

This paper aims to explore a range of issues surrounding the ways in which social welfare programs categorised and respond to some of those aspects of social disorder which are variously perceived as threats to personal security. These threats are ones which usually arise within the context of social relations and relationships in which mutuality and interdependence are the most prominent features. Generic and popularly the specific sphere of the social with which social welfare programs deal is that of the family. The paper will make use of (Churchman 1979), Midgley (2000), Jackall (2003) and Ackroyd (2000) to explore its use surrounding the matter of the construction of social as opposed to scientific categories and determine the relevance of these theoretical considerations to social work and examples will then be given of reflecting on categorical boundaries in a child welfare programme and the results it has produced in terms of reductions in the numbers of children removed from home and had admitted to substitute care. This section of the paper will also show how information technology is used to make visible the narrative's underlying different categories of case which in turn produce more constructive and creative responses to social disorder.

The problem of social categories in social work policies and practices.
The child welfare example.

During the past 30 years the expression caught child protection court has come to dominate public child welfare programmes in the English speaking world (Parton, 1985, 1991) this expression refers to programmes which deal with court child abuse on court, a term which is part of the self-referential discourse used to refer to the object of court child protection on court policies and practices. In the King's words "it is very difficult.... End of page 5.

Most recently the English expression "domestic violence" has emerged in the context of child protection practices, and is one which scholars have described as being in a consequence of the "child protection juggernaut" (the stillness and trimmed, 1997). Interestingly one of the prominent UK researchers into "domestic violence" and its impact on children has completely changed her mind about the introduction of "domestic violence" into the "child protection" discourse. Open emphasis (Humphreys, 2007) what is in question here is the ways in which the situated social practices of social workers are persistently forced to use global moral categories such as "child abuse" and "domestic violence" in order to categorise the various types of social disorder which are routinely reported to them on a day-to-day basis. These practices are reinforced by the use of these terms on the paper and electronic forms which they use to justify their decision making.

Detailed examination of the social situations and events which are brought to their attention however shows that for the most part they can be more usefully described as representing an enormous variety of different types and levels of social disorder, was usually child-rearing practices of Paul, isolated single parent families who do not have the resources to my successive crises of relationship and behaviour. These child-rearing settings are often confounded biomaterials stress and they feature the regular use of drugs and alcohol. Often the relationships between adults in the settings are fractious argumentative and very occasionally violent. (Parton, Thorpe and Wattam, 1997) in the midst of this, can be found a limited quantity of crime which usually consists of physical and sexual assaults. These can range from relatively minor harms caused by excessive corporal punishment through to torture and murder. In the UK, research in 16 local authorities concluded between 1996 and 2006 only 3% of "child protection" investigations resulted in the place prosecuting an adult for offences against a child or children (Thorpe, 1996 to 2006) most social science researchers into the phenomenon of "child protection" have noted that what has been called "diagnostic inflation" (Dingwall, 1989). Indeed, in 1994 when the publishers of the International Journal child abuse and neglect underline that decided to double the number of editions published from six to 12 per and, the advertising flyer circulated internationally declared that "the scope (of the journal) extends to all those aspects of life which either favour or hinder optimal family interactions" no definition of "optimal" or "family" was offered in the leaflet and no reference has ever been made by the publishers of the journal to the matter of the socially constructed categories.

In many circumstances the matter of relatively un-boundary social categories may not necessarily be a vital concern. However, in social welfare programs they perform a key function by defining which social categories included and which are excluded. Indeed the "work" in social work, while superficially consisting of "assistance" is precisely this use of constructed social categories. The most tragic feature of professional social work education programmes is that for the most part they utterly failed to teach the significance of situated moral reasoning and categorisation as central to working with "a social" or underlined moral categories -- deserving, undeserving, good (parent, child, adult) bad (parent, child, adult) are *in situ* constructions which are necessary for making sense of the life world and greeting and stabilising a version of this world which enables appropriate interventions to be deployed. Indeed a social work manager described the work of her agency to one of the authors of this paper has "... dealing with people who don't fit in anywhere" while another said "... we see people call nobody else wants..." these comments suggest that treating and configuring social categories and Allied social spaces for people to court fit into uncorked lies at the core of the professional task. The irony is that the crucial nature of social sites, taken for granted social categories and the rule-bound nature of social life for the most part ignored by social worker education programmes. Rather, subjects such as "social work skills and methods" and social worker theories which based almost entirely on a variety of 'humanistic' interpretations of the series derive from positivist cognitive behavioural psychology and all

psychodynamic psychology -- taught along with social policy. Social policy itself by definition deals with global moral categories. Subjects such as "equal opportunities", "anti discriminatory practices" and the like are taught within the context of social policy theories with the problem orientation. All this, despite the reality that on the sites where social work takes place, the task of "fitting" people to available categories often determines the nature of the welfare agencies response. It also conveniently ignores the fact that the variety of disorder presented by people in difficulty means that mainstream and normal service responses are simply unavailable to them.

During the past five years the Norwegian government has attempted to "joined up" a range of adult welfare services which include claimants for a wide range of different financial benefits for short and long-term unemployment, short and long-term sickness, transport to and from medical facilities, a range of different pensions including age and disability. Along with these are more personal services including personal social services, with counselling and therapy, sickness and unemployment supports and in some set centres drug rehabilitation services. A financial payments can be given for short term and crisis settings. This programme is known by its acronymNAV and the new organisation created in each municipality Norway combines both local and national government services. All the administrative, clerical, managerial and professional social work staff from the disparate agencies have been brought together under one roof. The authors of this paper recipients of a Norwegian government grant awarded to social scientists to research this programme. Amongst the several early results are the analysis of a number of video tapes made by the authors with the intention of undertaking an ethnographic study of the "work" on two sites in mid Norway. The tapes have revealed that the principal work of some NAV professionals consists primarily in finding a niche or combination of features for claimants and then "fitting" claimants into a variety of forms in order to qualify or make themselves eligible for payments and or services. Indeed the authors have discovered by means of this video ethnography that the first action undertaken by reception workers in NAV offices is that of allowing people to fit into one or more of 29 different categories of claimant/help seekers. This proved to be only the first categorisation intervention. Further video tape analysis revealed for example that much of the "work" consisted in assisting claimants and help seekers to completed application forms for benefit reimbursement of expenses. For example one worker was recorded as processing claims of travel expenses from medical treatment by an older person. In doing so shocked, she completed a total of seven paper and electronic forms. Subsequently the researchers discovered that in total there are over eight 130 different paper forms alone which were in use by workers in oneNAV office. All these forms have inclusive and exclusive dimensions. They all require people to be "fitted" into the eligibility categories. In that sense, most of the "social" work consists in working with socially constructed and boundary categories which are textually rather than

conversationally organise. Martinson 1997 discovered that of the total activity undertaken by social workers that he study, 20% of their time was spent working with paper. In the development of the new subject of "the social science of intervention" the second lecture in the course designed by Thorpe is entitled "working with paper close quote and makes use of the analysis of forms and video tapes to demonstrate how the reasoning processes underpinning the creation of particular categories of person for organisational reasons and then how the life world is fitted into the. Routinely now when social workers are studied in their natural settings in the sites where they work, much of the discussion revolves around the different forms that they use and the electronic forms which they use to configure the life world into various categories. It is these forms in various ways which in part determine the patterns of outcome which emerged for example from child welfare programs.

However, there is a much less visible downside to the child was practices and the "child protection" ideology and discourse. That downside is that unless the distress and disorder which is assessed by social workers can be "fitted" into the categoric is made available by the child protection discourse xtually and procedurally defined on paper and or electronic form is closed true emphasis, then nothing happens. Indeed virtually every study on "child protection intervention" has revealed that only a very small proportion of cases are kept open after an investigation has taken place . The rest, to use Baumann's expression, is "waste". But what of this "waste"? For a long time research has been aware that the problem at the heart of the programme is the categories it uses. (and then te the organisational filters are operated by local child protection systems. Gibbons et al used the analogy of a fishing net "the child protection system might be considered as a small meshed nets, in which caught a large number of minnows as well as a number of marketable fish. The minnows have to be discarded but no rules exist about the correct size of the mesh [the definitional boundaries of that is behaviour designated as 'abuse' or 'neglect'] 51Each fishing fleet may therefore set its own. The 'meshes' are therefore the organisational filters operated by local child protection systems. A child who enters the system must pass through a number of organisational 'filters' before his or her name is placed on the child protection register" (Gibbons, Conroy and Bell, 1995, p. 51. Parton, Thorpe and Wattam added this comment "the implication is that not only are far too many resources concerned with trying to operate nets, but far too many children and families are caught up who should never be the. Not only are they hurt and confused as result, but their needs, in most cases, are not being met and they are offered a few services and little help" (Parton, Thorpe and Watta, 1997, p. 15)

It is interesting to reflect here on the two fundamental points made by Gibbons et al. The first is that an inclusion/exclusion mention exists in the work and that the size underlined of a "mesh" is crucial. The expanded or contracted boundaries of socially constructed categories become fundamentally important to the effectiveness otherwise of the programme. The second is their awareness that there are local variations in the configuration of boundaries and that these variations are a function of the way the work is organised. It is at this point that the work of judgement, Midgley and Shakti provide analytical tools to reflect on and reconfigure boundaries. As McIntyre Mills comments, "see West Churchman talked about decisions and that the word "decision is taken from the Latin, meaning" to cut ". Who is included or excluded, when policymakers decide who will get what, when, how, and why and to what effect" (McIntyre Mills, 2006. Indeed Midgley (2000) speaks of boundaries created by "acts of distinction" (Bateson, 1973) . It is these very "acts of distinction" which are required to make sense of the social disorder encountered by social workers who are required to make a range of distinction is and construct boundaried in order to make sense of and stabilise that which is reportedly threatening to the personal security of vulnerable family members. It has to be borne in mind that the research shows that over three quarters of those mothers investigated as requiring "child protection" pushed in by other government professionals in education, health, housing and a law and order settings. The reasons why they do this primarily to do with their perception that the disorder and threat represented by a person, persons or event in a family setting for outside the boundaries of what they believe are the organisation's responsibilities. Indeed recent research has shown that in the UK, approximately 30% of matters reported by local government agencies could have been better dealt with had they remained in those settings. (Thorpe, Regan, May-Chahal and Mason, 2007). However, I representing situations of potential threat and or disorder as "child abuse" or "risk" within the very broad definitional boundaries used by the discourse, the health education and police professionals are able to "flawed" all open court dump" varying kinds of social disorder and misfortune on to social workers open parenthesis see for example what and Thorpe, 1998). Once the situation has been included within the "child protection case" categorical boundary, it is investigated using a number of forensic tools. However only relatively rarely do the types of disorder and misfortune which are reported prove to be either crimes against children or other situations in which they have either been avoidably harmed or are likely to be avoidably harmed. It is for this reason that the close is closed after investigation.

The second fundamental point made by Gibbons et al is the importance of organisational factors in this scenario. Referral taking work in child welfare agencies is an organised activity. It is part of the routine "work" of social workers. However, a very wide range of possibilities exist as to how this work could be organised, supervised and supported. A most importantly of all, it takes place on particular underlined social sites. It is here where the ethnographic tools developed by Regan become of particular significance.

Her ethnographic research uses video to record activities in referral taking settings where the interactions of people, artefacts (telephones, computers, software, procedure manuals, checklists etc) are organised and ordered in particular ways to produce patterns in decision-making outcomes. Social workers are recorded taking or making telephone calls, checking computer and paper records, making notes and describing their work with the reasoning behind their decisions to place recorded events into particular categories. They then describe the procedures which follow. Essentially these are situated social practice.

Thus far over 66 referral taking sides have been research and as has already been mentioned the methodology is currently being developed further in the context of the "joined up government" research in Trondheim, Norway.

Reducing the numbers of children in out of home care call on an example of systems practice.

In 2007 child welfare agency in the north of England asked for and Regan if they could assist in reducing the numbers of children in out of home care. At the time, the agency's managers were routinely aware that the numbers of children placed in residential and Foster care had increased quite dramatically during the previous six years. The scale of rises was much greater than that experienced by other parable metropolitan district councils in the region. Using to systemic view of decision-making points and category configurations, Thorpe had developed a framework for understanding the nature of the ways in which categories were used to construct different responses to "disorder" in child welfare agencies (figure 1) this process is called "the virtuous cycle" in that it uses research to enable referral taking social workers to reflect on and reconfigure the boundaries of the categories they use to make sense of disorder in the life world. The basic aim of this change in practice was to develop more intensive forms of family support by using categories at the level of referral which reflect the complexity of different referral types and social settings and focused on responses on the families where children were most vulnerable to being removed from home and placed elsewhere.

The resource is released by lowering the number of place to children would in turn the uses to develop a greater number of more varied and intensive family support services. The research took two forms:

1. A study of the electronic paper files of a 100% sample of referrals accepted during the specified time period (approximately hundred and 50). Quantitative and qualitative methods were used to analyse the data which was then presented as report on the 12 month outcomes (careers) of all the referrals. A series of measures were introduced in the report which re-categorised the referral is according to a set of criteria. This report was used to identify the scope for change in practices at the point where referrals were made. It did so why introducing new categories with definable boundaries as ways of dealing with the flood of reports coming into the agency about children in adversity.
2. And ethnographic study of the activity in the referral taking office was made using video. The video was edited to highlight the significant organisational features of this work and a second report was written was summarised that's material and showed how the organisation of different artefacts and the spatial layout of the work area affected some of the social interactions which determine how cases were categorised.

Figure 2 is a diagram which shows the results of the file research.

The paper and electronic records of 152 referred children were read. It was found that 20.4% were to categorised as children living in families which needed help. This category meant that the orientation of the families assessed was one in which they had confidence in parents and treated them as the experts in respect of the care of their children. The majority of these 31 children at and identifiable disability. The third of these children then went on to receive service. All of the remaining hundred and 21 children however was subject to forensic investigations even though only 37 had been reportedly harmed during the initial telephone conversations. 75 -- nearly half -- of the referrals were children about whom concerns were expressed primarily because of the perceived moral character of carers rather than because there were harms oranges children or actions which could potentially cause harm.

The diagram reveals a situation where:

a third of the 31 children with disabilities received help

almost half of the 37 children who were avoidably harmed or likely to be avoidably harmed also received a service.

Only one child in those cases where concerns were expressed because of caregiver shortcomings received a service.

The aim of introducing a new "concern" category (an idea which originated in Western Australia in 1995) was to increase the amount of services to support carers who would otherwise simply be investigated and then, because harm could not be identified, left to their own devices. It was precisely this type of case which was erroneously been dealt with as a child protection matter. Often investigating social workers would see the disorder, distress, poverty, borderline mental illness and general adversity. They offered services, these were refused because of the "investigative" orientation of the initial contract which alleviated stressed carers will only too conscious of their shortcomings, would fear that any further exposure of their child rearing practices to scrutiny would lead to their children being removed.

The results of the introduction of boundary reconfiguration.

Social workers were trained in taking telephone calls and paying much more attention to the specific and local context of the disorder reported to them. Their managers then routinely retrospectively looked at each previous weeks referrals, the categories and to which referrals had been placed and what the outcomes were in terms of services. Every Friday, the data from the previous week was exhibited in a series of simple, projected Excel worksheets using frequency and two-way tables. Each referral record was also made up of the narrative recorded by the referral taking worker. This enabled the managers to draw down on for example the five records falling into an investigated category and read the story. The narrative is embedded enabled them to understand how the patterns of boundary can be configurations working and what kinds of disorder will be investigating and what kinds of disorder were been dealt with as situations of material and emotional stress in need of help and support. Overall, a set of criteria were applied to all the referrals which also enabled the identification of families already known to mainstream education and health service and which would benefit from receiving more intensive "joined up government" services led by those agencies rather than social workers.

Within weeks of introducing these practices, the referral taking, recording, information technology support and the use of local, near-term data on outcomes, the numbers of referrals accepted the numbers of children's names on the child protection register and the numbers of children being removed from home and placed in residential and Foster care reduced quite dramatically.

The Virtuous Cycle

Increased and improved levels of direct service provision by Health, Education and other "Mainstream" agencies

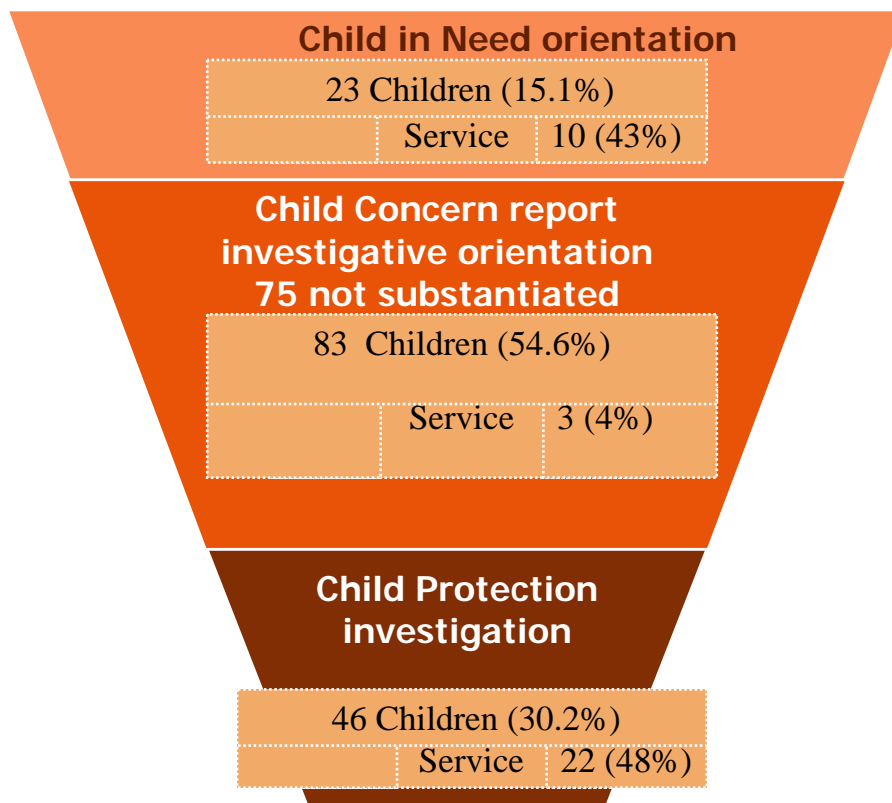
1. Reduced levels of referral to social work
2. Reduced levels of child protection investigation
3. Increased levels of need assessment

Service Allocation Meeting
Increased levels of diversion from substitute care

More resources released and made available for intensive family support



Referral System and Services Provided



Wirral – Early results, Children’s Services Autumn 2007

Dr Suzanne Regan Department of Organization Work & Technology

Lancaster University Management School

David Thorpe

Professor of Applied Social Science

Norwegian University of Science and Technology

After extensive discussions and consultations both within this agency and with corporate partners, new procedures and practices in the management of referrals to this Department were progressively introduced from September 14th 2007 onwards. The District Managers and Assessment Team Managers had been extensively consulted about the proposed reconfiguration of Wirral's "Front Door" since the spring. During that process they contributed and developed many original and innovative ideas to facilitate the changes. They did so partly because they agreed with the aims of the changes - enthusiastically embracing the proposals - and partly because having been given the responsibility for making the changes, they had to make the new scheme work. The Assessment Team social workers had a very brief introduction to the rationale for the changes and along with their managers received some limited training in new referral-taking practices.

The practices were progressively introduced from September 14th onwards. An Assessment team manager and a District manager were constantly available to support the practitioners. District managers met with the performance Manager every Friday to evaluate the impact of the changes and discuss adjustments and other issues. The Performance Manager made data available to the meetings which made visible to the group both the nature of the problems being dealt with and the early responses. This proved to be the key to developments.

Early Results

Referrals accepted and progressed.

Week ending 28.9.07	83 referrals accepted
Week ending 5.10.07	85 referrals accepted
Week ending 12.10.07	74 referrals accepted
Week ending 19.10.07	71 referrals accepted
Week ending 2.11.07	61 referrals accepted
Week ending 9.11.07	58 referrals accepted

30.1% reduction in referrals accepted.

There are several linked reasons for this and they will be explored at a later date.

Background data to the changes from the spring onwards:

Children Looked After in Wirral in February 2007	692
Children Looked After in Wirral in November 2007	621
10.1% reduction	

Children Registered in April 2007	240
Children Registered in November 2007	189
21.25% reduction	

Initially, during the first few days of the new scheme's implementation we stayed with the workers and their managers in the Duty suite participating in different activities as well as taking notes and video taping the activity. Suzanne interviewed social workers and team managers at work in the CADT and in meeting to discuss the changes. One of our tasks that week was to specify the data required for the managers so that they could track the nature of and progress of every single call accepted in the Duty suite at their weekly meetings. We also attended as many of the Friday meetings as we could. The required data not only included simple categories (e.g. "case type"- S47/17? [elsewhere called CCR], CAF, CP, CiN etc.) but also the action taken both at the central duty site and later in the area teams (e.g. whether or not an Initial Assessment was instigated). This data was incorporated into a simple Excel spreadsheet for the weekly meetings. The last Friday District Manager and Performance Manager meeting we attended was on November 16th.

David Thorpe's Notes:

I was late – partly because the venue had been changed (I had gone to the CADT building) and partly because of traffic. When they telephoned to tell me about the change I was driving so couldn't take the call.

Was it a good idea to locate the meeting away from the site of the work? Maybe the move was made because the "meeting" area in the CADT had been booked. One of the positive things I had noticed at previous Friday meetings which took place at the CADT was that District managers could see the work being done, could talk to the social workers and could see the White Board which was being using to make notes about a whole range of issues as the scheme was being implemented and developed. The matters on the board changed everytime I looked at it and photographed it. When I raised the camera an assessment team manager would usually comment "that's out of date David"

Arriving at the meeting. The District Managers sat round a table looking at a projected computer screen. The laptop was being operated by the Performance Manager. One of his assistants was also present (she was responsible for some of the data collection and entry as well as some analysis and presentation – what an excellent idea it was to include her, she could see how her work was being used) Projected on the screen was an Excel workbook containing data about the previous week’s referrals (58 referrals) and subsequent outcomes. In effect the data was joining up activities and decisions in the CADT with activities and decisions in the area offices and then with activities and decisions in clients’ homes. It was joining up 3 social sites and the events occurring within each site along with the decisions being made to create client careers. The data contained information about Inputs, Processes and Outcomes in respect of every case. As the conversations proceeded, managers talked and developed questions about the data they were looking at on the screen. The Performance Manager moved the cursor around the screen, clicking on issues being raised, highlighting groups of cases. Answering the questions and developing the discussion usually involved drilling down, creating Pivot Tables, switching from one worksheet to another, making comparisons producing more detail. He hardly said a word. Most of the conversation was between the District Managers who were focussed intensely on the screen and the unfolding story. The Performance Manager moved effortlessly from one query to the next. Within a very short time they went from the 58 records down to 12 (the ones they had just identified as showing a large disparity between decisions made about responses to referrals at the CADT and responses to the same cases when they had been moved on to area teams.) Anticipating the next stage of the analysis and without being asked the Performance Manager clicked on the text boxes and revealed the notes made by the social workers (notes made after each call, used to form the basis of the discussion with the supervising Assessment team manager and also part of the information sent to the areas). The District Manager sitting next to me reached for a pencil and paper and immediately began to write down what she thought of these cases. Others merely said “this one should have been a CAF...and that one should not have been launched...but this next one...I’m not certain about...” The Managers were managing by using data. They had gone from numbers to stories, they went in the space of a few minutes from 58 records to (in the end) a problematic six. They had successfully joined up what previously had been a highly fragmented and disconnected process and moreover they had done so in an exemplary fashion They had numbers and they had moral tales They were no longer driven on the one hand by crude decontextualised statistics and PIs or on the other hand by panic and alarm at the latest case which had gone horribly wrong and its associated “atrocious story”. They were confident. They were in control.

In retrospect I wished first of all that I had taken a video camera to the meeting– but there will always be another opportunity. I was left thinking that had there been more time I could have taught the social workers to write the stories down under headings and have them practice this type of recording. Certainly this is the point at which to introduce speech recognition software. All that needs to happen is for the headings to be pinned up in front of the call-takers in the duty suite and for them to dictate under each heading after the end of every call. This will structure their account of the referral (Suzanne calls this “sequencing a narrative”) and in that way make “sense” of the matter under consideration while simultaneously making it easier to read for supervisors and those back in the areas who have to act on the referral. They need a clear steer. As Gill said to me when she moved into the CADT during that first week “...I need to have something on paper to look at...”

My second thoughts were reflecting on my overwhelming sense of pleasure at seeing very competent people doing what they do best, working out how the agency could configure its strategic and tactical responses to a wide range of different adversities facing some of the most disadvantaged children and families in the Borough. They were doing so by managing off data.

Children looked after 615 mid Jan 2008

Children on the CP Register 143 mid Jan 2008 (Down from 240 in April 2007)