

The origins and contexts of contemporary child welfare

Objectives 2

The development of child welfare services 2

Victorian child welfare 2

Postwar children's departments 3

Reorganisation of the personal social services 4

The permanency movement 5

Immediate origins of the Children Act 1989 6

Key elements of the 1989 Act 10

Social work with children and families 12

Family trends 12

The social construction of childhood 14

The purpose of social work 17

Professional competence 18

Some exercises 19

To understand the forces that drive child welfare today, it is necessary to look at the forces that have shaped it in the past. You may groan at the thought of beginning your study of child welfare with a history lesson. You may secretly believe that it doesn't matter what the Victorians did: the world has changed so much that the issues of the nineteenth century are totally irrelevant to us today. In some fields, you may be right, but in the field of child welfare the same issues reoccur generation after generation because they are not matters of fact to be discovered and resolved but matters of judgement, perspective and belief. What rights should a child have, for example? (*answer*: none, if you regard a child as property.) What rights should a parent have? What rights should society have? Whose rights take precedence in the case of conflict? Who decides whose rights take precedence? Through what process? Based on what criteria?

We need to know how these questions were answered in the past and why they were answered that way and what the consequences were of answering them like that. Then, we might be able to avoid making the same

mistakes again. Then, we might be able to recognise that there are fashions in child welfare as there are in everything else: the pendulum swings from removing children (to save them from bad parents) to keeping children in their homes (to avoid the traumatic psychological effects of separation), back to removal (often following a tragedy to a child at home) and back again to an emphasis on speedy reunification with the birth family. With each new swing, the knowledge and wisdom so painfully acquired in the previous swing are lost. With each new swing, we start again, more in a spirit of revolutionary fervour than in a balanced effort to improve what went before.

Accordingly, in this chapter, we will begin by tracing the history of child welfare from Victorian times through to the most recent major piece of child-care legislation: the Children Act 1989. We will continue with a discussion of the social and economic context of child welfare today, and conclude with an overview of the ways that child-welfare workers interact with children, families and organisations.

Objectives

It is always a good idea to know what you are reading a chapter for. You were told to read it – very good – but what exactly is it supposed to teach you? This chapter should help you to understand the origins and key elements of the Children Act 1989. It should enable you to explore the vital balance between promoting children's rights, protecting children and respecting parents' rights. It should give you a beginning understanding of the social worker's role in relation to children and families.

The development of child-welfare services

Victorian child welfare

An issue that confronts people today as it did in Victorian times is the treatment of the able-bodied unemployed. Will giving them money for their keep while they stay at home encourage them in idleness? The Victorians thought so. In 1834, they passed the Poor Law Amendment Act, which stated that the able-bodied would receive their keep only if they entered the workhouse. The aim of the Act was to force the unemployed to seek employment, to eradicate 'out-relief' (benefits provided to people living at home), and to generally deter applications for social assistance. To this end, conditions in the workhouse were made as harsh as possible. Husbands and wives were separated; inmates lost the right to vote; and compulsory

work routines were boring, unpleasant and physically hard. This calculated use of cruelty caused much misery, but failed in its central purpose: to deter applications for social support. Holman (1988) notes that the number of workhouse inmates rose from 78,000 in 1838 to 306,000 by 1848. Nevertheless, many preferred literally to starve rather than enter the workhouse, and the Poor Law was detested and feared by working-class people until it was abolished in 1948.

The notable philanthropist Dr Barnardo identified two failings in the provision of child care under the Poor Law. First, its deterrent nature resulted in hundreds of destitute children struggling to survive on the streets. (Preferring to starve meant preferring to have your children starve with you.) Secondly, for those who were compelled to go there, the regimes in the large barracks-like workhouses deprived children of their individuality and rights, and completely failed to prepare them for life in the outside world.

The obvious need to provide more humane forms of care led to the foundation of a number of voluntary child-care societies in the second half of the nineteenth century, many of them started by individual philanthropists. These voluntary societies believed that their task was to rescue children from bad environments, including 'bad parents', and provide them with a fresh start. Often, the fresh start involved a placement overseas. Between 1867 and 1906, Barnardo's alone sent 18,645 children abroad (Holman, 1988). All the large child-care societies shipped children overseas to destinations such as Canada, Australia and New Zealand. The boys usually became farm labourers and most of the girls were placed in domestic service. Despite the suffering caused to families and the evident unhappiness of many of the children concerned, the practice of child emigration continued until after the Second World War.

Although the voluntary societies were established as a direct response to perceived flaws in the Poor Law, the state and voluntary sectors had much in common. Both sectors stigmatised the receipt of help. Both held that children in need, who were always the children of the poor, should be removed from the unfortunate influence of idle and evil parents. Neither sector was concerned with maintaining contact between children and parents. Neither entertained the notion that help provided in their own homes might prevent children from entering institutions in the first place. Of course, from the state's perspective, such help would have constituted the very out-relief that the Poor Law was designed to abolish.

Postwar children's departments

The hostile attitude towards birth parents which characterised the child-care system during the Victorian era changed little until the arrival of the

Children Act 1948. This Act created Children's Departments, and adopted an altogether more humane approach to the care of separated children, including provision for reuniting children with their birth parents.

Although the Act itself did not mention the concept of prevention, the new staff responsible for the Children's Departments (a Children's Officer and Child-Care Officers in each department) formed professional associations that campaigned for powers to intervene with families to prevent their children being taken into care. The case for prevention was fuelled by the comprehensive social-welfare legislation introduced in the 1940s by the Labour government. This provided the more favourable socio-economic context needed for preventive work. Concern about the high costs of residential care and the high rates of fostering breakdown, together with Bowlby's (1952) theories about the deleterious effects of maternal deprivation (which we will discuss in more detail in Chapter 2), provided a further impetus. In addition, The Children and Young Persons (Amendment) Act 1952 required Children's Departments to act on any information indicating that a child was in need of care and protection, whether or not the neglect was 'wilful'. Thus, by the mid-1950s, most Children's Departments were actively working to prevent the admission of children into care (Packman, 1975).

At the same time, concern centred on another facet of preventive work: preventing delinquency. The Ingleby Report viewed delinquency as a consequence of family problems, to be considered by the courts in the context of the family (*Report of the Committee on Children and Young Persons*, 1960). One of the recommendations of the Ingleby Report became Section 1 of the Children and Young Persons Act 1963. This Section placed a duty on social workers to help any family whose children were in need but were not in the care of the local authority. The Children's Departments thus moved from providing a rescue service to promoting the welfare of children by working with the family as a whole. This role was supported by the later Children and Young Persons Act 1969. Though never fully implemented, the 1969 Act attempted to do three things: integrate methods for dealing with deprived and with delinquent youngsters (since delinquency was now viewed as a consequence of deprivation); reduce the role of criminal proceedings in dealing with young people; and assign responsibility for both the prevention and treatment of delinquency to the Children's Departments.

Reorganisation of the personal social services

Respected though the Children's Departments appear to have been, they were relatively short-lived. On 1 April 1971, the Local Authority Social Services Act came into operation, and the Children's Departments were incorporated into single, generic, social services departments (SSDs),

together with other previously separate local authority departments such as those for welfare and mental health. This amalgamation had been recommended by the Seebohm Committee (*Report of the Committee on Local Authority and Allied Services*, 1968). In fact, this was perhaps the only recommendation of note from the Committee's visionary report that reached the statute book. The Seebohm Report urged much more than the mere reorganisation of the personal social services. It included a whole chapter on the prevention of social distress; it wanted services to be accessible to communities; it argued that communities should participate in the running of services, and that services should be directed toward the well-being of whole communities and not only to social casualties.

None of this came to pass. Moreover, many soon came to believe that the reorganisation of the personal social services had led to a deterioration in the quality of children's services. For example, it was felt that insufficient attention was devoted to prevention and rehabilitation, and that social workers had lost the skills required to place children with good quality substitute parents. These failings were attributed to the negative impact of the generic approach to social work, staff changes, pressure of work, and the large size and complexity of the new SSDs (Parker, 1980).

Greater demands were also placed on social workers by rising poverty and deprivation in the 1970s (Townsend, 1979). SSDs were obliged to ration services, focusing on providing protection to children who had already been neglected or abused rather than undertaking preventive work. Increasingly, social workers came to be perceived by service users as withholders rather than distributors of resources (National Institute of Social Work, 1982).

The permanency movement

The standing of social workers and the case for prevention were further undermined by other significant events that took place in the 1970s. These included the tragic death of six-year-old Maria Colwell, who was killed by her stepfather after being removed from foster care and reunited with her birth mother. Maria's death sparked a media onslaught against social workers, who were accused of worshipping the 'blood tie' between children and birth parents, to the point where the rights of the birth parents were put before the rights of the foster parents or the child (Parton, 1985). The publication in 1973 of Rowe and Lambert's book *Children Who Wait* was also influential. These authors reported that large numbers of children were allowed to 'drift in care' without decisions being taken to ensure their permanent futures (Rowe and Lambert, 1973). Holman (1988) considers that the book was unfairly used as ammunition by the growing adoption lobby,

who saw adoption as an answer to drift and as an ultimate form of permanency. Nevertheless, Maria's appalling death after removal from a stable foster home, combined with Rowe and Lambert's book, did seem to suggest that children were at risk from inadequate birth parents and could and should be placed with substitute parents.

The thrust towards permanent removal of children from their birth parents was supported by those who believed that children need a single set of parents in order to be emotionally stable (Goldstein et al., 1973, 1979). It was further fuelled by the 'cycle of deprivation' theory that was much favoured by Sir Keith Joseph, the then Minister of State for Social Services. This theory identified child abuse as primarily a problem of the lower social classes, and claimed that inadequate parents pass on their weaknesses to their children, who reproduce them in the next generation. You might note an echo here of the 'idle and evil' parents from whom children were being saved the century before.

However, there were a number of organisations which opposed the government's intention to make permanence a central part of child-care policy. These included the Family Rights Group, the Child Poverty Action Group, the National Council of One Parent Families, Gingerbread, MIND and the British Association of Social Workers. Despite the efforts of these bodies, the Children Act 1975 clearly reflected the philosophies of the permanency movement. The 1975 Act gave SSDs much greater control over the lives of children in their care, facilitated an easier severance of parental links, and gave greater security to children in their substitute homes (Parton, 1985).

The permanency doctrine, coupled with further child-abuse inquiries throughout the 1970s, changed social-work practice. Most SSDs set up child-abuse registers, area review committees, and special training for practitioners. A large number of SSDs formulated policies designed to operationalise permanency. For example, specialist fostering and adoption units were created to find permanent homes for 'children who wait'. The Departments were also more willing to assume 'parental rights'. According to Holman (1988), a higher proportion of parents had lost their say in their children's lives by the end of the 1970s than at any other time, including the reign of the Poor Law.

Immediate origins of the Children Act 1989

Those who opposed the permanency movement continued to campaign for a more preventive approach to vulnerable families, and against injustices suffered by birth parents. In the early 1980s, the Family Rights Group demonstrated a need for a change in the law by compiling a dossier of cases

in which birth parents had unjustly been deprived of their parental rights. In 1984, a High Court judge argued that the law was being manipulated against birth parents and in favour of adoptive parents (Hill and Aldgate, 1996, p. 5).

The Social Services Committee of the House of Commons, chaired by Renée Short MP, launched an inquiry. The Short Report (House of Commons, 1984) argued that the emphasis on permanency had inhibited the development of policies and practices that would enable parents either to look after their own children permanently or to maintain links with them in long-term care. It recommended a range of measures to support and protect parents and to reunite children in care with their families. It also supported the concept of a family court as the most suitable environment for making decisions about children's lives. Logically enough, given the emphasis on the family court, the report called for a major review of the legal framework of child care.

At roughly the same time as the Short Report was published, an influential series of nine research projects commissioned by the Department of Health came to fruition. An anthology was published, entitled *Social Work Decisions in Child Care*, which drew together the findings from these studies (Department of Health and Social Security (DHSS), 1985a). In a praiseworthy effort to communicate research findings to policy-makers and practitioners, the anthology was widely circulated and became known as the 'Pink Book'. The Pink Book showed that it was becoming more difficult for vulnerable families to receive help and support, while, at the same time, local authorities were showing an increasing readiness to take compulsory action in relation to children (Hill and Aldgate, 1996). One of the studies revealed that children in foster and residential care often quickly lost contact with their birth parents, although maintenance of such contact was associated with an early return home (Millham et al., 1986). Another study showed that the majority of parents whose children were placed away from home were willing and able to care for their own children, once given the opportunity (Fisher et al., 1986).

Together, these studies highlighted the need for partnership with parents and provided examples of successful partnerships between parents and social workers. In some cases, social workers were able to help parents retain their role as responsible authority figures in relation to their children. If short-term care were necessary, it need not be viewed negatively in terms of failure, but should rather be regarded as a positive way to prevent the permanent break-up of families by providing temporary relief (DHSS, 1985a, p. 16). Given such a positive viewpoint, social workers were able to facilitate parental involvement in the processes, negotiations and family dynamics related to admission and discharge (DHSS, 1985a, p. 20).

Drawing on examples of successful partnership efforts, the Pink Book emphasised the concepts of respite care, shared care and reunification.

In response to the Short Report and the Pink Book, the government established an interdepartmental committee whose findings led, in 1985, to the publication of a *Review of Child Care Law* (DHSS, 1985b). While the *Review* failed to consider the introduction of family courts and did not emphasise the role of primary prevention, it did follow the Short Report in emphasising the need to enable parents to keep or receive back their children. For example, the *Review* supported the notions of 'respite' and 'shared care'. It also recommended that local authority power to assume parental rights should be annulled, and that compulsory removals should need court approval. In addition, it recommended changes aimed at reducing the number of children in care. These included restricting the use of Place of Safety Orders and Interim Care Orders, and abolishing school non-attendance as a sole ground for making a care order. The *Review* also argued that, unless it was contrary to the interests of the children concerned, local authorities should have a duty to return separated children to their parents. Following from the *Review of Child Care Law*, the government produced a White Paper entitled *The Law on Child Care and Family Services*, which was published in January 1987 (House of Commons, 1987).

This move towards protecting the rights of parents was countered by the resurgence of widespread concern about the child-abuse deaths that occurred in the mid-1980s. Such tragedies drew attention to inadequate levels of protection for vulnerable children. The most publicised cases were those of Jasmine Beckford, Tyra Henry and Kimberley Carlile (see respectively, London Borough of Brent, 1985; London Borough of Lambeth, 1987; and London Borough of Greenwich, 1987). The deaths of these children underscored many of the issues highlighted in the case of Maria Colwell: the child's good relationship with her foster parents; the weak or non-existent bond with the natural mother; the problems surrounding the stepfather figure; the failure of welfare agencies to respond adequately to signs of abuse; and the failure to take notice of the child's wishes (Hendrick, 1994).

Jasmine Beckford and Tyra Henry were both in local authority care and both were killed after being returned to their natural families. The social workers in each case were perceived as 'being too naive and sentimental with parents, and failing to concentrate on the interests of the children and to use the statutory authority invested in them' (Parton, 1991, p. 75). By contrast, Kimberley Carlile was not in care and the report indicated that 'both the child care system and the law had failed the social worker(s) in their primary task. Both law and system were therefore seen as in need of major reform' (Parton, 1991, pp. 75–6). The report also recognised the

difficulties and contradictions inherent in child-protection work in a liberal state. Nevertheless, in the final analysis, the primary blame and responsibility for Kimberley's death was felt to lie with the senior social worker carrying the case. This conclusion may be viewed as the inevitable outcome of the quasi-judicial way that child-abuse inquiries operate. Parton (1991, p. 77) argues that 'when an inquiry sets about its task in such individualistic and legalistic ways it will always find an individual – usually the front-line social worker – to hold responsible'.

In the wake of such inquiries, social-work policy and practice in relation to child abuse became rather conservative and defensive. Not surprisingly, it sought to minimise risk and avert the public furore associated with child deaths. Such a restricted and guarded approach to children and families contrasted sharply with the approach promoted by the Short Report, the research on decision-making in child care, and the *Review of Child Care Law* (Parton, 1991, p. 78).

This clash of perspectives was one of the factors that fed into the Cleveland controversy about child sexual abuse that occurred in mid-1987 (Parton, 1991, p. 78). In June 1987, prior to the publication of the Kimberley Carlile and Tyra Henry reports in December of that year, the media reported that an unusually large number of children, around 200, had been removed from their parents and placed into care. The social workers concerned had acted on the recommendation of two paediatricians who, using a newly developed physical test, had diagnosed the majority of the children as having been anally abused (La Fontaine, 1990). The local MP supported the distraught parents and raised the matter in Parliament. This led to the establishment of a public inquiry chaired by Mrs Justice Butler-Sloss (Butler-Sloss, 1988; Corby, 1993). Parton (1991, p. 79) observes that:

if previous inquiries demonstrated that welfare professionals, particularly social workers, failed to protect the lives and interest of children and intervened too little too late into the private, the concerns focused around Cleveland seemed to demonstrate that professionals, this time paediatricians as well as social workers, failed to recognise the rights of parents and intervened too soon and in a too heavy-handed way into the family.

The Cleveland Report lent support to the legal framework set out in the White Paper, with modifications to reinforce the rights of parents and make more explicit the shift towards 'identifying the law itself as the crucial mechanism for both informing decision-making and resolving disputes' (Parton, 1991, p. 114).

This anguished push-pull between the right of children to be protected and the right of parents to autonomy was a major factor in the shaping of

the Children Act 1989. One of the most important objectives of the Act was to strike a balance between the protection of children and the autonomy of the family. However, there were also other factors to be considered: for example, the previously separated and fragmented public and private laws regarding children. In this chapter so far, we have considered the influences associated with public law. With regard to private law, Hill and Aldgate (1996, pp. 4 and 5) note that throughout the 1980s there had been growing concern in the courts that children in divorce cases were victims of an adversarial approach which frequently severed their links with the non-custodial parent. Moreover, research had shown the adverse consequences that protracted court cases could have on the welfare of such children. The Act brought together public and private law.

A third factor concerned children with disabilities. Child abuse scandals and research on the variable quality of services for children with disabilities had highlighted the need for improved services for such children. The 1989 Act unified services caring for all children, including children with disabilities, those with special educational needs, those in boarding schools and those living in hospital on a long-term basis.

Key elements of the 1989 Act

The Children Act 1989 is widely seen as the most important piece of child-care law passed by the British Parliament for England and Wales in the twentieth century. The over-arching aims of the Act are to make the law concerning children easier to understand and use, more consistent across different situations, and more flexible. The Act is also intended to make the law more appropriate to the needs of children by promoting services for, and decisions about, children, young people and their families that are more child-centred (Open University, 1990).

The Department of Health (1989a, p. 1) states that the 'Act rests on the belief that children are best looked after within the family with both parents playing a full part and without resort to legal proceedings'. That belief is reflected in:

- the new concept of parental responsibility;
- the ability of unmarried fathers to share that responsibility by agreement with the mother;
- the local authorities' duty to give support for children and their families;
- the local authorities' duty to return a child looked after by them to the family unless this is against his or her interest;
- the local authorities' duty to ensure contact with the parents whenever possible for a child looked after by them away from home.

The new concept of parental responsibility replaces the notion of 'parental rights' and is intended to emphasise the obligations of parents towards their children. Parents are only given rights if they exercise responsibility. Additionally, the rights that parents have in relation to their children are for the purpose of enabling the parents to fulfil their parental responsibility in relation to their children (and not for their own benefit). Parental responsibility can be shared, thus allowing the inclusion of absent parents and other close relatives. For example, unmarried fathers may obtain parental responsibility, either by agreement with the mother or by court order (see Eekelaar and Dingwall, 1990).

The Act also acknowledges that parents may need support in fulfilling their responsibilities. Therefore, previously restricted notions of prevention are supplanted by 'family support' and local authorities are given a new duty to facilitate the upbringing of children by their parents. Moreover, the Act promotes partnership between parents and local authorities. Under the Act, local authorities can no longer assume parental rights or demand notice of a child's removal from 'accommodation'. Instead, they must work on the basis of negotiation and voluntary agreements. Where this fails and children are removed, parents must be kept fully informed and can only be denied access to their children in exceptional circumstances.

The Act also introduces new principles for court proceedings. The child's welfare is paramount and must be considered in the context of his or her physical, emotional and educational needs, age, gender, background and the capacity of caregivers to perform their task adequately. Further, when legal process becomes necessary, delay must be avoided: emergency protection orders must be of short duration and courts must work to timetables to prevent children suffering the adverse consequences of delay. In addition, no order should be made unless an order is considered preferable to no order at all. Finally, the child's voice must be heard: children's wishes and feelings must be taken into account when decisions are made.

The Act seeks a balance between children and parents, the state and families, courts and local authorities. Where power is unequal, the Act attempts to safeguard the weak. Thus, the needs of children are placed first because of their dependence and vulnerability, but parents and other significant adults are accorded increased respect and consideration (Packman and Jordan, 1991).

The Act makes specific reference to race, culture, language and religion as factors that must be considered in relation to the welfare of children. The Act confers a new duty on local authorities to take account of the different racial groups to which children in need belong when providing day care or accommodation. The Department of Health (1989b), *The Care of Children, Principles and Practice in Regulations and Guidance*, emphasises

the special issues that arise for black children and young people and those from ethnic minority groups. It states that such children need to develop a positive self image that includes their cultural and ethnic origins, and that this must be taken into account by services planners and caregivers.

It should be noted that the law on the adoption of children (see Chapter 6) is little affected by the 1989 Act. In addition, more recent legislation in England and Wales has addressed youth justice (Criminal Justice Acts 1991 and 1993) and education (Education Act 1993). Nevertheless, the 1989 Children Act does represent the main legal context for social work with children in England and Wales, and deals with most areas of child care, including residential care, disability, day care, child abuse, and family support.

Scotland and, to some degree, Northern Ireland, have separate legal systems (Ruxton, 1996). Until recently, the central legislation concerning child care in Scotland was the Social Work (Scotland) Act 1968. This provided the legislative foundation for local authority social-work departments, and introduced a system of children's hearings (Tisdall, 1996). The Children (Scotland) Act 1995 has introduced new arrangements for protecting children at risk and caring for children and families in need. This was necessary as only part of the Children Act 1989 – that concerned with day care – applied to Scotland. A Children (Northern Ireland) Order has also been introduced. This is closely modelled on the Children Act 1989 for England and Wales (Kelly and Pinkerton, 1996).

Social work with children and families

Now that we have looked at the key elements of the 1989 Act, we come to the application of these key elements in working with children and families. Families perform the primary role in the socialisation of children. However, the nature of family life has undergone considerable change over recent decades (Allan, 1997). Knowledge of changing family forms and of the diverse nature of childhood experience is essential for effective social work. This is in part because there is an ideology about ideal family types and ideal childhoods of which workers need to be aware so that they do not attempt, consciously or implicitly, to impose these ideal types on the families they are working with.

Family trends

Ruxton (1996, p. 65) identifies the following major demographic and socio-economic changes that have influenced families throughout the European

Union (EU) over the past 20–30 years:

- a decline in the birth rate so that deaths outnumber births;
- a decline in the number of marriages, an increase in the period of time between marriage and the birth of the first child, and a rise in the number of divorces;
- an increase in cohabitation, especially in northern countries in the Community;
- an increase in life expectancy, and an ageing population;
- a diversification of family types, including a growth in stepfamilies and lone-parent families;
- a fall in the number of large families;
- an increase in women's employment, in particular on a part-time basis.

Ruxton (1996, p. 65) attributes these changes to a number of factors, including: economic restructuring and increasing labour-market flexibility; shifts in personal attitudes – particularly towards women's roles – resulting from the rise of feminism; increased control over fertility; the growth of multi-racial societies; increasing debate over gay and lesbian lifestyles; and the effects of government policies.

Most people in Europe live in private households. Households with a family can be classified as childless couples, couples with children, and lone parents with children. Lone parents can be grouped into four main categories: single, divorced, separated and widowed. Over the last 30 years there has been a dramatic rise in the number of lone-parent family households as a consequence of the rise in divorce rates, and the number of births outside marriage. Ireland has the highest proportion of lone-parent households in the EU (10.6 per cent), followed by Belgium (9.2 per cent) and the UK (9.0 per cent), while Finland (4.1 per cent) and Sweden (3.9 per cent) have the lowest proportions (Ruxton, 1996, p. 71).

In the UK, the increasing number of one-parent families has caused concern about the future of the family and, indeed, society. The number of divorces and one-parent families have more than doubled in the UK since 1971 (Dennis and Erdos, 1992). By 1993 the UK had by far the highest divorce rate in the EU at 3.1 per thousand of the population; Denmark and Sweden were second highest (Ruxton, 1996). Around 28 per cent of births in the UK now take place outside marriage, and each year the parents of an estimated 150,000 additional children under 16 are divorced (Dennis and Erdos, 1992).

For both left and right of the political spectrum the family is seen as the foundation stone of a free society; as the place where children learn voluntary restraint, respect for others and a sense of personal responsibility (Dennis and Erdos, 1992). From this perspective, the decline of the

'traditional family' and the rise in the numbers of single mothers is seen as having resulted in increased crime, violence and degradation (see Davies, Berger and Carlson, 1993).

Charles Murray (1990) has linked the growth in numbers of single unmarried mothers to what he regards as a developing British underclass comprised of persons who live outside the norms of social life, whose family ties are broken, who rely on welfare benefits rather than work, and who resort to crime and drugs. However, Brown (1990) has challenged Murray's assertion that single unmarried mothers constitute a special problem, arguing that divorced mothers as a group spend longer on benefit than unmarried mothers and that never-married mothers remain lone parents for a shorter average period than divorced mothers. Further, Walker (1990) contends that Murray's underclass thesis 'blames the victim' and, therefore, diverts attention from the true cause of the problem: the mechanisms through which resources are distributed.

The social construction of childhood

It may seem that it is quite easy to define childhood. Childhood is that period of time during which one is a child. Since being a child is a matter of biology, it would follow that childhood is a biological category and should vary little either culturally or historically (Stainton Rogers and Stainton Rogers, 1992). This easy assumption has been increasingly challenged over recent decades. In a seminal work entitled *Centuries of Childhood*, Ariès (1962) contended that in medieval society the idea of childhood did not exist.

This is not to suggest that children were neglected, forsaken or despised. The idea of childhood is not to be confused with affection for children; it corresponds to an awareness of the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society, this awareness was lacking.

(Ariès, 1962)

Whilst his methodology and conclusions have been challenged (Pollock, 1993; Cunningham, 1995), his material has strongly contributed to the developing notion of childhood as a social construct. Jenks (1982) as well notes that childhood is not a natural phenomenon, but rather a social construct: that is, we view children and relate to them differently depending on our theories about what children are like and what their role ought to be in society; and these theories change across cultures and over time. Jenks (1982) says:

Children have always been with us. However, the manner of their recognition by adults and thus the form of their relationship with adults has

altered from epoch to epoch. They cannot be treated as invariant features of the social landscape. Their location emerges from a set of social relations of control, operating through a hierarchy and based on age. As a social category the child has come to us through time and this passage has accompanied changes in the economy, alterations in the structure of the family, the transition to industrialization and urbanization.

Hendrick (1994) begins his historical account of child welfare in England from 1872 to 1989 by surveying important social constructions of British childhood during the nineteenth century. In approximate chronological order, these were: the natural child, the Romantic child, the evangelical child, the factory child, the delinquent child, the schooled child and the psycho-medical child. Whilst not denying that these constructions are devoid of a biological dimension, or denying the effects of physical being, Hendrick (1994) considers that 'childhood' was, and is, composed by adults – mainly from the professional middle class.

To guide his analysis of child welfare, Hendrick employs two dualisms – mind/body and victim/threat. Much of the history of child-welfare policy has involved the imposition of adult will over children's bodies and minds. Equally, children have been variously presented as victims or threats throughout the course of the last two centuries. These dualisms were not ends in themselves but rather served as ordering categories by which child welfare could be justified or organised. According to Hendrick, their task was to transform children into investments of a racial, educational, familial, medical, social or political nature. Put another way, 'the health, welfare and rearing of children have been linked in thought and practice to the destiny of the nation and the responsibilities of the state' (Hendrick, 1994, p. 14).

Certainly, contemporary child-welfare policy and practice continue to reflect the concerns of the state. Fox Harding (1991) considers that in the UK, 'despite disputes, there seems to be a broad consensus about the importance of children and of the safeguarding of their welfare' (p. 4). However, there is a big difference between consensus around safeguarding children and allocation of resources to enhance their welfare. This may also be illustrated by the apparent difference in policy between enhancing the welfare of children *in their own right* (for example, in child protection) and enhancing their welfare within their family context (in family support).

Fox Harding (1991) has proposed a model of four possible ways of looking at child-care policy. She developed the following classification (p. 10), which also reflects a chronological development in our thinking about children and childhood.

1. *Laissez-faire and patriarchy*

People holding this perspective believe that power in the family should not be disturbed except in very extreme circumstances, and the role of the state should be a minimal one.

2. *State paternalism and child protection*

Here, there is a belief in the legitimacy of state intervention to protect children from their families; intervention may undervalue the biological family connections and be authoritarian in approach. In this perspective children are seen as essentially vulnerable and dependent.

3. *The modern defence of the birth family and parents' rights*

Intervention of the state is for the purpose of supporting families, helping to defend and preserve birth families. This perspective is critical of the lack of emphasis on prevention and reuniting children separated from their families; having entered care, children should be kept in contact with their families and helped to return to them.

4. *Children's rights and child liberation*

People holding this perspective view the child as an actor in his or her own situation, an independent person with rights. In the extreme positions, children should be allowed the same rights as adults (e.g., driving, drinking, engaging in sexual relations). In the more moderate positions, children have rights to express their views and to have those views taken into consideration in decisions about them. It incorporates a greater emphasis on the self-determination of the child.

Theoretical classifications may not, on the face of it, seem particularly relevant to practice; but all social workers have personal views about how far the state should interfere with the family and they tend to practise in such a way that what they do fits as far as possible with what they believe to be right. If you are a 'defender of the birth family', for example (category 3 above), you will work hard to reunite children with even the least promising of birth parents, and a higher percentage of children on your caseload will go home than would have been the case had you believed differently. Conversely, if you are a 'child-protection' person (category 2), you may believe that abused children should be automatically apprehended and their parents, who were to blame for the abuse in the first place, should have no further say in the matter. You will be less likely to pursue reunification and more likely to make active efforts to find the child a permanent living situation outside the birth family.

In a broader sense, you behave in practice according to what you believe your purpose as a social worker to be – which brings us to a consideration of the purpose of social work.

The purpose of social work

There is no doubt that the nature of professional social work places it firmly among the most challenging occupations. Jordan (1997) argues that social work exists in tension between its principles of care, compassion and harmony, and its tasks of assessment, rationing and enforcement. Social workers serve the most vulnerable and disadvantaged in our society – people who may be viewed, on the one hand, as victims of society, deserving care and compassion, or on the other hand, as threats to society, needing to be controlled through the machinery of state. Most social workers would incline to the former view. Like Davies (1997, p. 2) they see their primary task as 'making life more bearable for those whom others might prefer to forget – or choose to condemn' and they would agree with the Central Council for Education and Training in Social Work (CCETSW, 1996, p. 16) when it states that 'the purpose of social work is to enable children, adults, families, groups and communities to function, participate and develop in society'.

Nevertheless, most social workers will find themselves, at various points in their careers, in positions where the controlling function seems to be paramount. They will be 'employed by a range of statutory, voluntary, and private organisations, and work in collaboration with colleagues from allied professions and departments, as part of a network of welfare, health, housing, education and criminal justice provision' (CCETSW, 1996, p. 16). In other words, they will work as representatives of the very systems with which the people they are trying to help are most often in conflict.

In addition, professional social workers practise within legislative frameworks and organisational policies and procedures. They are hedged in by paperwork, bound by procedures and principles with which they might not agree. The art then is to find a balance. In the words of CCETSW (1996, p. 16), social workers must 'balance the needs, rights, responsibilities and resources of people with those of the wider community, and provide appropriate levels of support, advocacy, care, protection and control'. This is obviously easier said than done. Jordan (1997, p. 10) likens social workers to:

blue-helmeted UN troops serving as peace-keepers in a civil war, their role is ambiguous, and they are often denounced, and sometimes attacked by both sides. They are open to manipulation and exploitation by the combatants, and their work is always morally compromised. Their

future is as uncertain as they search for bargains and compromises amid escalating antagonism.

Given that a social worker's role, while so worthwhile, is yet so challenging and demanding, it is apparent that social workers need a high level of professional competence.

Professional competence

Evans (1997, pp. 357–8) offers a model of social-work professional competence that comprises four components:

1. *A repertoire upon which the worker draws*, which contains: (a) the requisite knowledge, skills and values set out in the relevant literature (e.g. CCETSW, 1996); (b) attributes relevant to the professional worker as a whole person, including warmth, empathy, emotional maturity, commitment, integrity and creativity.
2. *Effective practice*, which comprises all the activities undertaken by the professional worker. This includes direct work with services users, indirect work, internal judgement and decision-making, and observable behaviours.
3. *Higher order learning skills*, which include: (a) skills for employing the repertoire of knowledge, skills and values in practice, such as relating theory and research to practice; (b) transfer of learning; (c) skills for developing the repertoire, such as critical reflection on practice; evaluating practice outcomes; effective use of supervision, consultancy and other dialogue; and study skills.
4. *Development through time*, which takes account of the way that professionals can adapt their higher-order learning skills through time as they gain experience.

To qualify for the award of the Diploma in Social Work, CCETSW (1996) stipulates that students in the UK must provide evidence of their competence to:

1. *Communicate and engage*

Communicate and engage with organisations and people within communities to promote opportunities for children, adults, families and groups at risk or in need to function, participate and develop in society.

2. *Promote and enable*

Promote opportunities for people to use their own strengths and expertise to enable them to meet responsibilities, secure rights and achieve change.

3. *Assess and plan*

Work in partnership to assess and review people's circumstances and plan responses to need and risk.

4. *Intervene and provide services*

Intervene and provide services to achieve change, through provision or purchase of appropriate levels of support, care, protection and control.

5. *Work in organizations*

Contribute to the work of organizations.

6. *Develop professional competence*

Manage and evaluate their own capacity to develop professional competence.

CCETSW (1996, p. 17) holds that 'competence in social work is the product of knowledge, skills and values. It is only practice which is founded on values, carried out in a skilled manner and informed by knowledge, critical analysis and reflection which is competent practice.'

Throughout the rest of the book, we will be looking at ways in which social workers can apply these competencies to the challenging situations which arise in the field of child welfare. In this first chapter, we have discussed where the Children Act 1989 came from in terms of its history and what its key elements are. We have looked briefly at the way that ideas about 'family' and 'childhood' change over time; and we have touched on issues around the different and often conflicting rights of children, parents and the state. In the next chapter, we will explore theories of child development.

Some exercises

- Do you think that delinquent youngsters are delinquent because they have been deprived? What might be other factors contributing to delinquency? Relate your discussion to the two dualisms employed by Hendrick (1994) – mind/body and victim/threat.
- What do you think needs to be in place before efforts at prevention can be expected to be successful? Discuss attitudes, resources and policies that you think would be necessary.
- Do these attitudes, resources and policies also apply to family support?