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Categorisations of Child 'in Need' and Child 'in Need of Protection' and Implications for the Formulation of 'Deficit' Parenting

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1. Introduction

When children in the UK are referred to child welfare services, social workers are faced with the task of assessing risks and needs and establishing how the case should be managed. Typically there are several categories of disposal (Parton *et al.* 1997). First, in the majority of cases no concerns are identified and the case is closed. Second the child is identified as having particular needs which should be addressed, identified as a 'child in need', and services are provided without formal action. Third, where serious risks to children are identified, it becomes a case of 'child protection' and a formal surveillance process is instituted. In the most extreme circumstances, the child is removed from the family and 'looked after' (i.e. placed in care) on a temporary or permanent basis.¹ These different constructions of cases are not only used by social workers and managers as part of their everyday explanations; the labels which are applied also set up different trajectories for institutional intervention, (re)assessment and review.

2. Deficit parenting

Whilst many factors contribute to such assessment and decision-making processes, conceptions of 'deficit parenting' are key dimensions. However, notions of 'deficit parenting' cannot be located in a single property; instead the assessment of the case draws on deficit reasoning which permeates the application of the categories of child welfare work. For example, the template entitled 'Initial Child Protection Conference

Report' (DCSF 2003), required by government guidance in England, structures and summarises the evidence which is presented to a child protection conference. The social worker is required to present information on 22 dimensions, concerning the child's health and development, parents/carers' attributes and family and environment factors. In each dimension of 'child development' the social worker is asked how far the parent has the capacity 'to ensure the child's safety, and to promote the child's health and development'. In the section on 'parents/carers' attributes', the social worker is asked to write about the parents/carers' 'strengths as well as any difficulties'. However the list of topics contains only deficits, for example: 'illness', 'disabilities', 'period in care during childhood', 'experience of being abused', etc. The social worker is then orientated to a wide range of notions of parental deficit as a central aspect of child protection work.

Interestingly, 'deficit' is often unproblematically named when it concerns a medical or physical condition (e.g. 'Attention Deficit Disorder'), but in areas where aspects of socialisation are concerned (e.g. the literature on home socialisation of minority students in relation to educational achievement), it is a much more contested and politicised concept. Discourses within the field move, often uneasily, between accepting 'realities' (e.g. the deficits are there and they cannot be ignored) and 'alternative explanations' which minimise personal responsibility either by rendering the deficit as circumstantial or by rearticulating the noted insufficiencies as 'difference which is ill-understood'. In social work, concepts of deficit parenting will be mostly implied in categorical distinctions. For example, in the template for the Initial Child Protection Conference, the word 'deficit' does not appear.

The complexity of social workers' depictions of deficit parenting can be contrasted with wider debates about 'parenting deficit'. Etzioni (1993), for example, locates the problems of society in the overall changes in family relations, in particular the retreat of parents from day-to-day care of their children. More mothers are working and, without an increase in fathers' care, parenting is delegated to a range of informal and poorly trained substitutes. He is concerned about the absence of parents rather than any deficient practices towards their children, although he does see such trends as neglect and children 'bereft of dedicated parenting' (1993: 16). In contrast, a concept of 'good enough parenting' has been developed by doctors/psychologists which sees most parents as providing 'good enough' care to meet their child's needs, their physical care and nutrition and protection, as well as their emotional needs: love, care, control/consistent limit setting, facilitating

development (Hoghugh and Speight 1998: 294). Here 'defective parenting' is located in the absence of such qualities and capabilities, resulting in poor personal development of the child, in delinquent and aggressive behaviour or poor educational and social development. Looked at from a societal perspective, Dominelli *et al.* (2005: 1126) note that the state 'investigates the actions of failed parents and sculpts a highly intrusive and regulatory regime that re-affirms society's notions of a "good" parent while punishing "failed" ones'.

In this chapter, we examine how social workers draw on a range of popular and expert formulations of deficit parenting to manage cases: how the different categories are assessed, what forms of explanation and justification are used and how cases sometimes move between different categorisations. In particular we will consider how the characterisations of the parents are used to justify action. Thus, the identification of aspects of 'deficit parenting' will be understood as a contingent property of person, situation and circumstance. It is subject to, and implicated in, complex forms of categorisation, the establishment of which needs to be understood in interactional terms, as happening in the course of ongoing professional and inter-professional work. In this respect, our suggested data focus on moments of institutional transition ('when the case is passed on') is rather deliberate, as these concern interactional moments where established properties are available to be questioned and examined in the light of a changed situation. First we offer a background discussion of the context of child protection work.

3. Background: child welfare work between rescue and support

Social workers are charged with the responsibility of attending to the health and well-being of the child whilst simultaneously supporting the maintenance of the family unit. Merrick (2006: 2) describes 'the tension between a legislative duty to intervene into "the family" where there is believed to be a risk of "significant harm" to the child, and also the duty to promote "the family" as the best place to look after children'. This is conceptualised as a distinction between ideologies of child rescue and family maintenance (Fox Harding 1996). Is the orientation of the intervention towards removing the child from the family (on a temporary or permanent basis) or to support the family to provide adequate ('good enough') care so the child can remain in the family? Both versions of policy and practice operate in each moment of the work. The tensions that follow from this are central to policy and practice, with many of

the dilemmas of front-line decision-making located in the assessment of children and parents in terms of such questions, as social workers weigh up and implement such options. If the plan is to support the family, then a range of social, psychological, educational or financial supports might be provided. At the other extreme, if the plan is to remove the child, a range of assessments and legal processes are mobilised to establish the case for removal with provisions of alternative care. However, few cases are clearly one or the other, and most of the work involves moving between interventions with elements of rescue and support. The balance between family support and child rescue has dominated policy discussions for many years (Munro & Calder 2005; Parton 2006).

4. Categorisation

At issue in any consideration of social work decision-making is categorisation (Parton *et al.* 1997; Hall *et al.* 2006): how social workers decide (and account for) a case to be considered as being of one type or another, and the consequences of such decisions. Whilst categorisation can be considered in terms of individual, interactional and institutional features (Jenkins 2000), it is the link between the interactional and institutional that is considered here: how can a set of circumstantial and personal attributes be considered to constitute a case of a 'child in need', 'child protection' or 'looked after child' (i.e. child in care)? In addition to being subject to policy/institutional responses of support, surveillance or rescue, categorisation is an interactional matter. Social workers on an everyday basis are required to make defensible decisions concerning actual situations in regard of the families with whom they are working. The everyday operation of such categories is clearly influenced by policy and media debates. Mäkitalo (2003: 498) notes the situational as well as wider sociocultural aspects of the categories used by professionals, informed as they will also be by prevailing professional and educational ideologies: 'Categories have been generated historically and dialogically in order for institutions to be able to handle or get a grip on the "social dilemma" that they are responsible for.'

Early research on categorisation in social work includes Dingwall & Murray (1983), Hyden (1999) and May & Buck (1999: 150). Much of this work viewed categories as formulations, which facilitate routine processes, often to ration resources (Howe 1996: 92). Others (Hall *et al.* 2006; Mäkitalo 2003) however have treated categorisation as a complex activity, essential to professional talk and interaction. It involves the ongoing manipulation and contention of categories, sub-categories and

their incumbent attributes, and the relative weighing of crucially distinguishing features. The concern with categorisation extends beyond its intervention-enabling effects into the need for professionals to render their practices accountable: not just *this is a child protection case and therefore we will...*, but also *this is a child protection case because...* This orientation to justification and professional accountability invites a complementary analytical focus on the implications of the deployment of categories for all parties involved.

Two studies of professional categorisation are of particular interest. Griffiths's (2001) analysis of Mental Health Team meetings underlines the tacit and accumulative nature of professional categorisation work. Aiming to limit the number of cases accepted by the team, the categorisations as 'serious mental illness' by referrers are challenged by the production of alternative, non-pathological formulations of the case. There is little direct identification of categories; instead references to histories, attributes and behaviours of clients are interwoven into implicit alternative categorisations – 'a person experiencing life problems but not serious mental illness'.

The second study by Parton *et al.* (1997) looks at case files in child protection procedures and how social workers report on the progress of incoming referrals. Child protection social workers write about wider aspects of the child and family, rather than child abuse: 'Given that child abuse does not necessarily require signs or symptoms, and given that very few reported cases present with actual harms and injuries, child protection workers do the only thing available to them – they assess the "snapshot" of the child and his or her relevant family to decide if the child is safe' (1997: 83). Particular emphasis is on the assessment of the moral character of the parents, particularly the mother: 'A negative maternal identity constitutes a risk factor in the child protection discourse and as such reinforces a moral which upholds a particular categorization of positive maternal behaviour – one which includes the features described in the files: availability (solely by and for the child(tren)), nurturing and insight' (1997: 215).

In this chapter, we focus on case-specific formulations towards categorisation, drawing on interviews with social workers. Case illustrations of this kind tend to take a narrative orientation describing how the social worker became involved in the case, how the work progressed and the current situation (Hall 1997; Hall *et al.* 1997, 2006). Central to the narrative structure is the articulation of a categorisation of the case usually near the beginning of the narrative, often encouraged in this by the interviewer, and setting the scene for the events of the story.

5. Data

The data in this chapter are drawn from recent policy studies in which social workers were interviewed about their experiences with new technology in assessment.² Our analytical mainstay is with the longer-term developments of cases through child protection processes. The social workers have been involved with the cases for several months, and we analyse in particular those occasions when they talk about the case changing institutional categories.

Case 1 From child in need to child protection

The first interview concerns a case which changed from a long-standing child in need orientation to a child protection one and then back again.

Extract 1.1

I: Ok and what are the general sorts of themes of your work? Are there any particular sorts of things that sort of summarise the sort of nature of the work you do?

R: Well I guess it sort of goes in two branches. I mean you are going to be involved under a child in need sort of context or a child protection context and because really we don't really deal with looked after children as there is a separate team that does that. So child in need is really vast I mean that can cover anything from parental illness, poverty, mental health problems, domestic violence but that would certainly need child protection, problems with housing that is hugely problematic, education problems where it doesn't quite reach the criteria of an educational welfare officer to become involved and I would say that is probably or certainly usually at least an element about poverty that is involved because primarily our function is to ensure that the children are achieving the five outcomes and poverty seems to be one that is really coming up very often.³

At the beginning of the interview, the social worker describes his cases as two types – 'child in need' and 'child protection'. His depiction of the range of the category 'child in need' as 'vast' is followed by a list of social problems that may come under its heading. In contrast to commentators who see social work as unconcerned with social structural problems (Dowling 1999), here the social worker characterises his work as concerned with big issues. However, there is an interesting distinction

which identifies domestic violence as a feature of this vast group of disadvantage and as an indicator of child protection: the 'child in need' part of social work could include many children but part of the categorical work of the social worker is likely to include domestic violence as an attribute of 'child protection'. This becomes important as the social worker describes the case further.

Extract 1.2

Social Worker: Ok yeah, if I go for a child protection because I have got a fairly good example in that so I will start with that (ok). There was a Somali family, which initially came to me as child in need but quite promptly became child protection because it had come from another team because of some restructuring that had happened. And it was being worked as a child in need initially but there were a lot of historical concerns just developed: school attendance and parent engagement and huge, huge overcrowding problems I mean there are ten people in a two-bedroom flat in this case.

Interviewer: Had it been worked with for long?

Social Worker: The case had been known to us for at least nine years. Interviewer: Oh my goodness

Social Worker: Yeah I think it had been closed for part of that duration but it was reopened a number of times. Just lots of things that were really compounding problems really. I mean obviously there was the issue of the housing that was or still is a huge problem [...]. SW describes the family's use of drugs from Africa, which whilst not illegal seemed to cause the parents to be very sleepy [...]

Interviewer: Sorry there are ten people that is eight children is it or there?

Social Worker: Eight children and the two parents. But we were sort of increasingly finding that school had a lot of concerns about the emotional and behavioural presentation of these children and there was as time was going on the parents were really struggling with the fact that they had so many children in such a small space. And I think that was part of a catalytic process you know the parents were becoming increasingly frustrated with each other and then there were two incidents of domestic violence, which led to us moving into the child protection forum. Because one happened, they actually happened in two successive weeks, two consecutive weeks and it was just if we would try to respond to it initially and we tried to sort of have a long discussion with both parents and try

to encourage them to think of ways that they could resolve this issue and then having to tell them that this is likely to lead to us moving into child protection action because this is very serious. And we just felt by the second incident within such a short period of time that we really had to move into child protection with that.

The social worker selects a case which involves a large family with problems concerning housing, school and parental engagement, again identifying social structural and personal matters. The case had been known to the agency for a surprisingly long time, 'nine years', but as a 'child in need' case in another social work team. However, following changes in the structure of the department's social work teams, the case was allocated to this worker. The move to child protection status is described using an argument based on increase – school had more concerns, parents were struggling more with so many children, there was more parental disharmony, which culminated in two incidents of domestic violence. The term 'as time was going on' suggests the inevitability of having too many children leading to parental disharmony. It is described as a 'catalytic process'. The response is heard also as staged: first 'talk to them', then a child protection response is required. The first incident of domestic violence is suggested as possibly resolved by discussion, the second makes child protection required.

In the next extract we see that the move to child protection was not inevitable. As there were so many children involved, there were two social workers together on the case:

Extract 1.3

Social Worker: We both had different points of view at that time and my co-worker had more experience than I did and feels that you know that there might be ways and means for you know for example if we could actively demonstrate that the parents were for example were engaging in an anger management programme or something then that would show insight and that would show that they actually were quite committed to doing the best thing in the interest of their children but that didn't happen. And my concerns had been mounting just from the reports from the school and historical concerns and certainly a lack of integration because the parents after at least nine years of being known to this local authority had never acquired English properly. So it was just concerning

that they could live here for so long and had not been able to you know to integrate into the local community in that.

Interviewer: So how did that debate take place? I mean did you have a three-way discussion with your manager to sort of resolve things or?

Social Worker: Well not really because I think it's once you start to sort of get into domestic violence situations then I think it is almost certain that you are going to go to child protection I think most managers would probably make that decision. I mean it is interesting because you know depending on each manager's situations and each worker you know there are some issues which come up and people will go into child protection quite readily you know even on the basis of concerns about the child's emotional welfare your children are registered under emotional abuse. So yeah but with domestic violence I am pretty sure most managers would see cases of that and would probably move it into child protection.

The inevitability of the child protection route caused disagreement between the two social workers. The 'more experienced co-worker' felt that with interventions like anger management, the family could demonstrate that they understood the concerns. An important principle is noted, the family needed to demonstrate that they were 'committed to doing the best thing in the interests of their children'. The social worker does not develop why this alternative did not materialise, but reiterates and extends his concerns – reports from the schools, historical concerns and a general lack of integration in UK society. The disagreement is eventually resolved by the manager in discussion with the child protection officer: an initial child protection conference is called. No particular process is described but the manager appears to be swayed by the domestic violence incidents. The social worker notes that this is not surprising as other team managers and social workers start child protection responses on the basis of what might be seen as lesser concerns of 'emotional abuse'.

So how has the move from 'child in need' to 'child protection' been accounted for in this exchange, and what depictions of deficit parenting are displayed? Given the long-term contact with the agency, it might be expected that versions of the family had been established which meant that the case was not seen as serious enough to warrant a child protection response. There were a series of problems, but none that warranted a stronger response.⁴ The elements of the social worker's increased concerns at this point are the school reporting that things are getting worse and the incidents of domestic violence. The social worker implies that

one led to the other. He also displays his disagreement with the previous view of the case: characteristics which were previously well-known – too many children, overcrowding and lack of integration – now required a different response. He contends that his alternative view of the case should not be surprising as social workers and managers have different thresholds. This suggests that the category of 'child protection' has several elements: underlying social and family problems, outside concern, specific incidents and social worker and manager perspectives. In this case, the identification of deficits, and their categorical implications do not involve direct criticism of parenting. In addition to a general comment on the circumstantial causalities of having too many children, the family not being really appreciative of local norms (e.g. lack of integration) and that it is hard to communicate the social workers' concerns (at another point we learn that there isn't a word for child protection in Somali), the feature which prevails is that there will never be enough concern to remove the children. These children were subsequently subject to a child protection plan and monitored for about a year. In the end the social worker considered that there had been some cooperation and improvement with the family, but 'some things are never going to be resolved'. The family returned to being considered a 'child in need' case.

Case 2 From child protection to looked after

In contrast to the case in the first data set, the next case moves from child protection to removal of the children. The social worker took over the case after the duty and assessment team had conducted a child protection investigation and the children had become the subject of a child protection plan. Like the previous case, the main concerns were about domestic violence at that stage, as well as concerns about the mother's mental health.

Extract 2.1

Interviewer: Had you been in the case at this stage?

R: I wasn't no, the case was actually downstairs [in the duty and assessment team] at the time. I became involved two months after this so I became involved at the point where the children were in mum's care, they were in her sole care, dad wasn't allowed any involvement and the children had just been registered on the child protection register. My initial visit I was very concerned, mum at that time was stable in terms of her mental health, she

had overcome this episode and was being medicated and being supported by the Community Mental Health Team but her direct parenting of the children was very concerning in the sense that she didn't speak to the children at all during my visit, the two younger children were left with dirty nappies, mum had to be prompted to change the nappies, the home conditions were chaotic, there was just really lack of stimulation really for the children and there was no sort of physical interaction between mum and the children. So that was my first visit and I was very, very concerned about that and I was very concerned that it had appeared that dad had been just completely removed from the situation and that the issue of domestic violence had been seen as the main you know the reason why this was. The initial case conference had basically pointed toward you know this instance of domestic violence being the main reason why mum was struggling to parent the children you know if dad is out of the home, if he doesn't have any contact things would be a lot better, mum would be more stable and also within the order paternal grandmother who had previously offered a lot of support was also included so she wasn't either able to have contact with the children. So the case basically came to us and I was just very concerned about the direct parenting and I think my third visit I had my team manager come with me because I wanted a second opinion because the case handover did not clearly express the concerns around the parenting and so I was very concerned that this hadn't been picked up really but it had been sort of touched upon but not really explored. So my manager...

In the previous case where the family were considered to have a variety of social problems, the case had been moved into child protection proceedings because of domestic violence. In contrast, here there is considerable comment on the mother's care of the children. Detailed observations echo Woodcock's (2003) findings from interviews with social workers on how they conceptualised parenting. Some of these elements appear here, but we are interested in how the elements are brought together in an accountable categorisation of child protection which warranted court action.

Note how the categorical construction relies on a narrative contrast between two states of affairs, one of the previous social work assessment and that of the present one. The first describes a preferred family structure of the mother with the children and the father excluded. In the second assessment, the mother is seen as providing inadequate parenting.

It is similar to a case described by Hall (1997: 61), using strong contrasts of preferred and dispreferred family structures. As there, the contrast relies on obvious inferences of contrasted states of affairs. Here the two states are contrasted twice in the same long turn. In the first part the initial situation is outlined – mother's stable mental health, father removed from the family and the children on the child protection register. The social worker's initial visit however paints an alternative and extreme level of concern about parenting (the mother 'didn't speak to the children', the 'two younger children were left in dirty nappies' which she 'had to be prompted to change', 'home conditions were chaotic' and 'lack of stimulation' and 'no sort of physical interaction between mum and the children'). The list is completed with a summarising comment: 'this was my first visit and I was very very concerned'.

The social worker presents a view of the mother's parenting based on direct observations during her first visit to the family home. The elements are powerful and are invoked as obvious deficits which were seen by the social worker, not merely reported by others. The authority provided by talking from the standpoint of seeing the evidence makes available important entitlement (Shuman 1993). Such entitlement is critical, given that the social worker was making a claim for a view of the case that opposed the previous construction. The social worker reiterates the alternative formulation as laid out in the initial case conference – causality located in domestic violence and removal of the father as a solution towards improved parenting. This setting, with a number of professionals present and access to detailed reports, is an authoritative forum which she was challenging. To support her point of view she now visits the family home with her manager, and her concern is extended from what she saw to why concerns had been 'touched upon' but not brought to bear on the nature of the case.

The interviewer interrupts the social worker to explore further how she depicts the mistakes of the previous social work assessment by the duty and assessment team:

Extract 2.2

Interviewer: Sorry just on that...

Social Worker: No that's fine...

Interviewer: That is important isn't it really because what you are saying is that the work of the duty and assessment team had kind of got it wrong as it were. It had kind of not been assessed in the way that you feel that was accurate

Social Worker: They had put all their energy into getting dad, making sure dad was away from the home, they the local authority weren't aware that mum went and got these orders until and few days after. It was only actually [family support project] that was responsible for that and women's aid. But they were still maintaining that domestic violence being the main concern and then mum's mental health and then there were a few well mum is struggling, she has got three very young children, she is on her own, she doesn't have a lot of support. So that was kind of the way the case was handed over but in fact as soon as I went there I thought no this is wrong, this is about the parenting because there was just basically no parenting at all going on really for these children...

Causal assumptions about problematic agency and remedy has resulted in misdirected intervention. The statement 'I thought no this is wrong, this is about the parenting because there was just basically no parenting at all going on really for these children' is heard as a categorical assertion (Palmer 1986). It is similar to what Rosen (1994) calls 'value-based normative assertion', typical of social work formulations. This is not to undermine the statement but to assess its rhetorical force. The evocation of active reasoning in the form of 'reported direct speech' in 'I thought no this is wrong' adds to the strength of a statement, but here it is heard as an internal discussion. The social worker is looking at the situation as it is handed to her, she considers its merits, but opposes its conclusions. The next statement, 'this is about parenting', can be heard as a strong critique of the previous formulation. It undermines the blame directed at the father, his violence towards the mother and her mental health as an explanation and instead blames the mother. This is followed by an extreme case formulation (Pomerantz 1986), 'basically no parenting'. The categorisation of a deficit parent is strong and offers no way back. The turn continues as the social worker outlines the methods of assessment:

Extract 2.3

...so my manager also was very concerned about the situation, we discussed it and felt we needed a legal planning meeting, felt that we needed to refer to [psychiatrist] for a urgent parenting assessment and also that we needed to find a support worker to actually go into the home and do a 12-week piece of work to assess, to give mum support but also to assess whether mum has any sort of capacity and

that to be done sort of jointly with [psychiatrist]'s assessment, which [psychiatrist] was actually doing the parenting assessment and then obviously my own sort of assessment would continue. So we had a legal planning meeting and we were told that we don't really have a lot of evidence at the moment, that other agencies weren't expressing the same concerns as me and that we needed to give it time really to do a proper assessment to gather evidence. So I then started doing joint home visits with the health visitor because I was concerned that mum had also missed a number of health appointments with the children. So the health visitor was quite on board and wanted to see the children and she too after doing two visits was very, very concerned about the same things really; lack of interaction, just a chaotic home environment, lack of stimulation, all of the children at this stage were still in nappies and drinking out of baby bottles, there was no routine for the children, mum seen just not to be very with it. So you know obviously the health visitor was still concerned as well. So the family supporter went in and did a 12-week piece of work and at the end of it she concluded that mum hasn't really taken any of the work or support on board, that she found that there had been very little change, she did a number of sessions, such as making mum talk to the children, get them into a routine, get them to have sort of playtime with the children, get some toys for the children, she did all of that with mum and mum basically you know didn't really take any of it on board. So she was very concerned and the parenting assessment from [psychiatrist] basically concluded that mum had a very limited capacity to meet the children's emotional needs, that there were concerns around mum being to able to constantly meet their needs as they grow up and also there were issues around mum not really understand what you know the concerns social services had and what was going on around her really.

The social worker embarks on a series of assessments – from the manager, the psychiatrist, a family support worker and a health visitor. The social worker's problem was that the other professionals still did not share her formulation of the case. Legal advice was that there was 'not a lot of evidence at the moment' and 'other agencies weren't expressing the same concerns'. It required mobilising a number of allies to counteract the previous formulation, in particular the health visitor. A series of deficits is subsequently reported as the health visitor's concerns: 'lack of interaction, chaotic home environment, lack of stimulation, etc.' This list builds on and extends the previous list. The poor

communication, and lack of attendance to the children's developmental needs is repeated, but there is now a depiction of the mother as personally deficit, not just a poor mother but a person who is limited cognitively in awareness of what is happening around. This move from attributes of poor parenting to a depiction of a damaged person is similar to a sequence we found in case conference talk (Hall *et al.* 2006: 65).

The description of the family support worker's intervention further supports the 'deficit parenting/inadequate person' formulation through a series of attempts to show the mother how to interact with her children (e.g. talk to the children, play, use toys, etc.) but mother 'didn't really take it on board'. The final condemnation is provided by the psychiatrist with the assessment that 'mum had a very limited capacity to meet the children's emotional needs'. Things would get worse as the children grew older and 'mum not understands the concerns' of the social services. Such a depiction both highlights the mother's personal capacities as well as her cognitive abilities.

In the next section, a final depiction of the mother closes off any excuse that the mother's deficits could be explained in terms of learning difficulties, her mental health or her upbringing:

Extract 2.4

.... We had also had a learning disability assessment of mum, she hasn't got, she has actually got quite a high IQ. Her mental health I mean mental health are very clear that mum's stable and that her mental health shouldn't be impacting on her parenting. So we have basically boiled down to fact that mum has a very limited capacity. In terms of mum's own parenting she had quite a nice upbringing there was no sort of serious issues during her own childhood.

The social worker now explores a series of mitigating factors, 'excuses' (Scott and Lyman 1968), which might make the mother's behaviour justifiable. None of these explanations are acceptable. Her IQ is 'quite high'. Her mental health problems were not serious enough to 'impact on her parenting', nor are there any explanations in her 'upbringing'. So the social worker is able to summarise that she 'has a very limited capacity', repeating the psychiatrist's formulation. 'Basically' identifies the phase in the exposition as a summary. The focus has shifted from a view of parenting practices to a depiction of a deficit personality. The mother has no mitigating explanations and no endearing features.

What then is the categorisation of a deficit mother here? In contrast to Case 1, the mother here is singled out for criticism. She is subjected to

a series of evaluations of her parenting practices and personal capacities. Furthermore, excuses in terms of her mental illness or being a victim of domestic violence are challenged. Similarly, there is no description of structural factors. The mother is a deficit character and a transfer from more of a child protection case to care proceedings is being rehearsed, a contextualised decision which invites a definitive case of a failed parent.

6. Discussion and conclusion

Our analysis of the two cases examined above relates to commonly occurring aspects of 'deficit' talk. As would also be apparent from dictionary definitions of the (non-financial uses) of the term, 'deficit' entails inadequacies or insufficiencies (the assumption being that these can be qualified – focus on their nature, and are gradable – focus on measurement and the degree to which they apply). On the other hand, deficit is located in aspects of functioning and cognition (and hence seen as a property of 'agency') or in a disadvantageous condition or position (and hence seen as a property of 'circumstance'). The key notion at stake, it turns out, is that of 'good enough parenting': do the actions of the parent contribute to risks to the child's well-being and development, thereby questioning their parenting skills, or is the prevailing construction one of supporting and empowering the parent to maintain their parental tasks and responsibilities? The two discourses are not mutually exclusive, as there appear to be elements of both in most levels of intervention.

Our chapter has particularly focused on how the border between the two is managed, and when it is crossed (in either direction), how deficiencies are thematised as part of a rationale in assessment and review. Whilst family support, empowerment, etc. are seen as benevolent, at what point do the latent aspects of surveillance become manifest, and work with the family moves from being benign to being constraining? Our analytical mainstay has been with how the client is 'interactionally worked up' in terms of 'accepting good enough parenting' (empowerment mode) and 'confronting the lack of parenting skills' (deficit mode).

Notes

1. In the year ending March 2008 in England there were 226,330 initial assessments, 34,000 children became the subject of child protection plans and of these, 2,800 children became 'looked after' (DCSF 2008).

2. 'Error, Responsibility and Blame in Child Welfare (Award number RES-166-25-0048, 2007–2009) was part of Economic and Social Research Council, Public Services Programme and examined social workers' and managers' reactions to performance management of assessment systems. Other researchers on the project were Professor Andy Pithouse (Cardiff University), Professor David Wastell (Nottingham University), Professor Sue White (Birmingham University) and Dr Karen Broadhurst (Lancaster University) and Dr Sue Peckover (Huddersfield University). The data collection and analysis methods of the study are discussed in the End of Award Report. <http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/ViewAwardPage.aspx?data=v9XrjUj6xhFSZQgBqRLRVQ%3d%3d&xu=0&isAwardHolder=&isProfiled=&AwardHolderID=&Sector=>
3. Current policy and audit is organised around five aspects of child development.
4. We should be careful not to assume that 'nine years' signifies intensive intervention. The period may well have consisted of a series of short-term contacts.

References

- Department for Children, Schools and Families (2003) *Initial CP Conference Report Version 1* www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/integratedchildrenssystem/icspracticesresources/icsexamplarsdocuments/docs.
- Department for Children, Schools and Families (2008) *Referrals, Assessments and Children and Young People who are the subject of a Child Protection Plan, England, year ending 31 March 2008* www.dcsf.gov.uk/rsgateway/DB/SFR/s000811/sfr24_2008.pdf.
- Dingwall, R. & Murray, T. (1983) Categorization in accident departments: 'good' patients, 'bad' patients and 'children'. *Sociology of Health and Illness*, 5(2): 128–48.
- Dominelli, L., Strega, S., Callahan, M. & Rutman, D. (2005) Endangered children: experiencing and surviving the state as failed parent and grandparent. *British Journal of Social Work*, 35(8): 1123–44.
- Dowling, M. (1999) Social exclusion, inequality and social work. *Social Policy and Administration*, 33 (3): 245–61.
- Etzioni, A. (1993) *The Parenting Deficit*. London: Demos.
- Fox Harding, L. (1996) *Family, State and Social Policy*. Basingstoke: Palgrave Macmillan.
- Griffiths, L. (2001) Categorising to exclude: the discursive construction of cases in a community mental health team. *Sociology of Health and Illness*, 23(5): 678–700.
- Hall, C. (1997) *Social Work as Narrative: Storytelling and Persuasion in Professional Texts*. Aldershot: Ashgate.
- Hall C., Sarangi, S. & Slembrouck, S. (1997) Moral construction in social work discourse. In B. Gunnarsson, P. Linell & B. Nordberg (eds.) *The Social Construction of Professional Discourse*. London: Longman, pp. 265–91.
- Hall, C., Slembrouck, S. & Sarangi, S. (2006) *Language Practices in Social Work: Categorisation and Accountability in Child Welfare*. London: Routledge.

- Hoghugh, M. & Speight, A. (1998) Good enough parenting for all children – a strategy for a healthier society. *Archives of Disease in Childhood*, 78: 293–300.
- Howe, D. (1996) Surface and depth in social work. In N. Parton (ed.) *Social Theory, Social Change and Social Work*. London: Routledge.
- Hyden, L. (1999) Talk about money: studying the interaction between social worker and client. *International Journal of Social Welfare*, 8(2): 143–54.
- Jenkins, R. (2000) Categorization: identities, social process and epistemology. *Current Sociology*, 48: 7–25.
- Mäkitalo A. (2003) Accounting practices as situated knowing: dilemmas and dynamics in institutional categorization. *Discourse Studies*, 5(4): 495–516.
- May, T. & Buck, M. (1999) Social work, professionalism and the rationality of organisational change. In T. Maln (ed.) *Professionalism, Boundaries and the Workplace*. London: Routledge.
- Merrick, D. (2006) *Social Work and Child Abuse*. London: Routledge.
- Munro, E. & Calder, M. (2005) Where has child protection gone? *Political Quarterly*, 76(3): 439–45.
- Palmer, F. (1986) *Mood and Modality*. Cambridge: Cambridge University Press.
- Parton, N., Thorpe, D. & Wattam, C. (1997) *Child Protection: Risk and the Moral Order*. Basingstoke: Macmillan.
- Parton, N. (2006) *Safeguarding Childhood: Early Intervention and Surveillance in a Late Modern Society*. Basingstoke: Palgrave Macmillan.
- Pomerantz, A. (1986) Extreme case formulations: a new way of legitimating claims. *Human Studies*, 9: 291–30.
- Rosen, A. (1994) Knowledge use in direct practice. *Social Services Review*, 68(4): 561–77.
- Scott, M. & Lyman, S. (1968) Accounts. *American Sociological Review*, 33: 46–62
- Shuman, A. (1993) Get outa my face: entitlement and authoritative discourse. In J. Hill & J. Irvine (eds.) *Responsibility and Evidence in Oral Discourse*. Cambridge: Cambridge University Press.
- Woodcock, J. (2003) The social work assessment of parenting: an exploration. *British Journal of Social Work*, 33: 87–106.

4 ‘She is not coping’: Risk Assessment and Claims of Deficit in Social Work

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1. Introduction

In this chapter, we focus our discussion on the professional site of statutory child protection and show how a discourse of deficit is consequential to the framing of risk in child neglect situations. To illustrate our points, we provide case study evidence from one social worker's account of a child neglect case. We use an ethnomethodological discourse approach (Garfinkel 1964, 1967, 1996) to analyse the social worker's written risk assessment of a child neglect situation. Risk Assessment Reports are written accounts of how the institutional member, in this case the social worker, perceives risk, and are one example among the many other types of reporting practices evident in statutory child protection (see Hall *et al.* 2006; Munro 2004, 2008). We argue that the analysis of such an account can therefore be revealing of how the risk situation is constructed by the institutional member, in this case a social worker (Garfinkel 1967; Hall *et al.* 2006; Sarangi & Roberts 1995).

2. Framing the risk situation through written accounts

Through meeting and responding to the flow of situations in which they have to act, members leave a trail of ‘accounting practices’ in the form of both written and spoken texts (Blumer, 1969/1986: 16; Garfinkel 1964; Buttny 1993; Smith 1984; Miller 1997; Berg 1996; Warner 2006). Accounts are essentially members’ acts of doing, recognising and responding, using knowledge gained through their various institutional memberships and fitting or ‘aligning’ their lines of action to one another in joint action (Scott & Lyman 1968; Blumer 1969/1986: 16;