
		Professional/Managerial	11
		Higher White/Collar(technical, Semi-Professional, Nurse, etc.	2
		Lower White/Collar(Clerical, Secretarial, Sales, etc.	3
		Skilled Manual	4
		Semi-Skilled Manual	5
		Unskilled Manual	6
		No information	9
(g)	Marital Status		(52)
		Married	1
		Divorced	2
		Separated	3
		Widowed	4
		Unmarried(Single)	5
		Unmarried(Cohabiting)	6

(h)	Place of birth		(53)
		British Isles	1
		West Indies	2
		Indian Sub-Continent	3
		Elsewhere(.....)	4
		No information	9

(i)	Length of residence in Britain		(54-55)		
		<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
		No information	99		
		Not applicable	88		

(34)	<u>Father:</u>		
(a)	Relationship to Child		(56)
		Natural	1
		Step	2
		Adoptive	3
		Deceased	4
		Elsewhere	5
		No information	9

(b)	Ethnic Origin		(57)
		White Indigenous	1
		White European	2
		Afro-Caribbean	3
		Asian	4
		Mixed-Parentage(.....)	5
		Other(.....)	6
		No information	9

(c)	Religion		(58)
		C of E	1
		Roman Catholic	2
		Pentecostal/Baptist/Free Church	3
		Sikh	4
		Hindu	5
		Muslim	6
		Rastafarian	7
		Other(.....)	8
		No information	9
(d)	Age		(59-60)
		<input type="text"/>	
		NO information	99
(e)	Employment Status		(61)
		Employee	1
		Self-employed	2
		Unemployed	3
		No information	9
(f)	Occupational Category		(62)
		Professional/Managerial	1
		Higher White/Collar(technical, Semi-Professional,Nurse,etc.	2
		Lower White/Collar(Clerical, Secretarial,Sales,etc.	3
		Skilled Manual	4
		Semi-Skilled Manual	5
		Unskilled Manual	6
		No information	9

(g) Marital Status

(63)

Married	1
Divorced	2
Separated	3
Widowed	4
Unmarried(Single)	5
Unmarried(Cohabiting)	6
No information	9

(h) Place of birth

(64)

British Isles	1
West Indies	2
Indian Sub-Continent	3
Elsewhere(.....)	4
No information	9

(i) Length of residence in Britain

(65-66)

<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
No information	99		
Not applicable	88		

35.	Type of Family		(67)
	One Parent(Mother Alone)	1	
	One Parent(Father Alone)	2	
	Nuclear	3	
	Extended Family residing within the same household	4	
	Other(.....)	5	
	No information	9	
36.	Type of Housing		(68)
	Terraced House	1	
	Semi-detached House	2	
	Detached House	3	
	Maisonette	4	
	Purpose built flat	5	
	Converted flat	6	
	Highrise flat	7	
	No information	9	
37.	Tenure		(69)
	Owner Occupied	1	
	Joint Ownership	2	
	Local Authority	3	
	Housing Association	4	
	Private	5	
	No information	9	
38.	Ethnic Origin of Social Worker		(70)

CHILDREN ADMITTED INTO LOCAL AUTHORITY CARE.

(Summary card - not for computer use.)

(1) Serial Number

--	--	--	--	--

(2) Area Office

--

(3) Name of Social Worker

.....

(4) Ethnic Origin of Social Worker

.....

(5) Name of Child

.....

(6) Legal Status

.....

(7) Present Placement

.....

(8) Age

.....

(9) Date of RIC

.....

Any Other Information

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CHILDREN ADMITTED INTO LOCAL AUTHORITY CARE

(FOLLOW-UP SURVEY)

1. Serial Number

				3
--	--	--	--	---

 (1-5)
2. Area Office

--

 (6)
3. Is the Child still in care? Yes 1 (7)
No 2
4. Date Care Episode Terminated

--	--	--	--	--	--

 (8-13)
5. Type of Termination (14)
- | | |
|-----------------|---|
| Adoption | 1 |
| Child now 18/19 | 2 |
| C O Discharged | 3 |
| R&d Rescinded | 4 |
| Other | 5 |
| Not Applicable | 8 |
| No Information | 9 |
6. If no longer in care, Where is Child now living? (15)
- | | |
|----------------|---|
| With Family | 1 |
| Own Place | 2 |
| Other | 3 |
| Not Applicable | 8 |
| No Information | 9 |

7.	Placement History	(16)	(17)		
	<u>Placement</u>	<u>Now</u>	<u>Then</u>	<u>Total</u>	
	Foster Family	1	1		(18)
	O & A Centre	2	2		(19)
	Children's Home	3	3		(20)
	CHE	4	4		(21)
	Residential Nursery	5	5		(22)
	Hospital	6	6		(23)
	HOT	7	7		(24)
	Relative	8	8		(25)
	Other	9	9		(26)

8.	Ethnic Origin of Foster Family (or Adoptive Family if adopted)		(27)
	White Indigenous	1	
	White European	2	
	Afro-Carribean	3	
	Asian	4	
	Mixed-Parentage	5	
	Other	6	
	West African	7	
	Not Applicable	8	
	No Information	9	

9.	Legal Status Now		(28-29)
	Same	01	
	Assumption of Parental Rights	02	
	Care Order(CYPA 1969)S.1.2.(a)	03	
		(b)	04
		(bb)	05
		(c)	06
		(d)	07
		(e)	08
		(f)	09
	S.7.7.	10	

Care Order under Matrimonial causes/Proceedings/Family Law Reform/Guardianship acts. 11
Other 12
Ward of Court 14
No Information 99

10. Date Of Status Change

--	--	--	--	--	--	--

(30-35)

11. Parental Contact

(36)

Frequent 1
Infrequent 2
None 3
Not Applicable 8
No Information 9

12. Social Work Intervention/Contact with Natural Family

(37)

Frequent 1
Infrequent 2
None 3
Not Applicable 8
No Information 9

13. Change of Social Worker

YES 1 (38)

NO 2

14. Ethnic Origin of new Social Worker

(39)

Appendix C

DHSS Statistics for children in care, 1977 - 1983

(1)
TABLE 1. NUMBERS OF CHILDREN ADMITTED TO THE CARE OF LOCAL AUTHORITIES BY REASON FOR ENTERING CARE
ENGLAND 1977 - 1983

Commentary: Excepting the year ended 31 March 1980, the numbers of children admitted to the care of local authorities have been falling since 1977, both in absolute terms and when expressed as a rate per capita. During this period about two thirds of all children admitted to care were received into care under Section 2 of the Child Care Act 1980. Of those children committed to care by order of the courts, the number of children committed to care because of an offence has been falling, both absolutely and as a proportion of the total.

REASON FOR ENTERING CARE	NUMBERS OF CHILDREN ADMITTED TO CARE						
	During year ended 31 March:-						
	1977	1978	1979	1980	1981	1982	1983
<u>Received into care under Section 2 of the Child Care Act 1980 (2)</u>							
Short term illness of parent or guardian	8995	8049	7088	6971	6290	6111	5136
Long term illness or incapacity of parent or guardian	680	712	541	528	503	484	363
Confinement of mother	1486	1242	1242	1217	1107	1001	1023
Family homeless	949	559	421	529	471	378	317
Parents are dead/no guardian	198	189	200	203	153	150	144
Abandoned or lost	998	930	635	778	615	602	539
Death of parent	601	594	510	453	375	358	309
Deserted by parent	4364	3616	2911	2950	2643	2237	1872
Parent or guardian in prison or remanded to custody	791	707	640	653	652	645	543
Unsatisfactory home conditions	4613	4509	4523	4518	4196	4208	4374
Other reasons	5488	5389	5646	6607	6803	6618	6363
SUB-TOTAL	29363	26496	24357	25407	23808	22792	20983
(Percentage to total)	(66.5%)	(64.7%)	(64.6%)	(63.7%)	(63.3%)	(63.4%)	(64.9%)
<u>Committed into care by order of the courts</u>							
On remand or committed for trial/sentence or detained in care	2062	2452	2082	2477	2712	2788	2290
Subject to an interim care order	1883	1980	1999	2275	2156	2165	2174
<u>Committed by care orders made under the Children and Young Persons Act 1969</u>							
under Section : 1(2)(a)	2615	2327	2165	2385	2145	2008	1855
: 1(2)(b)	277	236	238	318	240	258	196
: 3(2)(bb)	40	38	29	32	43	50	25
: 1(2)(c)	331	243	277	251	226	224	144
: 1(2)(d)	736	615	666	805	784	743	629
: 1(2)(e)	1256	1146	1187	1145	1034	862	751
: 1(2)(f)/7(7)	4218	4178	3470	3364	3020	2644	2073
: 15(1)	537	425	433	471	476	399	311
: 25(1)/26(2)	8	10	9	12	13	9	5
SUB-TOTAL	10020	9219	8474	8783	7981	7197	5990
<u>Committed by care orders made under other Acts</u>							
Section 43(1) of the Matrimonial Causes Act 1973	503	448	524	605	527	529	400
Section 10(1) of the Domestic Proceedings and Magistrates Courts Act 1978(3)	67	54	44	32	29	15	25
Section 7(2) of the Family Law Reform Act 1969	59	87	82	111	137	176	197
Section 2(2)(b) of the Guardianship Act 1973	47	96	66	88	85	103	118
Section 17(1)(b) of the Children Act 1975	3	9	3	2	2	2	2
Others	127	90	93	111	152	184	162
GRAND TOTAL	44134	40931	37724	39891	37589	35951	32331
(Rate per 1000 population under 18)	3.5	3.3	3.1	3.3	3.1	3.0	2.8

(1) Includes estimates for those authorities who were not able to return any data.
(2) Or previously under Section I of the Children Act 1948.
(3) Or previously under the Matrimonial Proceedings (Magistrates Courts) Act 1960.

Source: DHSS (1983) Children in Care of Local Authorities, Year ending 31st March 1983, England, A/F.83/12, London: DHSS

Appendix D

Legal Routes into care, A Flow Chart.

Children in care

WHEN THE PARENTS CAN'T COPE
because of temporary difficulties, such as illness or bad housing. Or if the child has been lost or abandoned (although a Place of Safety Order might be a more suitable alternative).

The local authority must receive a child into care if s/he
- has no parents or guardian
- has been abandoned
- is lost
- can't be looked after by the parents
- because of homelessness, sickness, etc.
The local authority will also want to be sure that its intervention is necessary in the interests of the child's welfare (s.2 Child Care Act 1980). This is voluntary care and cannot be done against parents' wishes.

Taking the child out of care: the parents can demand the child back at any time, unless it has been in care for 6 months. If so, they must give at least 28 days' notice.

Making the arrangement permanent: the local authority can take over the parental rights by passing a resolution (s.3 Child Care Act 1980), but only if:
- the parents are dead and there is no guardian, or
- the parents or guardian have a permanent disability, or
- the parents or guardian lead an unsatisfactory way of life or have been irresponsible, or
- the child has been abandoned, or
- the parents or guardian have mental disability and can't cope, or
- the child has been in care for three years or more.

Do the parents object?
yes
Parents can object within 28 days.

Juvenile court decides. There is no appeal. Local authority must apply to juvenile court within 14 days of parents' objection.

Local authority assumes parental rights.

WHEN THE CHILD IS IN DANGER
Emergency powers allow the child to be put in a 'place of safety' (e.g. police station, community home, hospital); for instance, if it has violent or neglectful parents.

Local authority, police, or NSPCC can apply to a magistrate or to the juvenile court for a *place of safety* order. Usually this will last for 8 days, but it can be for up to 28 days. (Children and Young Persons Acts 1939 and 1969). The magistrate must be satisfied that:
- the child's development (or that of a brother or sister) is being impaired, or
- the child is exposed to moral danger, or
- the child is beyond control, or
- the child is not receiving a full-time education, or
- the child has committed an offence. But he need not decide that the child is in need of care and control.

Making the arrangement permanent: for the local authority to take over the parental rights a care order must be made. Do the parents object to a care order being made?

no
Parents don't object
Child can be taken into care under s.2, Child Care Act 1980.

yes
Parents do object
Apply for child to be taken into care under Children and Young Persons Act 1969.

Getting the child out of care:
1. The local authority must review the position at least once every 6 months. If the authority decides that it is in the interests of the child that the care ends, it can apply to the court.
2. Application can be made to the juvenile court for the care order to be ended as not being in the child's interest.

TROUBLESOME CHILDREN
When the child has committed an offence or is otherwise in need of care and control - for instance, he plays truant. (Children and Young Persons Act 1969).

Has s/he been prosecuted and convicted for an offence?

no
Local authority, police or NSPCC can apply to juvenile court for a care order to be made. This will only be made if the child is in need of care and control, and:
- his development, or that of a brother or sister, is being impaired, or
- he is exposed to moral danger, or
- he is beyond control, or
- he is not receiving a full-time education, or
- he has committed an offence.

The juvenile court can order that the child be put into the care of the local authority; sometimes an interim care order is made.

Decision can be appealed to the crown court.

Local authority assumes parental rights.

Source: *The Penguin Guide to the Law*, by John Fitchard (1986), 2nd ed, 136-137, London: Penguin 137

Appendix E

Staff Composition in Wenford's Four Area Offices.

Area 1

Area Manager:	White (female)
Principal Social Worker:	White (male)
Administrative Officer:	White (female)
Team Leaders:	Three Whites (1 male, 2 females). One Turkish Cypriot (male).
Two Community Liaison Officers:	1 Asian females, 1 African male
Social Workers:	16 Whites (12 females, 4 males). 6 Afro-Caribbean/African - (4 females, 2 males). 3 Asians - (2 females, 1 male).
Team Clerks:	Two whites (1 male, 1 female). Two Afro-Caribbean (females).

It can be seen that most of the senior positions in Area one are held by white workers. Black workers are only to be found as basic grade social workers or administrative staff.

The dispersal of black staff is further understood when we examine the staff composition situation in the four area teams found in Area one.

Team A

Staff Composition:

Team Leader: Turkish Cypriot (male)

Social Workers: Four Whites (3 females, 1 male)
One Afro-Caribbean (male)
One Turkish Cypriot (Male)

Team Clerk: White (female)

Team B

Staff Composition:

Team Leader: White (male)

Social Workers: Four Whites (3 females, 1 male)
One Ghanain male
One Afro-Caribbean female

Team Clerk: Afro-Caribbean female

Team C

Staff Composition:

Team Leader: White (female)

Social Workers: 3 Afro-Caribbean (female)
2 White (female)
2 Asian (female)

Team Clerk: Job Share - 1 Afro-Caribbean (female)
1 White (female)

Team D

Staff Composition:

Team Leader: White (male)

Social Workers: 5 Whites (3 female, 2 male)
1 Asian (male)

Team Clerk: White (male)

We can see that black workers are very much in a minority within the area teams. The isolation and marginalisation experienced by in such situations is highlighted in chapter five and chapter ten.

AREA 2

Staff Composition:

Area Manager: White (female)
Principal Social Worker: White (male)
Administrative Officer: Afro-Caribbean (male)
Team Leaders: Two Whites (1 male, 1 female)
Two Afro-caribbean (male)
Two Community Liaison Officers: 1 Afro-Caribbean (male)
1 Greek-Cypriot (female)
Social Workers: 10 Whites (6 males, 4 females)
11 Afro-Caribbean (10 females, 1 male)
1 Kenyan (female)
2 Asians (males)
Team Clerks: Three Whites (females)
One Afro-Caribbean (female)

Area 2 is divided into four area teams. All teams operate from within the same building.

Team A

Staff Composition:

Team Leader: White (male)
Social Workers: 3 Afro-Caribbeans (females)

2 Whites (1 male, 1 female)
1 Asian (male)

Team Clerk: White (female)

Team B

Staff Composition:

Team Leader: White (female)

Social Workers: 3 whites (2 males, 1 female)
1 Afro-Caribbean (female)
1 Kenyan (female)

Team Clerk: White (female)

Team C

Staff Composition:

Team leader: Afro-Caribbean (male)

Social Workers: 3 Afro-Caribbean (females)
2 Whites (1 male, 1 female)
1 Asian (male)

Team Clerk: Afro-Caribbean (female)

Team D

Staff Composition:

Team Leader: Afro-Caribbean (male)

Social Workers: 4 Afro-Caribbean (3 females, 1 male)
3 Whites (2 males, 1 female)

Team Clerk: White (female)

~~~~~

### AREA 3

#### Staff Composition:

|                          |                                                                                                                               |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Area Manager:            | White (male)                                                                                                                  |
| Principal Social Worker: | Post Vacant                                                                                                                   |
| Administrative Officer:  | White (female)                                                                                                                |
| Team Leaders:            | 3 Whites (2 males 1 female)<br>1 post vacant                                                                                  |
| Two Liaison Officers:    | 1 Turkish Cypriot (female)<br>1 Chinese (male)                                                                                |
| Social Workers:          | 12.5 Whites (8.5 females, 4 males)<br>4 Afro-Caribbean (females)<br>2 Asians (1 male, 1 female)<br>1 Turkish Cypriot (female) |
| Team Clerks:             | 2.5 Whites (females)<br>1 Asian (female)<br>0.5 Afro-Caribbean (female)                                                       |

Area 3 is divided into four area teams. All teams operate from within the same building. The office tends to be closed two days of the week because of a staff shortage.

#### Team A

##### Staff Composition:

|                 |                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------|
| Team Leader:    | White (female)                                                                          |
| Social Workers: | 4 Whites (3 females, 1 male)<br>1 Afro-Caribbean (female)<br>1 Turkish Cypriot (female) |
| Team Clerk:     | Asian (female)                                                                          |

**Team B**

**Staff Composition:**

**Team Leader:** Post Vacant

**Social Workers:** 3 Whites (2 males, 1 female)  
1 Afro-Caribbean (female)  
1 Asian (male)

**Team Clerk:** White (female)

**Team C**

**Staff Composition:**

**Team Leader:** White (male)

**Social Workers:** 4 Whites (3 females, 1 male)

1 Asian (female)

**Team Clerk:** 1 White (female)  
1 Afro-Caribbean (female)

**Team D**

**Staff Composition:**

**Team Leader:** White (male)

**Social Workers:** 2 Whites (1 male, 1 female)  
2 Afro-Caribbean (females)

**Team Clerk:** White (female)

~~~~~

AREA 4

Staff Composition:

Area Manager: White (female)
Principal Social Worker: White (female)
Administration Officer: White (female)
Team Leaders: Four Whites (3 females, 1 male)
Liaison Officers: 1 African (male)
1 Asian (female)
Social Workers: 12 Whites (9 females, 3 males)
6 Afro-Caribbean (5 females, 1 male)
4 Asians (2 females, 2 males)
Team Clerks: 3 Whites (females)

Area 4 is divided into four area teams. All teams operate from within the same office.

Team A

Staff Composition:

Team Leader: White (male)
Social Workers: 2 Whites (1 female, 1 male)
2 Afro-Caribbean (1 female, 1 male)
1 Asian (male)
Team Clerk: White (female)

Team B

Staff Composition:

Team Leader: White (female)
Social Workers: 3 Whites (females)
2 Afro-Caribbean (1 male, 1 female)

2 Asians (1 male, 1 female)

Team Clerk:

Post Vacant

Team C

Staff Composition:

Team Leader:

White (female)

Social workers:

3 Whites (2 males, 1 female)
1 Asian (female)

Team Clerk:

White (female)

Team D

Staff Composition:

Team Leader:

White (male)

Social Workers:

3 Whites (females)
2 Afro-Caribbean (females)

Team clerk:

White (female)

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