

# Chapter One: The Professional Foundation

## Introduction

This first chapter of the thesis outlines the development of my knowledge and values as a child care social worker and social work academic with responsibility for the education and training of qualifying and post qualifying students. I begin with narrative accounts of three children who influenced my professional development in various ways; their stories depict the powerlessness of children who are or have been abused and the responsibility of practitioners who undertake this challenging work. Later as a social work academic, I refer to my published work and theorise about child abuse, power relationships and the nature of competence in this field.

Many of the 'nodal moments' in my professional career led to profound learning, as I struggled to resolve complex ethical dilemmas and intense feelings about the rights, interests and needs of the different people involved. At the heart of these dilemmas were issues of power and powerlessness, who is given voice, and notions of personal and professional responsibility. Learning conceived of in this way both stretches and challenges, because it centres on identifying one's own unique response and then acting (Biesta, 2006).

## Reflections on the early development of child-centred practice in my career

As a child I feared children and adults with learning difficulties and made my mother walk on the other side of the road or bullied her into not shopping in the local village on a Wednesday afternoon when we might meet them out on a group outing. My first job after my degree in Sociology was a timely, direct challenge to this deep-seated prejudice.

When I was 22 years old, I was offered a job as an unqualified social worker and Co-ordinator in a multi-disciplinary Child Development Centre. At the time and given my fears, I did not realise the invaluable grounding this work would give me in the contribution that I could expect (and therefore request) other professionals to make in promoting a child's development. I also gained skills in talking to parents and I understood from their stories the impact that having a child with development delay had on their lives: the grief and life change associated with the loss of a 'normal' child. My MA dissertation on radical social work practice with parents and handicapped children<sup>2</sup> was written as part of my social work course in 1977 and based on a survey of 61 parents who attended the Child Development Centre over a one-year period between July 1976 and July 1977. In the dissertation I argued strongly for the integration of disabled children within mainstream education so that 'they are children first and handicapped second [in order] to break the ideology that treats a handicapped child as a second class, imperfect commodity and his [sic] parents as responsible for manufacturing a failure' (Read, 1977, p. 10).

But more importantly, I started to see beyond the disability to the child. This happened slowly at first, as I began playing with the children in my breaks. Through this process, I started to relate to individual children without the disability, and my associated fear of it,

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<sup>2</sup> This was one of the terms used in the 1970s for children with learning difficulties.

which had blocked my perception of them as children first. I stopped replacing percepts with concepts, through the over activity of the linguistic-conceptual mind, and started experiencing reality, i.e. the child as a person, a feeling and perceiving being (Bai, 2001).

## **A referral on a sunny Monday in the summer of 1978**

In 1977, after a period of working in a very deprived area on a student placement, I decided to apply for a social work position there. A key influence in that choice was the vitality of the team. Marsh and Triseliotis's (1996) study of social workers in the period immediately following qualification found that induction, in-service training and good supervision all played a significant part in a social worker's early career. I was very fortunate in having all three. I also had wonderful supportive, colleagues, and no staff changes in my first year.

I returned from a week's holiday on this sunny Monday; the exact date is etched on my mind. But I can't remember where I'd been on holiday, which is unusual, because I can remember virtually all the holidays that I ever had and where I went.

The office was quiet: it was high summer and half my colleagues were on holiday. At less than a year qualified, I was the most senior person in charge of the Intake Team: the Senior Caseworker, who was normally in charge had left for holiday on the Friday as had the District Manager. That left me to sort through the referrals in the basket and then discuss them with the Senior Social Worker, who was deputising for the Manager. There were two that troubled me: one was a single woman with mental health problems; and the other was a young couple, Alan and Stella Green, who had a three year old child and an eight week old baby.

The three year old, Jason, was the male partner's stepson; the baby, Tracey, had recently been diagnosed with a congenital heart problem. We had somehow lost the file and so we only had referrals since May, and we knew we had another file because the mother had been known to us previously. There was something about those referrals: there were a lot of them. The couple had come in on a few occasions with different financial queries regarding their benefits. There was also concern about Jason from the health visitor and his attendance at nursery; and more recently, about the baby. When Tracey had recently been diagnosed with a heart problem, her father had become very aggressive on the hospital ward.

Because we were short-staffed, the couple had been written to the previous week, asking them to contact us and then to come to the office. They hadn't been in touch at all. A visit was called for.

On that warm summer's day, I had to work on another case, which involved a planned move for two children to their natural father and his second wife. They had been burned by their mother, and were in foster care. This was a very important visit, because I needed to find out their wishes and feelings about the planned move, which had to be approved by the Social Services Committee later that month in order for the brothers to start school at the beginning of the new school year.

So I discussed the two cases with the Senior Social Worker. We agreed that a visit to Jason and Tracey's family was necessary, but who could do it? I was the only qualified

Social Worker in the office during that week. When could I do it? The planned visit was some 15 miles away and would take me the rest of the day into the early evening. So we agreed that I would miss the Tuesday team meeting and visit the Greens the next morning.

I drove to work that Tuesday morning thinking about the planned visit to the couple, what I needed to cover and the open-ended questions I might ask at the beginning of the interview: Why I've come? How is Tracey's health now? How is Jason getting on at nursery? How are your finances now? All the time I would be watching and noting family relationships. I felt apprehensive.

I breezed into the office, not intending to stop for long. Joan, our wonderful, calm receptionist looked worried. My dominant memory is of the vivid pinkness of the form, which she handed to me personally: Emergency Duty Team referrals were pink and normally signified some disruption to whatever you had planned for that day. My other memory is that the writing was in blue biro and the first scan of the content went something like this:

' Fractured skull . . . baby had been crying . . . father had hit her head against the coffee table . . . in intensive care . . . unlikely to survive . . . mother out working that evening . . . father in police custody'.

That case was a turning point in my early career: I understood the seriousness of the job I was employed to do and the life endangering consequences when you did not get it quite right. This case and what I learnt from it provided the energy and passion that drove my career for the next 20 years.

Fortunately for me, unlike numerous other social workers involved in child death inquiries a few years later (see, for example, London Borough of Brent, 1985; London Borough of Greenwich, 1987; London Borough of Lambeth, 1987), I was not blamed for Tracey's death. I was less than one year qualified and had, at least, recognised that a home visit was necessary. I had agreed with a senior social worker, who was the line manager on duty at the time, the course of that action i.e. the visit on the Tuesday morning, just over 14 hours after the fatal injury to Tracey, as opposed to the Monday afternoon. In a hard-pressed social services department, it is always much easier to focus responsibility for a child's death on front line staff, rather than the managers or councillors who are responsible for the resources and infrastructure. In this regard, the inquiry into the death of Victoria Climbié was unusual in departing from the normal practice of exclusively blaming front-line staff (Lord Laming, 2003).

A few months later, I witnessed at first hand the paralysing effect on two of my friends who were the social workers for the mother and father in another child death case. I remember them sitting in my house going over and over the scenario leading up to the baby's death: when the files were called in their recording was not up to date. Wishing that somehow the clock could be turned back to this time last week, they were vulnerable and they knew it. I had been more fortunate, and because I was not fearful, I could reflect on this case and the wider context from a position of respect from my employers, job security, and support from my colleagues.

Thus I was able to think about the organisational context over that summer which led to reduced staffing; the competing demands on my time on the day; what we knew and did not know when the file was found just a day later, filed under the mother's maiden name (so simple to find, if someone had asked); what I found out and what happened later, and whether a home visit would have made any difference to the outcome. The territory of child welfare is the 'swampy lowland', where the 'indeterminate zones' of everyday practice are preoccupied with 'the problems of greatest human concern' (Schön, 1987, pp. 3-6). Above all, it is the domain of the unpredictable and can be life threatening for all those involved (Stanley and Goddard, 2002).

So I found strategies to make this serious and risky job safer. I allowed time before a visit, either in the office or in my car, to work out exactly what the purpose of the session was and made brief notes of the areas I needed to cover. I always turned up on time so that I could be child-focused and therefore not defensive with reluctant and resistant carers, and I developed a system of recording as soon as possible after a visit in the relative safety and calm of my car. I would drive to the edge of the city boundary where there were some playing fields and long horizons to help me recall details and process the information. I began to understand how important it was to centre myself in this work so that I remained firmly focused on the child and his/her welfare. With young parents who are clearly struggling, some of whom may have been or are in care themselves, and some of whom may also be disabled, you have to be very careful not to lose sight of the child as the primary client. Essentially, this was what had happened to my two friends. I learnt to practice safely from the fear that I witnessed in my front room: the father in this case also fatally injured the baby, and both parents were teenagers and in care themselves at the time.

## **In Mandy's best interests**

One long term case that I held for two and a half years created some particular challenges: I had to balance the different parties' competing rights, needs and interests, as through time we journeyed through the 'swampy lowland' referred to above (Schön, 1987). Above all, it taught me about people's feelings as an explanation for why they behave as they do: it made me realise that what can be seen as downright awkwardness, may in fact be the need for acceptance, as in the case of Mandy and her discreetly controlled double incontinence, or a demonstration of love coupled with guilt and the pain of loss, as in the case of her mother who refused to consent to her adoption.

And so one night in 1980, I stayed up until dawn and wrote Mandy's story, as a nine-year-old abused and disabled child who was fostered and eventually adopted after a long period in residential care (Jones, 1980). The story charts the dilemmas involved in placing Mandy; and describes the competing interests and the emotional attachments of her foster/ adoptive parents and birth family.

Mandy was described by staff at the children's home as "the most institutionalised child" that they had ever known. Against the odds, she was placed with the foster carers and eventually her behaviour problems subsided. And then her parents wanted her back and so began a very difficult period in which I had to assess their claim to be able to offer her safety and stability after an earlier removal due to an incident of child abuse. It was what Mandy told me 'about her terror of the whole process' that made me realise that 'I had

completely overlooked her own need to discuss these strangers' [her proposed foster carers] (Jones, 1980. p.24).

Together, Mandy and I sought to make some sense of what had happened to her, and her wishes and feelings about the proposed return home:

With Mandy settled, my next task was to discover her explanation of why she had to be in care. One evening a conversation arose when Mandy spotted a map in my briefcase. It was the map of her home town. Mandy spread it out on the dining room table and systematically identified the children's homes, the hospitals, her brother's school and her home. She started talking about her memories and her friends. I pushed the conversation towards her interpretation of the event which led to the place of safety order [compulsory removal from home].

"It wasn't really my fault, I was trying to make Simon get back into bed and be quiet. Mum came upstairs and thought I was making a noise so she hit me." Even the catch-all explanation, "Your Mum couldn't really cope," did not explain why she had to be in care and her brothers and sisters were still at home.

The introductory period taught me as an ideal the need to plan actively with the child for the future, to build in disappointment and rejection as real possibilities. The past was different. My aim was to be as open as possible. (Jones, 1980, p. 25)

I was only able to consider writing up Mandy's story when I was in a new less pressured job involving direct work with children, which I had taken as a result of working with her. Mandy taught me that a social worker needs good skills in communicating with children, and that I needed to improve mine by more direct work.

The next year I went on a study trip to Sweden to look at the concept of 'normalisation' and the integration of disabled children within mainstream education (Jones, 1982): the separation of disabled children into 'special schools' had troubled me in my first job and as a student social worker. Mandy taught me that she, and multiply marginalised people like her, had as much right to a 'normal life' as any person. The problem lay with society and how people who departed from the norm were considered. Rather than being respected as individuals, as subjects with distinct rights, disabled children are treated as objects, as children to be ignored or looked after and pitied; this all too frequently makes the person doing the pitying feel better and more powerful about him or herself.

## **Graham**

Several years later I worked with Graham as his Guardian ad Litem.<sup>3</sup> Of all the children I met during my career as a social worker, Graham and the chronology of his life had the most impact on me. In order for you, the reader, to engage with the circumstances of his life and his narrative, I present a completely anonymised chronology below in which key identifying factors and all dates have been changed.

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<sup>3</sup> An independent social worker, appointed by the Court in care and related proceedings, to act in the child's best interests.

## **The Family**

Father – Harold Alfred Henry Coyle D.O.B. 11.1.21

Mother – Mary Florence Reeves/Coyle (nee Gray) D.O.B. 25.5.52  
Died at home 2.4.89 – Pneumonia.

**Subject – Graham Derek Anthony Coyle D.O.B. 28.2.83**

Present addresses:

- i) Graham is in the care of the local authority and is living in a small children's home in St. Stephens Road Fairham. This is situated close to the family home.
- ii) Mr Coyle is living at Flat 3, 258 Fircroft Ave, Fairham.

## **Housing**

*I have visited 3/258 Faircroft Ave on six occasions, with entry to the flat on four occasions.*

*The property is a two bedroomed ground floor council flat. Mr Coyle, Mrs Reeves/Coyle, and Graham moved to this address in July 1987; and Mrs Reeves/Coyle died at this address on 2 April 1989.*

*I understand that Graham has generally slept with one or both of his parents in their bed, with the small bedroom being unoccupied when I saw it. I have not seen Mr Coyle's bedroom or the toilet/bathroom.*

*There is no light in the hall/corridor. The sitting room is heated by a one bar electric fire situated in a wooden fire place surround, where cigarette ash is deposited; the room was exceptionally cold when I visited on 7<sup>th</sup> February. The three piece suite is badly damaged, and the walls are covered in a yellowish paper, torn and nicotine stained. There is a television in the room, and on one occasion I saw a doll's pram with which a neighbour's child was playing; I saw no other toys. The curtains have always been partly drawn so I have not had a full view of any garden area. The area I did see looked overgrown and unsuitable for a child to play in. Mr Coyle offered to show me the kitchen which was reasonably well stocked with tins of food. The floor was dirty and sticky, and there were a lot of plates and cutlery waiting to be washed up, some having dried food stuck to them whilst others were soaking in the sink.*

*I understand from Mrs Wendy Green, Home Care Organiser, Southfields, that Mr Coyle receives a total of three hours home care service in the week, one and a half hours on a Monday and one and a half hours on Thursday; this level of service has been provided since September 1989. From April to September 1989, two home carers worked together in the flat, and there were two major "spring cleans" in April and August 1989. On these occasions a team of four or five workers wearing the maximum level of protective clothing cleaned the property. Mrs Green, herself, led this team, and I shall include her description of the conditions she found in the flat under **Calendar of Main Events and Decisions**.*

*Her impression was that prior to Graham's removal on 2<sup>nd</sup> October 1990, there was no effort to maintain the cleaning between visits. Mrs Green reported a vast improvement in the standard of the kitchen and sitting room when she visited on 18<sup>th</sup> December 1990. Mr Coyle apparently said to*

her that he was making the effort in order to keep Graham, but that he would still like the services of a home carer.

### **Calendar of Main Events and Decisions**

*The histories of Mr Harold Coyle, Mrs Mary Florence Reeves/Coyle (nee Gray), Mr and Mrs Gray, parents of Mrs Reeves/Coyle, and Mrs Stevens (nee Gray), sister of Mrs Reeves/Coyle, will be found under the relevant sections of this report.*

*For the purposes of appreciating the historical, social and legal context surrounding the birth of Graham on 28<sup>th</sup> February 1983, I commence this section of the report from the marriage of Alec and Mary Reeves (nee Gray) in 1974:-*

- 25.7.74 Alec Reeves and Mary Gray married at Anytown Registry Office*
- 5.8.76 Sandra and Amanda Reeves born. Family living in a flat in Hamblefields.*
- 22.11.76 Baby Amanda reported to have bruising on the chest. No satisfactory explanation given.*
- 1977 Home and child care standards noted to be extremely low by social services.*
- Nov 1977 Family aide introduced.*
- 24.5.78 Nursery reported suspected sexual assault on both Sandra and Amanda. Medical examination revealed abrasions inside their vaginas, but medical view was that assaults had not taken place.*
- 29.6.78 Case Conference. Increasing concern being expressed for the welfare and safety of both Sandra and Amanda by agencies involved with the family. Home circumstances noted to be deteriorating even further.*
- 7.7.78 Incident where a friend washed Sandra's hair and the child was nearly drowned. Some bruising noted on Amanda's chest. No explanation given. Care proceedings commenced.*
- 4.9.78 Care Orders made in respect of Sandra and Amanda.*
- 16.10.78 Rehabilitation plan commenced, but eventually abandoned due to lack of progress.*
- Jan 1979 Alec Reeves convicted of a sexual offence (indecent exposure) against two teenage girls.*
- 2.3.80 Access to Sandra and Amanda by parents denied.*
- Aug 80 Sandra and Amanda placed with long term foster parents. Parents subsequently made application for revocation of the Care Orders. First dealt with at Anytown Juvenile Court.*
- 5.8.80 Appeal at the Crown Court; Care Order upheld.*
- Nov 81 Mr and Mrs Reeves met Harold Coyle.*

- March 82 Mr and Mrs Reeves indicated to social services that they would be moving to live with an "Uncle" in Acacia Avenue, the home of Mr Harold Coyle.
- May 82 Mrs Reeves notified social services that her husband had left and she was filing for divorce.
- July 82 Mrs Reeves (nee Gray) told social services that she and her "Father" (Mr Harold Coyle), with whom she was living, wished to discuss the possibility of having Sandra & Amanda returned home. Mr Harold Coyle, assuming the name "Mr Gray" and therefore purporting to be Mary Reeves' father, stated that with his support he felt Mary Reeves could care adequately for Sandra and Amanda.
- Home conditions noted to be much improved, but both girls to remain with foster parents. "Mr Gray" (i.e. Mr Coyle) said he would take the matter through the Courts; refused contact with social workers.
- Aug 82 Mrs Reeves still saying that Mr Coyle was her father.
- 13.1.83 Case Conference. Mrs Reeves pregnant. Social work staff not told of pregnancy and refused access to the home. Key decision to seek the advice of the Local Authority Solicitor regarding protection of the new born child. Case conference to be reconvened if not possible for the child to be kept in a place of safety. Report for conference by Ms.A. Owen, Social Worker indicated that 'Alec Reeves is said to be the father of the child'.
- Early 83 Mrs Reeves and Mr Coyle moved to 1 Wilfred Dickson House, St Saviours Rd, Queensbridge. Mr Coyle now apparently more willing to co-operate.
- 2.2.83 Case Conference. "Mr Gray" now recognised not to be Mary Reeves' father, but Mr Harold Coyle. Moreover Mr Coyle now indicating that he is the father of the expected baby.  
Mr Coyle's age noted as 57 when, in fact, he was 62 years old (D.O.B. 11.1.21). Social Worker unable to gain any further information from any sources about My Coyle's history. Care proceedings, not a Place of Safety Order (due to Mr Coyle's willingness to co-operate), to commence when the child is born, with immediate home-on-trial.
- 28.2.83 Graham Coyle (then known as Gray) born at Anytown Maternity Hospital. Condition at birth noted to be excellent.
- 5.4.83 Graham discharged from hospital with his mother to Mr Coyle's and Mrs Reeves's flat in Queensbridge.
- 7.4.83 Anytown Juvenile Court, case adjourned.
- 11.4.83 Alec Reeves to social services. Asking about court case in respect of Graham. Said he was not the father of the child.
- 21.4.83 Anytown Juvenile Court, case adjourned.
- 29.4.83 During a home visit to the child Ms Young, Health Visitor, met Alec Reeves and his new partner, Barbara Jones. Ms Young told me of a mental note she had made at the time that Graham bore a marked resemblance to Alec Reeves.
- 12.5.83 Anytown Juvenile Court, case adjourned.

- 2.6.83 *Anytown Juvenile Court, case adjourned.*
- 20.6.83 *Anytown Juvenile Court. Special Hearing. Local Authority wanting a Supervision Order in respect of Graham. Legal submissions.*
- 28.6.83 *Medication examination of Graham by Dr Harris, Consultant Paediatrician. Noted to be 'a healthy looking and apparently well cared for baby whose development was appropriate for his age'.*
- 11.7.83 *Anytown Juvenile Court – legal submissions. Decision to hear the evidence. Indication that judicial review might be sought.*
- 9.8.83 *Local authority solicitor served with an order for the High Court of Justice: proceedings stopped in Juvenile Court.*
- Oct 83 *Wardship considered as an option, but decision not to initiate.*
- 22.2.84 *Case heard at the High Court. Appeal dismissed. Child's solicitor indicated he intended to refer the matter to the Court of Appeal.*
- 27.3.84 *Medical examination of Graham by Dr Lorca, S.C.M.O., Anytime Hospital. Graham now aged just over one year old. Description of development appropriate for his age. Suggestion re offer of playgroup – not acted upon. Discharged from clinic.*
- May 84 *Social services closed the case; decision not to pursue a Supervision Order. Play therapist to visit once a week. Health Visitor informed.*
- 2.7.84 *Child's solicitor, withdrew the appeal. Summons to be withdrawn in Juvenile Court.*
- 1.8.84 *Care proceedings withdrawn.*
- Nov 84 *Letter from Mrs Reeves's solicitors re Mrs Reeves's wish to have access to Sandra and Amanda reinstated.*
- 27.2.85 *Contact resumed with Amanda and Sandra. Mr Coyle did not want Graham to attend a mother and toddler group; did not want other children hitting Graham.*
- 1.3.85 *Graham completely failed his two year developmental screening. Only words noted to be "Woof", "Bugger" and "Fuck". Mr Coyle reluctant to allow Graham to go to playgroup.*
- 1.7.85 *Mr Coyle noted to be reluctant to send Graham to playgroup; he thought that he might still be aggressive to other children.*
- 15.11.85 *Anytown Juvenile Court. Access Hearing. Parental access to Sandra and Amanda not granted.*
- 12.3.86 *Graham completely failed his three year developmental screening. Noted to be globally delayed, particularly speech and language.*
- April 86 *Both parents noted to be willing re a nursery place for Graham.*

- 2.5.86 Case Conference. Concerns about Graham's development and the reluctance of Mr & Mrs Reeves/Coyle to provide appropriate stimulation themselves. Recommendations centred around pre-school provision.
- 14.5.86 Graham started Freshfields Nursery three days a week. Taxi arranged.
- 26.6.86 Attendance at nursery noted to be poor.
- 29.9.86 Graham noted to behave much more normally at nursery than in the home.
- 19.1.87 Mr and Mrs Reeves/Coyle cancelled taxi and place at Freshfields Nursery.
- 18.3.87 Mr and Mrs Reeves/Coyle refused to let Graham go to Freshfields unless he could have a taxi both ways.
- 7.4.87 Graham attended a Child and Family Centre for developmental assessment. Mr & Mrs Reeves/Coyle failed to co-operate and send Graham to Monday am play therapy sessions there after the assessment.
- July 87 Family moved from Queensbridge to 3/258 Fircroft Ave, Fairham.
- Sept 87 Mr and Mrs Reeves/Coyle asked about school for Graham. Wanted him to attend local school; did not want him to be statemented. Graham noted to be on reins, now aged 4½ years.
- Oct 87 Statementing process began.
- Nov 87 Statementing process halted: parents wanted Graham to receive mainstream education.
- Dec 87 Arrangement made for Graham to go to Graceworthy Family Centre two half days per week until Easter. Bus fares to be paid.
- 28.2.88 Graham's fifth birthday; had now reached statutory school age.
- April 88 Mr Coyle still expressing doubts about special schooling for Graham.
- 27.6.88 Graham, now aged 5 years and 5 months, started at Hundred Acre School.
- 20.10.88 Small bruise noted on Graham's back; said by Mrs Reeves/Coyle to have been caused by caning at school; said by Graham to have been caused by his Dad. No recorded follow up, although intention to do so noted.
- 17.11.88 Argument between Mr Coyle and Mrs Reeves/Coyle. Mary Reeves/Coyle, accompanied by Graham, left Mr Coyle. They went to stay at her sister's.
- 30.11.88 School nurse referred to GP re medicine sent in with child. Graham noted to have persistent diarrhoea (ref. a previous letter home re diarrhoea 7.9.88) Medicine (Dioralyte) was deemed by the GP to be thoroughly inappropriate.
- 5.12.88 Mary Reeves/Coyle forced to return home with Graham. Her sister and partner could not tolerate the demands made on them any longer.

- 1.2.89 *Transfer to Fairham. Social Worker – Mrs T. Carpenter. No recording on file from 1.2.89 to 2.4.89. I therefore presume there was no contact.*
- 2.4.89 *Mrs Reeves/Coyle died at home from pneumonia. No medical attention sought.*
- 7.4.89 *Case referred to Mrs W. Green, Home Care Organiser by Social Worker.*
- 10.4.89 *Visit by Mrs Green. Mrs Green described the condition of the flat as “appalling”: it was the worst case she had come across in 15 years. Every part of the flat was “filthy”.*
- 12.4.89 *Graham being looked after by Mrs Joan Busby, a friend of Mr Coyle’s. All six of Mrs Busby’s children have been or are in the care of the local authority. Tracey (D.O.B. 6.2.85) is currently living with her mother ‘home on trial’.*
- 24.4.89 *Visit to clean flat; Mrs Green and four home carers wore maximum level of protective clothing. A detailed description of the condition of the flat on this occasion will be outlined under **Graham Derek Anthony Coyle***
- 3.5.89 *Mr Coyle refusing home help; apparently suspicious that they were there to ‘snoop’. No detailed recording on file during the last six months about Graham, his well-being and reaction to the death of his mother; but noted to be very boisterous in April.*
- 11.5.89 *Graham lacerated his chin at school. Taken home by Mr Forsyth, Head Teacher. Mr Coyle had apparently been drinking, and was angry. Graham was frightened. Graham taken by Mrs Busby to Hazleton Hospital for treatment. Whilst there she alleged that Mr Coyle hits Graham daily with his fist or a dog lead. Subsequent referral letter to social services and follow up by Social Worker; no evidence of abuse which would lead Social Services to consider statutory action ‘at this stage’.*
- May – Aug 89 *Two home carers, to give support to each other, given the task of cleaning the flat together on a regular basis.*
- 23.8.89 *Mrs Green, Home Care Organiser, with a small team of home carers completed another “spring-clean” on the flat: condition said to be deteriorating, although not to the level found in April 1989.*
- 6.10.89 *Case Discussion. To try day care for Graham ‘with a view to building Mr Coyle’s confidence to accept short stay care should his health deteriorate further’.*
- 21.11.89 *Graham diagnosed by Mrs F. MacInniss, School Nurse, as having an infection in his big toe, left foot and in his finger.*
- 12.3.90 *NSPCC Anytown received phone call from a woman caller who reported physical abuse of Graham by Mr Coyle. Alleging Graham hurt every week; also not fed properly.*
- 27.3.90 *Case Discussion. Purpose of meeting to discuss relief care for Graham, and how this might possibly lead to a long term placement should Mr Coyle be unable to care for him. Main conclusion – to continue in the search for foster parents who would be willing to offer respite care in the short term, with the potential for a long term placement. ‘This idea can only be slowly developed in order not to lose the family’s confidence’.*
- April 90 *Ms S. Morris, current Social Worker, became involved.*

- 10.4.90 NSPCC Anothertown received phone call from same caller who made referral on 12.3.90. Allegations of possible physical abuse by Mr Coyle to Graham. Graham apparently heard screaming and shouting as if being hit. Police follow up. Father has been drinking but not drunk. 'Graham checked – ok.'
- 21.5.90 Concern again expressed to social services by Mrs Busby, a friend/? cohabitee of Mr Coyle's, regarding Graham's welfare. Telephone referral by her to Social Services.
- 24.5.90 Social work home visit. Mr Coyle ill – unable to pursue allegations. Mr Coyle and Mrs Busby no longer together.
- 10.9.90 Mrs F. MacInniss, School Nurse applied a finger dressing to Graham's right hand – finger septic.
- 1.10.90 Concern expressed again by Mrs Busby for Graham's welfare. Telephone referral to Social Services.
- 2.10.90 Telephone liaison with school re referral 1.10.90.
- 2.10.90 Telephone referral by Mrs Busby to the Emergency Duty Team alleging Mr Coyle drunk. Follow up visit by Mr. S. Morris, Social Worker, and the Police. Graham found at the home of a known paedophile and removed on a police Place of Safety Order. Placed with emergency foster parents.
- 8.10.90 Graham placed at St. Stephen's Children's Home
- 6.11.90 Case Conference. Agreed that rehabilitation to Mr Coyle should not be attempted, and after a full assessment of Graham's needs had been completed, a permanent family placement should be looked for. Unlimited access to continue, but with no overnight stays for Graham at his father's home. Graham's name placed on the Child Protection Register.
- 11.12.90 Case Conference
- 12.3.91 Dates on which the substantive hearing is to be held.
- 13.3.91

From the chronology you can see how, as a severely neglected and abused child, Graham was allowed to slip through the net designed specifically for children like him. Whenever I read this chronology I feel very sad about the loss of Graham's potential as a human being: perhaps you too want the clock to stop when he was a small baby with the usual needs for relationship and love (Gerhardt, 2003). This extract from my report gives an idea of the kind of child Graham was when I met him, aged 7:

*Graham was always enthusiastic whether it was a trip to "MacDonalds", the play people, opening my car doors with the keys, carrying the toys, reading books, drawing, playing with puppets or doing jigsaws. He demonstrated a concern about my needs e.g. passing me my seat belt after I had secured him in his, offering me "fries", or asking me if I wanted to eat when he was having his tea.*

So why did nobody see what was going on in this household? There were, for example, the early pathetic lies about family relationships and who Graham's father was which should have raised concerns. However, one key factor was that this was not a 'nice'

household to visit. When I asked the main workers involved with this family how they each felt about visiting the flat, quite independently each practitioner said that they hated visiting it more than any other house. Quite simply they did not stay around long enough to engage with the squalor of the child's circumstances; and they were manipulated and possibly intimidated by the main carer, Mr Coyle, who persistently sought to further isolate Graham from the services that were there to help children like him. For example, he used his age and state of health to throw workers off the child's agenda when they made visits to investigate safeguarding concerns, thus ensuring they went away feeling sorry for him.

Another factor was that when assessing child neglect, it is difficult for workers, to stand back from what they have been doing and reflect on whether the child's circumstances have actually improved or not (Jones and Gupta, 1998). Finally and perhaps most importantly, I realised how difficult it was for Graham's voice, as a young child with learning difficulties, to be heard amongst all the adults. He became almost invisible and unheard in a chaotic household and fragmented community; and the professional system mirrored this chaos (Reder, Duncan and Gray, 1993). In short, the adults did not see him as a person with his own needs, interests and rights (Myers, O'Neill and Jones, 1999). I will show in Chapter Four, using presentational form, how I deepened my understanding of Graham's circumstances.

The next section of this chapter looks at the nature of personhood and how people from marginalised groups are potentially multiply disadvantaged through the inter-locking nature of oppression. By contrast, those who have many of the dominant characteristics may hold undue power and influence, especially in cases of child abuse. A power relationships' analysis makes such power differences explicit. Graham, and abused children like him, provided the experience from which I developed this theory in the early 1990s: the framework seeks to make the power differences between the child and the adults more explicit.

## **Respect for persons and understanding power relationships in practice**

Respect for persons is considered a pre-requisite for ethical social work practice, and yet the social construction of personhood must be fully understood: '... it has to be seen that personhood is socially defined and that no individual becomes a person without going through a social process of identification and ascription' (Clark with Asquith, 1985, p.16). Thus in the UK, Mandy was seen as a lesser person: she was a disabled child who was totally dependent on the adults around her, reflected in her 'terror of the whole [fostering] process. Mandy's physical dependence on adults literally did not allow her the freedom to run away' (Jones, 1980, p.24). Such dependence frequently encourages paternalism, with adults making up the child's mind for them and not considering their wishes and feelings.

In the late 1980s I had a secondment to a private agency which specialised in child sexual abuse; this was an emerging issue in the UK as survivors' accounts were being published and given a higher profile in the media. Reading these accounts of 'trusted' adults' abuse of children, I began to understand the process of grooming and the powerlessness of child victims (Summit, 1983; Finkelhor and Browne, 1986). Some of my fears about what might have happened to Graham related to such concerns and the fact that as a child with learning difficulties his narratives about alleged abuse were not listened to. It is also

important to note here that at birth Graham was a healthy, normal baby. His early development was within normal limits, but by the age of two he had completely failed his developmental screening and by the age of three his development was globally delayed, particularly in speech and language. Because his mother had learning difficulties there was perhaps an assumption amongst workers that he was “slow” like her. This was not the case.

As a lecturer working in multi-cultural Birmingham and Leicester in the 1980s and 1990s, I was also influenced by the work of an African American feminist, Patricia Hill Collins, who played an important role in drawing attention to the different dimensions of oppression such as race, gender, class, age, etc. and their interconnectedness:

Although most individuals have little difficulty identifying their own victimisation within some major system of oppression . . . they typically fail to see how their thoughts and actions uphold somebody else’s subordination . . . In essence, each group identifies the oppression with which it feels most comfortable as being fundamental and classifies others as being of lesser importance. Oppression is filled with such contradictions because these approaches fail to recognize that a matrix of domination contains few pure victims or oppressors. Each individual derives varying amounts of penalty and privilege from the multiple systems of oppression which frame everybody’s lives. (Collins, 1990, p.229)

Understanding the inter-locking nature of oppression proved crucial to my appreciation of the power of abusers and the powerlessness of their victims; more importantly, it also offered me an understanding of my own relative power or powerlessness to change a given situation. The power relationships framework identifies dominant and subordinate groups in British society. It enables individuals to understand their own capacity to dominate, or to be victimised, depending on who they are relating to, whether it is a girl who has been sexually victimised, a colleague, a manager or a member of the judiciary.

<b>Division</b>	<b>Dominant Group</b>	<b>Subordinate Group</b>
Race	White	Non-white & divisions within
Language	‘Queen’s English’	Non-English and/or Regional
Religion	Christianity	Non-Christian or Fringe Christian
Class	Social classes 1-3 Ownership of wealth	Social classes 4-5 Lack of wealth
Employment status	Professional/ managerial	Unskilled workers Unwaged and unemployed people and Children
Sexual orientation	Heterosexual	Homosexual Bi-sexual
Age	25-35 years	Children and young adults People 40+ years
Gender	Men	Women
Ability/health	Able-bodied Fit, slim Intellectual Those with access to better education	People with disabilities and learning difficulties. Fat people. People with mental illness. Those without access to better education

The framework invites people to position themselves on the matrix and to analyse relationships where they may need to consider more consciously how they relate to the other(s). It has proved to be very useful in encouraging social work students to think strategically about who has power and why in a given situation, and when they might need help from higher status professionals or take the time to build a relationship with, for example, a severely disabled child.

From 1993 to 1995 I used this framework and the work of the sociologist, Max Weber, on authority and domination (Bendix, 1966) to analyse power relationships in institutions where physical and sexual abuse of children had been perpetrated by paedophiles masquerading in a caring role as Head Teacher or Head of Home (Jones, 1993, 1994, 1995a). Once again I started from listening to the voices of survivors of abuse and/or attempting to imagine what life was really like for them in the closed world of the institution on a day to day basis and why they couldn't speak out and, if they did, why they had not been believed. As one survivor of institutional abuse put it:

“Morris [the Head Teacher] had more hold over our lives at school, at home, the lot. He had us right where he wanted us under his thumb. He was a very convincing man.” Richard (Yorkshire Television, 1991)

I sought to answer the following questions (Jones, 1994): How was such domination by the adult abuser constructed? How were victims selected? How was domination maintained? How were relationships with the world outside the institution managed such that the abuse went undetected? Why did it take such a long time for the boys and young men to be believed? I concluded by saying that we needed to address the problem of institutional abuse from the inside looking outwards through ascertaining the views of survivors of institutional abuse, particularly those who now use their experience in a professional capacity to select safe placements for children and young people: ‘It is only when we begin to understand the nature and effect of total control from the child's perspective that we can begin the task of detecting and preventing institutional abuse’ (Jones, 1995a, p.92).

Appreciating child abuse as an abuse of power provided the theoretical framework for the Diploma/MA in Child Protection Studies at the University of Leicester, which I taught on from 1990 to 2000. During this time I had the privilege to meet and discuss with many committed and experienced practitioners. From their practice narratives and our conversations, I reflected on the nature of competence in children and families work.

## **‘Professional Artistry’ and Child Protection**

In 1995 I wrote two book chapters on competence and child protection (Jones 1995b, Jones 1995c). Using accounts from a practitioner and the young person she worked with, I used Donald Schön's term ‘professional artistry’ (Schön, 1987) to argue for a notion of competence that captured the holistic and reflective nature of highly skilled practitioners, a ‘whole person in action’ concept (Issitt and Woodward, 1992, p.48) where practitioners understand the serious nature of the job they are asked to carry out on behalf of society:

In order to protect children from permanent psychological harm or death, front-line workers have to develop an holistic practice which goes beyond the procedures and adult explanations of a child's injuries or ‘disturbed behaviour’, however plausible or authoritative. Such a practice connects intuitively with the world as experienced by the child, and requires a child-

centred practice philosophy, theoretical knowledge of all types of abuse and skills and experience built up over several years. It is the analysis and synthesis of these elements and how they are then applied in assessment which distinguishes outstanding practitioners from average practitioners, and ultimately a child's life from death. (Jones, 1995b, p.88)

Even at this early stage I was interested in the contribution of intuition and analysis, and experiential and theoretical knowledge to competent practice. I return to this again in Chapters Three and Four.

However, individual competence also needs to reflect the multi-agency nature of child welfare and promote improved co-operation across organisational boundaries: the notion of competence and its assessment must transcend a narrow, mechanistic and individualistic context:

Better practice in child protection cannot be derived from narrowly defined competences and a controlling managerialism. Practice in this complex field raises many moral, ethical and emotive issues, and workers are often desperate to receive personal and professional support . . . 'The more human the action, the more likely it is that the action will require creative thought and understanding, and involve a team rather than an individual alone' (Ashworth, 1992, p.16). Those employed in the education and training of child protection professionals need to collaborate now in the interests of learning, so that the holistic and collective nature of critical practice is not lost forever. (Jones, 1995c, p.490)

Re-reading these chapters over 12 years after they were written, I am interested in how I argued for a creative and multi agency approach in the development of learning opportunities for child protection practitioners. This is a thread which is also developed in later chapters of this thesis (Treseder, Jones and Glennie, 2003; Jones, 2007).

## **To end**

This chapter has mapped the early foundations of my professional practice as a social worker and social work academic. The narrative that I have recounted so far forms part of a self-study in my transition from practitioner to social work academic: 'Self-study points to a simple truth, that to study practice is simultaneously to study self: a study of self-in-relation to other' (Bullough and Pinnegar, 2001, p. 14). In order to make a claim to quality and validity I have chosen to use narrative in an account of my professional life, but Bullough and Pinnegar ask what makes a piece of self-writing research?

A self-study is a good read, attends to "nodal moments" . . . and thereby enables insight or understanding into self, reveals a lively conscience and balanced senses of self-importance, tells a recognizable [professional] . . . story, portrays character development in the face of serious issues within a complex setting, gives place to the dramatic struggle of living life whole, and offers new perspective. (Bullough and Pinnegar, 2001, p. 19)

At this stage I would say that I have provided some ground work and made a modest beginning on some of the criteria, which I go on to address in the research account that follows. The 'nodal moments' I have described address issues which strike at the core of the human condition, such as child abuse, the misuse of power, who is listened to and

heard, and competence to respond appropriately. However the analysis is predominantly static and fails to take into consideration a participatory world-view (Reason, 1994).

A more dynamic, relational and reflective approach to professional understanding is developed in Chapters Three, Four, Seven and Eight of the thesis (Dewey, 1981; Thayer-Bacon, 2003; Urry, 2000, 2003; Ferguson, 2006; Fook, 2002; Fook and Gardner, 2007). I now turn to the reflect on the personal and the life events that trouble us as human beings, and which many of the people I met as a social worker were dealing with: the loss of a loved one(s) or loving relationship, the lack of any stability, and the impact of substantial change. The times when life feels chaotic with no fixed reference point.

