Child abuse and the bureaucratisation of social work

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Abstract

Child abuse became a public issue in the early 1970s. The alleged failure of social workers and welfare agencies to prevent children being killed by their parents and caretakers led to changes in the practice and organisation in child abuse work. The way public inquiries and government departments framed the problem of child abuse produced solutions which were essentially legalistic and bureaucratic. No longer was the aim to rehabilitate poorly functioning families, but to protect children from dangerous parents. But in order to achieve this aim, it was first necessary to identify the factors that would allow child protection agencies to recognise which families were dangerous and which were not. Once these factors were identified, it was possible to develop administrative systems that would facilitate the collection and analysis of information obtained during the investigation of suspected families. These systems allowed welfare agencies to identify 'high risk' cases. During the translation of the problem of child abuse into a set of judicial and bureaucratic procedures, therapeutically orientated professional practices found themselves out-manoeuvered. The translation witnessed the production of social workers as 'passive agents', a new cognitive perspective on the problem of child abuse, and a contribution to the bureaucratisation of child care practice.

Social work practice has become increasingly bureaucratised. One of the key factors in promoting this form of organisation has been the recognition, identification and definition of child abuse and the social reactions to it. This state of affairs was not entirely predictable and provides a good illustration of the unforeseen, even unintended consequences, that arise as various actors manoeuvre and respond to events as they develop and unfold. The

David Howe

coming together and drifting apart of particular issues finds some groups and individuals strategically better placed than others. At such times these actors find that they are in a good position to exercise their skills and develop their views on the situation and how it is to be read. In the case of child abuse work, bureaucratic procedures were not simply imposed by a set of powerful actors; rather, the solutions being sought (to the problem being defined) were facilitated by skills that were in the possession of managers and administrators. Bureaucracy itself was not the solution. It was the management of the solutions, which were complex and comprehensive, that was to favour bureaucratic forms of organisation.

Twenty years ago, the prediction might have been that social workers, particularly in the field of child care practice, would continue to strengthen their professional and therapeutic credentials. That the opposite has happened bears examination. The suggestion is not that social workers are less skilled, but that many of their skills are no longer under their exclusive control. In Jamous and Peloille's (1979) terms, whereas the amount of 'technicality' in the job has increased, the element of 'indeterminancy' has decreased. When this happens, an occupation is likely to find that its practices are susceptible to managerial control and prescription. This appears to be the fate of social work practice in the field of child abuse. Such an outcome is seen as neither good nor bad, but it does provide an interesting example of the contingent manner in which actors gain and lose power, and how those who find themselves with power can then determine what knowledge and which practices are to hold sway.

The emergence of child abuse

In a very useful historical review of child abuse, Parton (1985) analyses both the emergence of child abuse as a social phenomenon and the responses devised to tackle it. Over the last hundred years or so, there has been a gradual shift from punishing parents to reforming their behaviour. By the 1950s and 1960s the switch from control and punishment to treatment and welfare was well advanced. No longer was child care work carried out under the philosophy and bureaucracy of the Poor Law. Problem children, including the deprived as well as the delinquent, were seen as the product of poorly functioning families. Parents, because of deprivations in their own childhood, did not have the skills or

emotional resources to raise their own children adequately or safely. The parents needed treatment and nurturing. The problem of the battered child was explained in medical terms; it was caused by emotionally immature, pathologically inadequate parents. There was no need, except in extreme cases, to remove the child from home. The child's wellbeing would be secured by working with the whole family. Up to this time, any idea that child abuse was a distinct or major category of child care work was absent. The professional and statutory emphasis was on producing more able parents. However, this perspective was to change with the 'discovery' of the 'battered baby' and the plethora of public inquiries into the deaths of children throughout the 1970s.

Parton convincingly shows 'that it was the inquiry into the death of Maria Colwell in late 1973 that was the crucial event in establishing the issue as a major social problem and for providing the catalyst for the rapid emergence of a "moral panic"' (1985:97). This was a period during which there was growing concern about the alleged breakdown of family life, and the permissiveness that characterised social behaviour. Worries about the breakdown of social order focused on the family and the deficiencies of welfare agents who were responsible for supervising its proper functioning (1985:79). The failure of social workers to prevent family violence and the alleged ineffectiveness of professional methods of intervention, signalled demands for fundamental changes in the way the problem of child abuse was identified and handled by state agencies.

The problem of child abuse

By the mid-1970s, it was realised that children were being harmed by their parents and that child care agents were failing in their role as protectors. A spate of public inquiries into the deaths of particular children identified two areas in which there were failures and weakness: (i) social work practice and, (ii) the management and administration of child abuse cases.

(i) *Failures of practice*

The public inquiries found that social workers did not know about, failed to spot or omitted to note 'warning signs' in the child's situation. The findings of several Inquiries and the reactions of the

David Howe

media had already implied that rehabilitative social work was not the best way, at least on its own, to stop some parents killing their children. It had been tried and yet children had died. It seemed, at least in the eyes of some observers, that social workers gave too much emphasis to work with parents and ignored the protection of the child. There were cases in which social workers were accused of 'regarding the parents of children in care as the clients, rather than the children in their own right'. Such an attitude 'is the negation of any authoritarian role in the enforcement of Care Orders' (Beckford, 1985:294). A similar failing had been detected in the death of Tyra Henry. Criticising the social worker, the report's authors write: 'There is a sense of cosiness in Avon Pailthorpe's note of the family interview which we think is symptomatic of a perennial problem of "style" in social work – to find the appropriate balance between representing officialdom and befriending people in real difficulties' (Henry 1987:21). The report into the death of Jasmine Beckford did not 'detract one iota' from the words of Dr Kempe who said 'If a child is not safe at home, he cannot be protected by casework' (Beckford, 1985:288). Two pages later, the report repeats its conclusion 'that no amount of casework in the Beckford household could have prevented the severe abuse of Jasmine'. 'Every step in the process . . . was taken against the backcloth of an ill-conceived programme of rehabilitation' (1985:290).

The DHSS, in a review of all inquiries that took place between 1973 and 1981, summarised the main findings on professional practice saying 'the overall impression given by the reports is one of much good work interspersed with numerous omissions, mistakes and misjudgements by different workers at different times . . . workers who might encounter child abuse must have the special knowledge, skills and experience to be able to recognise when it is taking place, or is likely to take place' (DHSS, 1982:69). The failure of treatment techniques to change dangerous parents into safe parents cast doubt on professional strategies based on independent therapeutic judgements. Other strategies had to be devised if children were to be protected.

(ii) *Failures of management and administration*

Many of the inquiries found that welfare departments failed to process, monitor and manage information gained by their social workers in a sufficiently thorough and rigorous way. Some

inquiries revealed that in spite of there being indications that a child was not safe, there were failures to note and record, co-ordinate and collate such information and this produced an incomplete overall picture leading to mistakes and poor judgements. Two observations were being made. The first said that families in which children are at risk possess characteristics and behaviours ('indicators') that if detected should alert welfare agents to children who are in danger. The Beckford report believed that 'Research designed to refine the techniques for predicting accurately those children who will continue to be at risk is urgently required' (1985:288–89). The second observation noted the failure of welfare organisations to handle the information about the character and behaviour of families, even when they have it, in a systematic and co-ordinated way. 'Throughout this report', concludes the inquiry into the death of Kimberley Carlile, 'we have pointed to a number of instances where the principles of an information service were breached. We think it is opportune to underline the pressing need to establish and maintain an efficient information system for the child protection service' (Carlile, 1987:158). The DHSS, reviewing 18 reports into the deaths of children, found that:

– a major characteristic of many cases is the failure to bring together all available information and to use it in a structured, objective way, by carrying out full psycho-social and medical assessments. These require continuous re-examination and revision. The need for health monitoring is important . . .

– a common cause of inappropriate or inadequate intervention is the lack of a clearly formulated plan of action. Decisions should always be explicit and objectives specified

– it is important to see that decisions are carried out and their effectiveness kept under review.

– effective communication and records are integral to good practice . . .

– poor practice may arise from inadequate supervision. Effective supervision is crucial to supporting and monitoring staff, ensuring the regular and objective review of cases, and securing the best deployment of available resources and staff (1982:69–70)

David Howe

Constructing the problem

The findings of the inquiries and the perspective which they took on the failings of practice encouraged people to think in a particular way about child abuse work. It seemed that children were allowed to come to harm at the hands of their parents because those working with such cases made mistakes, did not always recognise or know what danger signals to look for, and failed to co-ordinate and communicate key bits of information. There was a lack of rigour and consistency in the handling of these difficult cases. Several years later a DHSS Report on child care (1986) also concluded that 'the whole basis for planning is shaky. Decisions are made on inadequate evidence and it is not suprising if goals are unclear or if there is a lack of congruence between goals and what is actually done – or not done'. The cumulative effect of these critical examinations of social work transformed the outlook on child abuse work from one which sought to return families to competent functioning to one which aimed to protect children from violence. This change in focus was fundamental and far reaching in its implications for social work practice and its organisation. All thinking on the subject became channelled through the new perspective. Definitions of good practice were no longer couched in the language of treatment and rehabilitation and instead looked to the world of surveillance and investigation for a new vocabulary. The language used to define, discuss and decide about children helped form a new understanding of the issue and the means of addressing it. There is talk of 'investigating agencies' and the collection of 'sound evidence'; there is 'dangerousness' and there are factors which indicate its presence. There is a growing 'anxiety for a technical language,' observe McBeath and Webb (1991:140).

Aspects of Callon's (1986) concept of 'translation' are extremely helpful in allowing us to trace the evolution of child care practice during this period. His method of analysis seeks to track how a phenomenon is 'translated' into a set of practices and resources; how, in the case of child welfare, the injury and neglect suffered by some children results in the demand that children should be protected; that protection is achieved by improving, standardising and prescribing full and proper methods of investigation and assessment; and that bureaucratic forms of organisation appear to be the best way of handling the ever more detailed and complex requirements of this new perspective.

The first 'moment' of translation identified by Callon is that of 'problematization' which involves actors attempting to enrol others to accept both their understanding of the situation and their way of dealing with it. The main 'actors' in the child abuse field were vulnerable children, potentially dangerous parents, social workers, the Inquiry Reports, the DHSS, welfare managers, and the media. In the ensuing discussions and debates it was gradually established that the key question to answer was 'How can we protect children from being killed by their parents?' Put this way, rather than any other, the question represented a strategic success for approaches which were administrative and judicial in attitude rather than those which were professional and rehabilitative. Therapeutic attitudes to the problem were no longer felt to be appropriate. The practitioner's strategy collapsed. The caseworker's question 'How can we treat parents to be more competent and less dangerous?' fell outside the emerging discourse which began to centre on the protection of children and not the rehabilitation of poorly performing families.

Public Inquiry reports and welfare administrators began to define the nature of the problem and the solutions to it. Solutions were developed within a single conceptual outlook which, if adopted, would meet the criticisms of those who pointed to unsatisfactory social worker assessments and poor management as the reasons for failing to protect children from dangerous parents. This way of thinking about the issue defined both a fresh approach and a new knowledge base. It also re-defined the roles that the various actors would have to play if a solution to the problem was to be found. Social workers would have to become investigators and not family caseworkers. Managers would have to become designers of surveillance systems and not casework consultants. Parents would have to become objects of inquiry whose behaviour could be predicted and not people whose skills could be improved. The shift is from therapy and welfare to surveillance and control. Noting this change in focus, Parton and Parton (1989) highlight the growing demands that social workers should become more authoritative and intrusive in their dealings with families where children were thought to be at risk. They quote the Tyra Henry report which suggested that 'preventing danger' and taking 'firm protective steps' are 'the two fundamental pillars on which modern

David Howe

practice should be based . . . The inter-relationship between the law, child protection and the assessment of dangerousness is therefore at the core of the social work task in this area of work' (Parton and Parton, 1989:59).

The inquiries into the deaths of children identified a number of concerns about the behaviour of parents and the practices of social workers. The discretion afforded these two actors too often seemed to result in a child being killed. If children were to be protected, the discretion available had to be either curtailed (in the case of social workers) or anticipated (in the case of parents). The behaviour of social workers had to become more regular and reliable. The first step was to establish that the purpose of child abuse work was the protection of children and not the treatment of families. The second step was to develop routines that the social worker would have to follow if children were to be protected. If she was to behave in a proper and reliable manner in situations of concern, the social worker's behaviour would have to be prescribed. Her discretion to act independently had to be reduced. This was achieved by training her to obey rules and follow procedures. John Law, talking of Portuguese sailors, but with uncanny relevance to modern welfare organisations, notes that through 'documents, devices and drilled people', actors 'would act as they should at a distance so long as they were properly chosen and placed in the right location within an appropriately designed structure' (Law, 1986:254). These are the methods by which 'passive agents' are produced (Law, 1986:15) and power flows towards those who produce them.

In the case of parents, rather than see them as treatable, the preference was to collect facts about them on the assumption that their potential for dangerousness could be scientifically predicted, given the right information. If they were deemed dangerous, the child would be protected by being removed and not by making the parents safe. To the extent that the parents' behaviour could be predicted, they too were made into passive agents.

Defining the solution

The way the problem was being defined pointed towards certain kinds of solution. The analysis of past failings suggested that success in child abuse work would come by: (i) knowing what information to collect about parents in order to determine whether or not they might be a danger to their children, (ii) systematically collecting that information by thoroughly investigating cases, (iii) processing and analysing that information to decide whether or not children were safe in the care of their parents, and (iv) closely monitoring and re-assessing cases in which children were thought to be at risk.

Bureaucratic forms of practice are particularly good at investigating cases in a uniform and systematic manner. They are efficient at collecting, collating and processing large volumes of complex information. There is an underlying belief that all situations which initially appear problematic and uncertain will yield to rational enquiry, analysis and calculation and thus be rendered *manageable*. Perhaps it is not surprising that Inquiries, which themselves were conducted along rational, investigative and systematic lines, should recommend the use of firmer administrative and technological procedures in child abuse work. Narcissistically, the official inquiries and government ministries that determined the nature of the problem and proposed the manner of its solution, recommended practices and procedures that were in their own image.

Thus, the way the problem and the solutions to it were being talked about, found welfare managers naturally well placed to co-ordinate and direct what were essentially bureaucratic tasks: the collection, classification, and storage of information. They were also at a nodal point in the flow of ideas, and so in a position to determine the role of the key actors and define how they should act. It appeared in the interests of many social workers, managers and other welfare agents, to accept the way the problem was being perceived and the kinds of solutions that were being proferred; after all the answers were couched in the language that identified the weaknesses of past child abuse work and it became increasingly difficult to think outside the discourse that was beginning to form. All transactions, whether of thought or deed, now had to pass through a managerial perspective. In Callon's term, managers and their administrative framework established themselves as an 'obligatory passage point' in the network of relationships (1986:205–206). Their position became more powerful as their skills became increasingly relevant to the solutions being sought. And as the manager gained in power, he (for it was rarely she) found himself increasingly able to determine and constitute a field of knowledge that suited his conception of the problem and its solution (cf Foucault, 1979:27).

David Howe

Bureaucratisation of practice

The feeling emerged that if established practices were not good at identifying children at serious risk and guaranteeing their safety, then the rigour of investigations and the quality of assessments had to be improved. If children were to be protected from dangerous parents, it was first necessary to identify which parents were dangerous, and then having recognised unsafe situations, plans could be made to remove the child. Whereas previous practices (the subject of so much criticism) sought to treat the actor (the parents and their family), the new approach attempted to prevent the act (by removing the child). Protection is the aim and this is achieved by close monitoring of risky situations in the same way that the police and householders do not protect property by attempting to cure suspect populations of any tendencies they might have towards burglary. Rather, the police seek to prevent or frustrate burglars from committing their crime. Streets are patrolled, houses made secure, regular checks carried out, and suspected housebreakers are routinely surveyed. Scientific techniques are applied to the problem of the detection, apprehension, surveillance and storage of information about criminal areas and populations (Dandekar, 1990:122).

If welfare agencies are to stop parents killing their children, the solution favoured was the identification of dangerous parents. The Beckford Report believed that a certain number of children were in 'high risk' situations and that it was the job of social workers to identify these children by applying 'predictive techniques of dangerousness' (Beckford, 1985:289). In order to identify and classify families, it was first necessary to know what to look for and to know how to recognise which children were at risk. Once the 'risk factors' which classified parents as more or less dangerous were identified, the next step was to produce a set of assessment guidelines that instructed social workers what to look for and what information to collect.

Social workers were not entirely to blame for the weak quality of assessments. It became apparent that there was a need to know more about abusing families – their characteristics, their history, their circumstances, their functioning, the personalities of their members. Government officials and departmental managers turned to the scientific community for help. Social science, social work and medical researchers subjected abusing parents to intense scrutiny and identified a large number of factors that might indicate which children were at serious risk. Armed with this information, welfare agencies could then classify parents as more or less dangerous.

The practical implications were obvious. In order to improve the quality of assessments and be able to identify and even predict which children were at risk, more information had to be collected from suspected parents and their families. Investigations had to be more rigorous and systematic. 'It is now generally accepted,' asserted the Department of Health, 'that this formal procedural framework is essential to the effective management of child protection' (1988b:3). *Evidence* had to be gathered that would confirm suspicions and stand up in court. An increased number of families would have to come under greater scrutiny as welfare workers were required to leave no stone unturned. The consistency and thoroughness of questioning could no longer be left to the discretion or experience of the individual social worker. The call was for well worked out, clearer and firmer procedures which would be better at both collecting information about families and processing that information. Guidelines, of extraordinary detail, were produced which had to be followed by social workers in the field (eg D of H 1988a and 1988b).

The depth and detail of social work assessments has increased under the direction of these central guides. As a consequence the level and extent of surveillance of families identified as 'at risk' has grown considerably. Indeed, it may be that no other group of the population is subject to so much officially guided scrutiny. For example, the Department of Health 1988 guide, Protecting Children, says:

The inspection by the Social Services Inspectorate in England . . . showed the need for a more structured and systematic approach to assessment in child abuse cases. The inspection report did not suggest that insufficient time was given to the work but stressed the need to use the time in a more ordered and focused way . . . a more systematic approach, based on a comprehensive assessment of the child and family, should not only provide a better basis for decision-making but also allow for more effective evaluation of the models of intervention used. In addition, it should provide opportunities for more effective supervision and management of the social work task (1988b:3).

David Howe

The guide, 'written in the style of a handbook or manual in order to promote accessibility and encourage routine use' (1988b:5) and over ninety pages long, offers a thorough and extremely detailed 'comprehensive assessment' of families. There are 167 questions, many of them subdivided, which the social worker might ask of or about the child and the family. The assessment process 'aims to collect and evaluate information about the family with a view to establishing a clear picture of' such things as '. . . the child's physical and emotional development, health and personality, highlighting any problems; the composition of the family and its stage in the family life cycle; the financial resources and physical environment available to the family; each parent's (or partner's) background, personality, attitudes, strengths and problems; family interactions . . .' (D of H 1988b:20).

Consequences for social workers and their organisation

Implicit in the welter of procedures and guidelines is a redefinition of the social worker and what she is expected to do. Her role has become that of investigator, reporter and 'gatherer of evidence'. The analysis of the information is no longer left to the discretion of the practitioner. Other actors, including managers, case conference members, and the formulae that indicate the level of dangerousness, help assess the information and reach decisions. Throughout these moves and reformulations, the social worker loses much of her professional freedom. Increasingly, the part she is expected to play has been written by those who have established their right to determine the solution.

The information collected by the social worker has to be handled in a well-defined and systematic manner. The purpose of collecting the information is to allow the agency to classify the family as dangerous or not. This will determine whether the child remains at home. It must also be remembered that information does not enter the agency in an assembled or complete form. Information is collected over a period of time and may come from a number of sources. The organisation needs to develop systems which can store, collate, and co-ordinate the surveillance data collected on each family so that the picture is kept both up-to-date and as detailed as possible.

The second phase of the administrative response is to evaluate and analyse the information so that a formal decision can be reached, summoning all the up-to-date and assembled information. Set procedures have to be developed to ensure the full and proper handling of all the known facts. The knowledge produced has to be shared, recorded, and co-ordinated. Facts and findings have to be fed into the decision making machinery. Decisions have to be implemented and monitored. Many of the mistakes and ineffi-ciencies of past practices were the result of weak administration. New practices have been designed to make sure that the monitoring and surveillance functions of child care agencies are as thorough and as comprehensive as possible. Again, the most reliable and effective sytems for work of this kind are bureaucratic in nature.

Three administrative systems might be identified whose aim are to monitor, evaluate, and co-ordinate child abuse work: area review committees (now area child protection committees), case conferences, and case registers. These systems seek to control the quality of practice in the field. The 1974 government circular, 'Non-accidental Injury to Children' laid most of the foundations for current policy and practice. The circular advised the estsablish-ment of area review committees which had amongst their terms of reference:

advise on the formulation of local practice and procedures to be followed in detailed management of cases
approve written instructions defining the duties of all personnel concerned with any aspect of these cases
review the work of the case conferences in the area . . .
collect information about the work being done in the area
(Jones *et al.*, 1987:60)

In 1974, the DHSS recommended that every case of suspected non-accidental injury to a child should be the subject of a case conference. 'In this way,' continued the government circular, 'unilateral action will be minimised and all those who can provide information about the child and his family, have statutory responsibility for the safety of the child, or are responsible for providing services, will be brought together to reach a collective decision' (DHSS circular LASSL (74)13). Thus, a typical case conference will include social workers, paediatricians, police officers, GPs, health visitors and teachers and their reasons for meeting might include sharing information, co-ordinating informa-tion, planning action, searching for legal evidence, defining

David Howe

responsibilities, and formalising the assessment process (Jones *et al.*, 1987:167). The conference, having analysed and evaluated the information made available, proceeds to categorise children as either 'abused', 'at risk of being abused', or 'not at risk of being abused'.

The 1974 circular also suggested that each area should keep a central register of information. The register would provide detailed information about all children in the area known or suspected to have suffered abuse. The register would aid diagnosis and facilitate good communication and co-ordination between the various professional groups involved in particular cases. It would aid surveillance work. For example, 'The custodian of the register should have, as a specific responsibility, the setting in hand of immediate action to try to trace families on the register who go missing' (DHSS, 1988a:27). Jones *et al.* (1987:64) mention two further functions that the registers might serve: to provide a basis for regular monitoring of the child and family, and to provide statistical data about the extent and nature of the problem.

Conclusion: the bureaucratisation of social work

What has to be understood in this analysis is that managers and administrators did not set out in some deliberate, clear-sighted fashion to impose a bureaucratic solution on the problem of child abuse. The shift in the locus of power from front-line workers to managers of child care services was apparent after four moves: (i) Each review of social work's failure to prevent a child being killed took child care analysts one step nearer to deciding that the purpose of practice was to protect children from dangerous parents. (ii) Having identified the purpose and analysed the failures, the next stage was to design systems which would ensure that children would be protected. This involved identifying children at risk, predicting whether or not a parent might be dangerous, monitoring and reviewing children at risk, and co-ordinating the activities of the health, welfare and law enforcement agencies. (iii) In order to ensure the full and proper running of these protective systems, a vast array of guides, procedures and checklists was created. Practice could no longer be left to the discretion of child care workers; their responses were increasingly prescribed by the manuals and guides. (iv) The implementation,

maintenance and co-ordination of these complex and demanding systems required advanced administrative and managerial skills.

So it was that the logic of each stage led to the gradual bureaucratisation of social work practice. It was not intended that child abuse work should be the subject of so much administrative control. However, as people explored, developed and refined the concept and practice of child protection work, social work was repeatedly penetrated by the administrative processes that seemed necessary if the systems were to function properly. John Law, introducing the work of Hindness (1986) and Callon (1986), notes that both authors 'hold that power is a latent capacity – something that an actor or agent may possess. In this, of course, they are in agreement with Foucault who warns us that power is not a property or a possession, but a strategy or something exercised, the overall effect of a set of strategies. Hence the operation of power is specific to its instances' (Law, 1986:16). The rise of the welfare manager provides a good example of how the fortunes of one occupational group may prosper in the struggle to define a service designed to protect children from dangerous parents.

The critical examinations of child abuse work, written over a fifteen year period, have beaten out a new shape for the practice of social work. A common order of thought – a new discourse – has been forged in which the dangerousness of parents, the protection of children, and the practices of social work, are contained and spoken about within a single framework of understanding. In Callon's words, 'to translate is also to express in one's own language what others say and want, why they act in the way that they do and how they associate with each other: it is to establish oneself as a spokesman. At the end of the process, if it is successful, only voices speaking in unison will be heard . . . At the end a discourse of certainty has unified them, or rather, has brought them into a relationship with one another in an intelligible manner' (1986:223).

However, analysing power in this way means that things rarely stand still for long. Although the emergence of a dominant discourse is able to exert a powerful control over the field, its very emergence changes the configuration of the actors and their respective relationships and new discussions and negotiations become possible. Current perspectives on child abuse appear to be particularly strong, but even here there is movement. The translation of the problem of child abuse into an arrangement of

monitoring and surveillance procedures produces a new set of conditions, some of which confirm the appropriateness of the solutions, while others begin to challenge the constructs that support the way the problem is being defined.

Raising the profile of the abused child had major consequences for the work of social services departments. The heightened awareness of the problem has led to a vast increase in the number of such cases being suspected, identified, reported and investigated. Once a phenomenon falls under the microscope, more elaborate and detailed classifications emerge. Dingwall (1989:29) calls this 'diagnostic inflation', in which experts produce more elaborate classifications including, in the case of 'battered babies', physical abuse, emotional abuse, sexual abuse, failure to thrive, neglect, and grave concern. There is a simultaneous call to collect more information about each case. Child abuse work has become the top priority in social services and social work departments. More families have come under greater scrutiny and the administrative machinery to handle all this activity has become ever more refined and exact.

However, not all actors in the situation have so readily accepted their role and what is expected of them. For example, whether or not particular parents are going to be dangerous, in spite of the best efforts of researchers, is an extremely difficult thing to predict (Dingwall, 1989). Unless all children thought to be at risk are removed (which would be economically, morally and politically unacceptable), some children will continue to be killed, even when the systems were working well (see Hollis and Howe, 1987). When many children are removed (as with the suspected cases of child sexual abuse in Cleveland) there may be a political backlash which seeks to throw up questions other than the protection of children, raising issues to do with the rights of parents.

Parents remain the 'jokers' in the pack. They are the one set of actors who have resisted attempts to make them 'passive agents'. Not always susceptible to being made safe through treatment, they also refuse to behave predictably. Their 'discretion' continues to challenge the solutions, and may even challenge the question. Children continue to die at the hands of their parents. The response still seems to be to create more procedures and more guidelines. The sheer scale and compass of these documents makes it almost inevitable that the social worker with a dead child on her caseload will have failed in some aspect of her highly regulated practice. Simply adding new procedures in the wake of

yet another tragedy merely compounds the problem. This pushes the social worker into ever more defensive forms of practice which makes her less sensitive to the people involved and more concerned with the procedures which govern her behaviour. Once the powers-that-be have written the rules and established the routines, all that the wary social worker and her supervisor have to do if blame is to be avoided is 'go by the book'. Responsibility for failures cannot be attached to the worker if she behaved correctly and ensured that all that should be done was done. 'Defensive' social work may not be effective but it can be 'right'.

Alienated clients and practice-worn social workers set up fresh conditions. New balances and alliances are nudged into position as new acts and actors enter the stage. The establishment of a discourse of 'child protection' itself changes the picture and sets up new possibilities. 'Translation,' concludes Callon (1986:224), 'is a process before it is a result . . . New displacements take the place of the previous ones but these divert the actors from the obligatory passage points that had been imposed on them. New spokespeople are heard who deny the representivity of the previous ones. Translation continues but the equilibrium has been modified'. However, we are still a long way from witnessing major displacements in child abuse work. The translation of the problem into a set of bureaucratic practices still dominates the perspective, affecting practice, policy and the training of social workers. We are merely hearing the first murmurs of another story and another set of possible relationships.

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David Howe

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