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Doctor of Philosophy (Ph. D) by Research

Being in Care: The reflections and perceptions of women with children,
who were in care as children.

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ABSTRACT

FACULTY OF SOCIAL SCIENCES

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Title of Thesis

BEING IN CARE: THE REFLECTIONS AND PERCEPTIONS OF WOMEN WITH CHILDREN, WHO WERE IN CARE AS CHILDREN.

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This thesis gives an account of a qualitative research project set up to study women who were in care as children, who are now mothers of their own children. The project involved interviews with two groups of women, the first being a pilot group which enabled the research methodology to be refined and the methods for collecting data to be revised in the light of conclusions drawn from the pilot study.

The research draws conclusions about the impact of the care experience on the women, as reflected in emerging themes of gender, sexuality, mothering, the professionalisation of care and the concept of reciprocity, and an analysis of the concept of identity within these contexts.

The findings were analysed using a variety of conceptual and theoretical frameworks, including feminist perspectives and post-modern thinking, particularly the work of Foucault. The work of this project was located within an ethical and methodological framework which gives *a priori* importance and value to the knowledge and experiences of the women who participated and attempted to conform to the anti-oppressive values of social work as a profession and an academic discipline

The women's accounts are used to explore child care practice in social work, within the specific historical, social and political context of that point in time and to contribute to the development of theory and knowledge in relevant areas. The adequacy of existing theories of research and of social work are also reviewed, using the findings from the research.

The thesis closes with a summary of conclusions and implications for social work practice and for research practice and highlights potential areas for further consideration and research.

Declaration:

This thesis is totally original work, carried out solely by the author, during registered postgraduate candidature at the University of Southampton. It contains no material which has been or will be, submitted by the author for another degree.

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Carol Lewis

Introduction to thesis

Research is often written and published in a very neat, polished way which suggests a linear format, with a beginning, a middle and an end: the research questions are formulated, methods chosen to test or respond to them, data collected and analysed, appropriate and relevant conclusions drawn and applied. However, this model can prove to be a restrictive one for more complex research, which is transformed and refined over time, especially where it is as crucial to reflect on and record the process which has structured and guided the research as it is to discuss the findings and the results. The conventional model for writing up research arises from the traditional positivist school, its main purpose being to provide a standardised structure for the recording and future dissemination of research. This allows for comparison across all topics of methods, feasibility, reliability and viability. Implicit in this design are the same assumptions which underpin 'scientific research', with its roots clearly in a positivist epistemology which rejects values, experience and subjectivity as forms of knowledge, seeks to explain (causally) rather than understand and creates methodological rules for scientific, objective investigation. This can create logistical problems when presenting qualitative research, resulting as it does from a contrasting set of paradigms which seek to understand the untidiness of enquiry as well as the discoveries.

Positivist thinking has been challenged by a number of counter-paradigmatic arguments which have come from a number of philosophical, methodological and epistemological sources, including qualitative methods in social science research, particularly sociology. Feminist research and epistemology have contributed to the development of the critique and to the promotion of qualitative methodologies in research. This research began by using qualitative methods for data collection, because the methods fitted the research questions. It has developed from that point to needing to engage with some of the debates that have been established, in order to understand the research process fully and to locate it within a philosophical and epistemological viewpoint. These developments are discussed at various points in this thesis, notably in *Chapter 2: Research Design and Methodology*, and *Chapter 5: Findings 2: Feminist Perspectives*.

When the work that is produced in a thesis also has to meet higher education requirements in order to gain academic recognition, as this particular study has, the difficulties are compounded further. The need to demonstrate competence and confidence in using language and text to structure the messages learned, or gained from research, in ways given status by the academy is also dependent upon traditional conventions for its structure. The question to be answered is therefore, is it better to mould the presentation of the research around this prescribed model or make the model fit the requirements of the research?

The decision taken here, in this particular instance, has been one of compromise, in that the material presented has to take priority over convention, and the presentation of the material has to promote the accessibility of the messages gained from the research. The structure of the thesis reflects the way that the research evolved and tries to demonstrate how research can be a dynamic, developmental process, rather than a question tested and reported on. This view of the nature of research, for instance, constitutes one of the major findings from the research and reflects a shift for this researcher, which occurred during the research process: not suddenly, or instantly, but over time and interwoven with the activity of 'doing' research. The finding itself and the way it was developed (the process) equally needs to be evidenced as clearly as possible. This introduction is intended to guide the reader through the research process by mapping out the journey as well as highlighting the destinations. This introduction attempts to provide the story of the research, so that the other chapters are given a context and a framework for understanding why the academically preferred, more orthodox design for the presentation of research does not fit with this thesis and has therefore been adapted.

This thesis has, in telling the whole story of this work, to describe not only the findings and the sense that was made of them, but additionally, the process engaged in and the interaction of the researcher (who was also changing and growing throughout this period) with the research. This study would contest the view that research is a linear process where each stage is self contained, finished before the next is begun, and where activities such as research design and data analysis are separate and distinct one from another. In setting the thesis out in this way the aim has been to show the developmental dimensions of both the research and the researcher and how each of these aspects has become interwoven into the research 'fabric'. In engaging in research there has been a process of checking, trying to be open to new ideas and to incorporating them as the study has proceeded. This has resulted in reflection being integrated into all the stages of the research process, continuously and consistently, throughout, primarily to ensure that the women's views and experiences were recognised and valued and that the methods chosen to do this stood up to this test. This reflection also perhaps owes much to the fact that the researcher **was** inexperienced and therefore self-critical, as well as to my professional background (social work), where the skills of reflection and the value positions are embedded in good practice and are part of every social workers tool bag.

The struggle to articulate this gradual process of development has been a difficult one because it can only be represented as snapshots at relevant stages in this thesis, which belies the form and shape and its continuous influence and interaction with the research process itself. There would appear to be a tension in research between letting the data speak for itself and the need to view the data through the filter of a conceptual framework which has been devised and pre-dates the research. The values, experience and motivation of the researcher also influence the direction that curiosity takes in trying to find out and explore any area of interest. In this research, the need to identify and work with any

theories, ideas and values which emerge from the data and which may, or may not be in conflict with those which originated the project, needs to be made cohesive with the process as it unfolds. This is especially true of qualitative research, which supposedly, gives the researcher the freedom to choose and to fit the conceptual framework to the data, rather than the data to a framework. The thinking, choices and the decisions made by the researcher are not fixed or static, because research is, in itself, a learning activity and as such, promotes the growth of the researcher as well as the development of knowledge. The conceptual framework is bound therefore, to expand, as the researcher responds to their own learning, to the research environment and to the data, as well as to the thinking of others as represented through the research and literature of others. Even the word 'data' becomes problematic here because it is suggestive of something fixed and concrete, inorganic, when in reality, the contributions of the women who were interviewed are not fixed or discrete 'lumps' of information but communications received verbally and interactively, recorded on tape and in text and analysed and which take on their own life and dynamic through the research process.

It has to be said that the conceptual framework which informed the research design for the pilot study was continuously reworked and added to, as the search for useful methodological tools and for further explanation of the research questions did not neatly end before the field work began. In fact the reading of literature continued throughout the life of the project and as a result, the writing of this thesis has been problematic for the reasons outlined at the start of this introduction. The literature review traditionally stops at the point at which the research designing begins, as is reflected in the prescribed formats for theses like this one and indeed, in classical guidance and regulations produced for M.Phil. and Ph.D. submissions in most Universities. The Literature Review (*Chapter 1*) for this study has been drawn up as two separate sections: the first of which fits the accepted model of outlining and analysing the relevant theories which informed the setting up and the pilot stage, and secondly, the reading which has informed and transformed the study since that stage. The two sections are somewhat arbitrary in that the process has been a continuous building and rebuilding of ideas and concepts.

Reading at the beginning concentrated on the immediate and direct in terms of looking at being in care, the care system and social work theory and practice and from this developed the idea that the care system had a function and meaning outside of the protection and care of children and young people and that this meaning was constructed. The pilot study sought therefore to explore this construction and to shed light on how this might be negotiated by its participants i.e. social workers and clients. The assumptions built into this interpretation of the theory included a lack of consideration of the power issues involved in any such 'negotiations' and the lack of analysis of the context of social work and its role and function in this society at the time the women were in care. Indeed, the time dimensions of looking back (to the 1960s and early 1970s) with the benefit of

hindsight and developments in both knowledge and practice which have radically and permanently changed our perceptions and understanding of the field since then, has caused its own problems in accurately locating what was and was not influential at a given time. The context of this particular point in time in our recent history and the changes brought about in response to new research and theorising since that time are analysed in *Chapter 6: Findings: Social and historical context*, and also in *Chapter 7: Conclusions: For Social Work Practice* at the end of this thesis. Despite the many improvements which have been made to the care system since the 60s and 70s the findings of this study remain relevant because the views and reflections of adults who were in care as children and women who are mothers in particular, have not been sought or recognised to be important yet.

In this thesis there are clear stages at which both the methodology and the informing conceptual frameworks are reviewed and updated to take account of and also to reflect on the process. The two most distinct examples of these stages are described in the review of the pilot stage of the study, which is discussed in *Chapters 2 and 3, Research Design and Methodology and Data Analysis*, respectively. Reflection and reflexion have evolved to be intrinsic parts of this study and have contributed to my understanding of both the research process and the growth in my understanding of the field of study.

The research project was devised while I was studying research methods for M.Phil. and making choices in terms of methods was extremely difficult because the course was heavily influenced by the quantitative, objective teachings of the academy at the time. Qualitative research was taught in a tokenistic way which signposted its existence, but reinforced notions about a lack of objectivity and it not being 'proper research'. Grounded theory (Glaser and Strauss, 1967)¹ was beginning to legitimise qualitative research and to provide a way of analysing data which would stand up to the criticisms about conceptual frameworks and the development of theory previously aimed at qualitative research. The decision to follow a qualitative route was one of pragmatism mostly, at this stage, since I felt strongly that to start off with a single particular hypothesis would narrow down the findings and I wanted to explore rather than confirm or refute a particular event. Qualitative methods appeared to give the freedom to do so without needing to predict outcomes and put boundaries on the possible answers that might be found. I was interested in range and scope rather than common denominators and felt that quantitative methods for collecting and analysing data would restrict and standardise the data. The data analysis would also be constrained by the need to decide on the conceptual framework beforehand, instead of being free to develop this from the research process. However, it is clear that my grasp of qualitative methodologies was not informed at this initial stage by an understanding of wider issues such as ethical considerations or the political nature of both social work and research.

This research was originally set up to compare the perceptions of ex-care mothers and their social workers about their parenting abilities and skills. I was initially interested to find out whether the received idea that mothers who have been in care **will** have relationship and parenting problems could be challenged in some way. I was also interested in how 'theory' becomes naturalised in social work practice and I suspected that some of the theories were being used in political ways which disadvantaged groups in society and in this particular case women. Malcolm Payne (1991) posits the view that social work is a socially constructed activity which can only be understood in the social and cultural contexts of its participants.

*'The argument is as follows. Social work theory is created within social work, out of an interaction with social work practice, which in turn interacts with wider social contacts. Three sets of forces construct social work: those which create and control social work as an occupation; those which create clienthood among people who seek or are sent for social work help; and those who create the social context in which social work is practised.'*²(Payne, 1991: p.9)

This notion of social construction was helpful in guiding my reading out beyond the immediate and in opening up the range of theoretical considerations which could be applied to the field. However, the ideas of Berger and Luckmann (1971)³ about 'shared views of reality' (which Payne applies to social work) do not incorporate a critique of oppression and disadvantage which is held to be an essential part of the role of the social worker. This raises questions about whose version of 'reality' is legitimised and the nature and characteristics of any negotiation of reality. In relation to the themes of this particular study the questions would be around the power of the social order to define a 'hierarchy of meanings' and to dictate priorities for the maintenance of the status quo. If social work is socially constructed, then the activities social workers engage in can be seen as framing the construction of reality and of the meaning of such concepts as parenting, child abuse, the care system and others and that social work theory constitutes the language and the 'knowledge' through which a shared reality is reached.

The research arose from my own experience of being a child care social worker over a number of years, working with children in care and at home with their families. I was interested at this stage, in how the theories informing practice were selected, since there were clear examples of theories which had had little or no impact on grass roots practice and those which dominated. A good example of this would be the comparatively insignificant influence at that time (early 90s) of feminist theories in understanding families and the corresponding power of the psychological theories of child development to influence both policy and practice. It also appeared that the theories which were selected then became representational, a sort of shorthand version of which was then transformed into an ideological concept, exerting power over people's lives that was never invested or explicit in the

theory itself. Words and phrases such as ‘battered baby syndrome’, ‘failure to thrive’, ‘juvenile delinquent’, to name but a few examples, informed practice but seemed to bear little relationship to the originating meaning attributed to them. In addition, new meanings were being developed from their use in practice which added to their power and in some cases led to the creation of stereotypes that could then be applied to individuals, allowing judgements to be formed about the functioning and prognosis of those individuals.

‘Ex-care mothers’ was one such stereotype which had developed during my social work career and which seemed to exert undue influence over the lives of some of the women I worked with: the assumption being that the women would make poor parents and would have to work extremely hard to challenge this stereotypical view of them. I had been particularly influenced by the events connected with a family I had worked with, where the mother had been subjected (by the local authority social services department) to excessive and unrealistic expectations to prove herself a ‘good-enough’ mother to warrant keeping the care of her own children when she was a single parent and had been in care as a child herself. This case, and the context in which I was located professionally set the scene for the originating idea but it was a number of years before I was in a position to formally turn my initial curiosity into a workable research project.

The effects of having been part of the profession on the research and the culture of social work process held positive and negative properties and raised questions about whether or not aspects of the researcher’s identity can or should be divorced from analysis or whether they in fact, contribute to the conceptual framework which is used to both frame and analyse the data. This became an issue for the pilot study review and in the data analysis and is discussed in the chapters as mentioned previously. The literature on practitioner research e.g.: Fuller and Petch, (1995)⁴; Broad and Fletcher, (1993)⁵; Whitaker and Archer, (1989)⁶ came late in helping me to understand the juxtaposition and the advantages and difficulties that spanning two roles would create since this is a comparatively new (in terms of available literature) development in social work. Although this study does not easily fall into the broad category of practitioner research these texts were helpful in understanding some aspects of the pilot study and its results.

The original title for this research project was therefore ‘*Ex-care mothers: perceptions of their parenting skills*’ and the research questions were based around an implicit hypothesis that women who had been in care would view their parenting skills differently to their allocated social workers because of the different meanings that would be attributed to the ex-care experience. Secondly, that in **some** cases it might be true to say parenting skills might well be influenced by being in care but the cause and effect relationship suggested by the clinical studies of Rutter, Quinton and Skuse, (for an overview see *Chapter 1: Literature Review*) and others did not justify the widespread, indiscriminate

adoption within the profession as a whole of the notion that **all** women who had been in care would be poor parents.

To begin with, it was clear that 'ex-care women' were not a homogenous group and the theory took no account of the range of variables generated in this 'standardised' group. Secondly, the methods used in some of the studies to collect data raised questions for me about the sampling, retrospective analysis and about the observation techniques that were used. Their validity or otherwise, however, was not the question to be answered by this study, which was focussed on how such ideas became influential, not only in terms of professional and policy agendas but also as part of what could be described as the public domain, in other words, accessible to and accepted by society as a whole. The 'reality' of whether or not ex-care women would be poor parents *per se* was clearly a doubtful hypothesis, given the variety of experiences pre-care, in-care and post care that women live through. Emerging through the literature review stage was a distinct interest in the phenomena in a more subjective sense, in the sense of how meaning, and thereby power and influence, had been attributed to this particular group of theories.

Having explored the psychological theories which had contributed to the development of a particular ideology about ex-care mothers I set out to find analytical tools which might be applied to both the situation, the event and to the literature directly. Among the other sources of theory which were considered were those which could be loosely allied to a symbolic interactionist perspective, as the sociological field seemed to have more to say about the social context of how things happened, came into being. A number of social work theories linked to this perspective including role theory, labelling and the model of the 'Self-Fulfilling' Prophecy of Smale⁷(1976) were also briefly considered. Ideas about the social construction of meaning and reality ⁸(already discussed) which suggest that reality and meaning are to some degree externally created can be balanced by looking at the possible benefits of Kelly's personal construct theory⁹ which has a social psychology base and focusses strongly on the need and capacity of individuals to make sense of and manage their social world which is unique to them by creating 'constructs', schematic understandings of events and how to respond or behave. Both of these ideas, singly or combined might provide ways of understanding what women who have been in care experience and make sense of their lives and also how social work connects with or interacts with this. Kelley's theory predates some of the other ideas explored and although there is no scope here in this chapter to look at the developmental links, between them it would be interesting to see how they build upon each other and beyond.

The research was piloted initially, and the results of this led to a reappraisal of the aims and objectives of the research. The main findings from the pilot showed that it would be difficult to establish whether or not parenting skills would be detrimentally affected by this experience. The analysis of the

findings from the pilot study show evidence of the influence of a number of feminist researchers, notably Ann Oakley, (1972)¹⁰ Janet Finch, (1983)¹¹ and Helen Roberts (1995)¹² whose work had been helpful in thinking about the research design and had raised awareness of the oppression of women in a patriarchal society. Developing this into a final conceptual framework which would provide a way of understanding the experiences of women who had been in care and analysing the context within which these experiences had taken place, took much longer and cannot be clearly seen as fully established until the data analysis stage. Some of the social work theories already mentioned (e.g. self-fulfilling prophecy) had hinted at a process of social construction, of meaning being constructed around 'parenting skills', 'being in care', for example, but did not explain why such a construction evolved or what purpose it served. The startlingly obvious link with gender came like a bolt of lightning when the first interviews were considered. The connection between the construction of reality and gender involved the interlinking of a number of concepts which had individually and separately been appreciated but were disconnected one from the other. The notion of patriarchy was the missing piece of the jigsaw which was later linked with gender (or women to be specific) and ideas of social construction, and only then could the skeleton of the conceptual framework begin to take shape.

The next contribution to the various layers making up the conceptual framework came from the review of the pilot study and the reading undertaken to clarify the methodological and ethical dilemmas this had raised. The thesis has many different purposes to meet, including academic status, personal development and research validity as well as challenging thinking and practice, each of which has the potential to conflict with another. The methodology for the pilot stage shows this dilemma clearly in that the original intention was to speak to mothers and their social workers and to compare versions in order to arrive at some sort of 'truth' about the effects of being in care. The views of social workers were to be sought to increase the validity, the status of the research, with the implied assumption that the views of women alone were not enough, not 'valid', not authentic. The implicit lack of power of the women reflects their position as women in society and as children in the care system where both groups are oppressed and have few rights to a voice of their own and this research was unintentionally modelled on and replicates the same power issues for the sake of academic validity. The changes in methodology for the second group of interviews were an attempt to address some of the inequalities inherent in the pilot study and to the need to be sensitive to the agenda which the women were entitled to bring to the research, challenging the assumptions which had been part of the decision to impose an external agenda.

The pilot study revealed amongst other things, that the interviews had the potential to be more than one-sided information gathering sessions and that the participation of the women was constrained particularly by the narrowness of the originating research agenda. The women clearly also had

different priorities in terms of what they wanted to say and contribute to the process which was much wider and more individualised than the original remit. This more than anything led to the suspension of the project and to the decision to review the methodology to produce a better fit with the ethical stance being established. The review is documented fully in *Chapters 2: Research Design and Methodology* and *3: Data Analysis*, respectively, and further reading provided the confidence to change the structure of the interviews and to challenge the ever-demanding image of doing ‘proper research’.

The importance of this research, however, lies in the contribution made by the women in articulating their views and reflecting on their experiences. The knowledge about being women who were in care can only be owned by the women themselves and is not the property of the research process or the researcher. There is a clear boundary between what the women know (and I do not ‘know’) and the sense that has been made of this in order to ensure that what they have said and contributed is made public and is heard and recognised. This rather dense statement of principle represents a synthesis of a number of conceptual themes which have become interwoven with my own (developing) value position or stance in relation to this research and the diversity of ideas I have encountered in the search for understanding and ways of understanding. Much of this further reading was initiated in the data analysis stage of research as a response to the feeling of being overwhelmed by the data and by the onerous task of making sense of it in ways which would meet the competing needs outlined at the start of this chapter. The starting point was to try to understand the research process itself and one particularly helpful (and now most worn out) source was Hammersley (1994)¹³, which gave a good overview of the philosophical roots of the different research positions and clarified the context within which I as a researcher was located. The explanation and definition of a variety of ‘ologies’ and ‘isms’, albeit very basic, and some might say simplistic, enabled me to move onto source texts with more confidence in order to find out more. The clear description given, for example, of the epistemological foundations of positivist research and the alternative paradigms showed that qualitative research was founded on clear philosophical traditions that countered the positivist arguments in research like this, where the utility and meaning of ‘objectivity’ is disputed.

Another key point of reference which has led to further reading and understanding was Helen Roberts: *Doing Feminist Research* (1995)¹⁴ which at the very least, alerted me to the fact that my research was about women and that women were alike in that they were a disadvantaged group, (they were and are not men) and that they were also different and their experiences as separate individuals were diverse. Although the whole book was useful and timely, the most useful contributions to my thinking and therefore to the conceptual framework came from Ann Oakley (1995)¹⁵, in her critique of traditional practice and theory in interviewing which emphasises the difficulties, ethical and methodological, of promoting and validating womens subjective experiences using traditional text

book methods. She also considers with some sensitivity the dilemmas presented when women (feminist or not) engage with other women in interviews as research activities and emphasises the political nature of research activity.

'...it becomes clear that, in most cases, the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship. (Oakley, 1995:p 41)

Although her conceptualisation of 'personal identity' is not clearly defined this chapter was instrumental in enabling me to consider how aspects of my own personal identity had and could influence the research process; these aspects included being a woman, being a mother and being a social worker. Also particularly useful in this book was Helen Roberts' analysis of power in the research process and Dale Spender's critical examination of the creation of knowledge through the processes of publication and dissemination. She points out that the selection that takes place in publishing shapes the corresponding *'discipline or area and thus raises legitimate cause for concern for those attempting to work in ways which challenge mainstream orthodoxies'*. (Spender, 1995: p. 187)¹⁶ Her critique prompted a wider application of her ideas to encompass how knowledge is itself generated and the relationship between power and knowledge and led again to wider reading, including McDonnell (1986)¹⁷, Linda Nicholson (1990)¹⁸ which is clearly discussed in the literature review. Despite the arguments about the validity or existence even, of feminist perspective and the dialectic difficulties which hound its disputed existence in a postmodern world, feminist perspectives shaped my own world-view at various stages and contributed not only conceptually to my thinking but to the 'how to do it' aspects of the research process. This contribution and the challenges posed by post-modernism are discussed briefly in *Chapter 1: Literature Review* and *Chapter 5: Findings 1a: Feminist Perspectives*.

Many of the principles which can be found in feminist research and are beginning to be explored in the search for a specific feminist epistemology,¹⁹ have been influential in this research in terms of both informing the methodology and in contributing to the ethical framework which has evolved. The link between the Womens (Liberation) Movement and feminism has clearly meant that feminist research is defined by some, notably, Nancy Hartsock²⁰ and Dorothy Smith,²¹ as arising from political struggle against oppression and while this research would want to explore the oppression and the mechanisms by which this is perpetuated for this particular group of women, I have not been part of the political movement or the struggle for emancipation of women, although I have most certainly benefitted from it as an individual and as a woman. Though substantial use has been made of feminist thinking in this study, some of the theories which have been considered throughout the life of this project are undoubtedly at odds, if not in direct conflict with, some feminist thinking and there are

now many feminisms and challenges to its authority, not least from postmodernist and post-structuralist sources, which refute the existence of grand theories, including feminism. I cannot claim to have done more than dipped a curious toe into the complex and intriguing waters of postmodernism and post-structuralism, usually referred to indirectly and in critical tone in other texts, as the example below shows:

*'Postmodernism is another set of theories derived from the traditions of Descartes and Kant. It too overlaps in its concerns with feminists. However, it is not easy to discuss briefly partly because it is so hard to agree on what postmodernism is, and partly because there is such a bitter dispute about the nature of the relationship between feminism and postmodernism. Fragmentation and change are of central interest to postmodernists. So are the demise of grand theory and the death of the subject. However, even though many feminists find a lot of these ideas, particularly those about fragmentation and change, congenial and useful, some of the ideas cause concern, in particular, the death of the subject and the demise of grand theory. Many warnings have been made about the dangers of taking up these ideas too enthusiastically, lest agency and enlightenment ideals of liberation are lost just at the point they seemed to be in reach.'*²²
(Griffiths, 1995: p.81)

This thesis does not attempt to resolve these theoretical and philosophical issues but some of the conflicts inherent both within feminism and between feminist and other disciplines are explored, where relevant to the emerging themes from this research (see particularly *Chapter 5: Findings 2: Feminist Perspectives*) and are also reviewed briefly in the Conclusions section.

This research has taken almost ten years to complete (including a couple of breaks) and the rapidly changing worlds of research, feminist and other theories and social work have all influenced the progress and process of this research and contributed to the thinking which has constructed the conceptual framework and directed my learning. There is no doubt that if I were to carry out this research now it would be different again, as it would if someone else did it. Research is therefore, to my mind, of its time and place and of the specific researcher.

The research has been transformed from a very tightly prescribed, specific but narrow and naive study into a more free and less structured, one which paradoxically, should reveal more about the effects and experiences of being care by giving women the freedom to describe in their own terms their 'reality'. This in turn, has been analysed using a wide and expanding conceptual framework which reaches completion only at the end of the study, when the findings are finally commented upon and applied to the worlds of social work and research, thus acting as 'feedback' on the activities which were responsible for the creation and existence of the research topics themselves.

The working title has also been changed to reflect the transformation that has taken place since the inception of the original project and is now: *Being in care: the reflections and perceptions of women with children, who were in care as children.*

Chapter 1: Literature Review

This chapter explores a variety of theories, research and literature relevant to this study, and examines how these have informed the development of the research design and the research process itself. It begins by examining the context of the study, which is child care practice in social work and continues with an overview of the psychological theories and research which are relevant to being in care, parenting and child development. Sociological contributions are also considered, particularly some ideas which can loosely be defined as arising from a symbolic interactionist perspective, and have relevance to the dynamics of the care system and social work. Several other theoretical approaches, such as labelling and role theory, among others, have also been reviewed, because of their pervasive influence on social work theory and practice and the way that they have become part of the knowledge base of the caring professions. This chapter is organised to reflect the process of the literature review, as much as its content and the literature presented is not in any order of hierarchical importance. The first part of the search was completed before and contributed to the methodology and methods used in the pilot study.

Feminist thinking did not influence or inform the methodology for the pilot study, but its relevance to both the subject areas and the research process itself, was strong at later stages and contributed not only to the setting up of the main block of interviews but also to the development of my own critical and analytical skills and faculties. The chapter is therefore constructed in two parts; the first being the reading which was undertaken and contributed to the original research design, the second, briefly reflecting the influence of further reading on the final research plan. The chapters on methodology data analysis also reflect the details of further reading and the developmental sequence of events that took place.

Statutory childcare services are conspicuous in our society today, not only because of the expansion of relevant legislation and services over the last three decades, but also due to the expectations of society that the state should be able to protect children and promote their growth and development and because of the interest of the media. The growth of services in health and social care reflects increased intervention by the state into family life and a shifting of responsibilities from the family or community to the state. This shift in responsibility is particularly evident when agencies, which operate on behalf of the state to intervene in children's lives, fail to protect children from abuse or neglect, either by natural or substitute parents, e.g. Dennis O'Neill, Maria Colwell, Jasmine Beckford and Tyra Henry. In this climate, social workers are expected to assess very complex situations, make decisions and use a wide range of legal powers in order to carry out these tasks.

Since the 1940s, successive legislation has brought about rapid changes in the organisation, administration and implementation of social policy concerning children. Policy would seem to reflect society's ambivalence about the value of removing children from home and placing them in local authority care and changing views about the benefits of any particular course of action in relation to child care have resulted in trends which prioritise at any one time notions of 'rescuing children', of rehabilitation and prevention. Children-in-care statistics¹ show increases and decreases which cannot be explained in wholly demographic terms, but which reflect these changing trends in practice in some shape or form. The rates of reception into care fluctuate and are influenced by law, national and local policies, available resources and corporate and individual views of those implementing policy i.e. social workers.

'In an understandable swing away from policies which may have kept too many children in home conditions that were positively damaging, the trend of the current legislation is in the opposite direction – in securing a child's future away from his natural family. The relative success of adopted children has been used to show how beneficial 'rescue' operations can be, and social workers are faced with the uncomfortable probability that their skills in providing substitutue care may be better developed than their abilities to sustain and improve relationships within some deprived and depriving homes.'
(Packman, 1986: p.186)²

This example demonstrates how child care policies are interpreted and implemented by social workers using a wide range of attitudes, values and judgements and also how social worker's interpretations of behaviour and interaction with clients might contribute to policy-making. Despite the existence of family discord across class and race boundaries a disproportionate number of children in local authority care are black or working class or both. Figures for children in care may reflect the availability of alternative resources for other groups, e.g. middle class families may buy in nursery care and private education in boarding schools, but this is insufficient to explain the relatively high incidence of intervention into the lives of working class and black families. Clearly, the development and implementation of policy and practice in child care is influenced by many other factors, including the much debated concept of social need.

Social workers are empowered by statute to remove children from their families, in addition to providing resources to prevent the need for reception into care. The creative use of local authority care to prevent permanent family breakdown or to supplement poor parenting is seen less often in practice. Although there is evidence of reductions in the numbers of children coming into care, the trend from the 1960s until the 1980s was for a higher proportion of the in care population to be under compulsory order. Less than half the children in care in 1962 were subject to compulsory

orders and this percentage of the total care population rose steadily until in 1980 three out of four children in care were under compulsory orders.

'Third was the increase in the use of compulsory powers by social services departments at the expense of voluntary arrangements (Packman 1986 p.3; Parton, 1985) so that the proportion of in care not subject to a court order or parental rights resolution declined from 41 per cent in 1972 to 25 per cent in 1980. There was also a big increase in the use of Place of Safety Orders.' (Parton, 1991, p.25)³

Without commenting on the accuracy or otherwise of the explanations given above, it is clear that social work processes are complex and intricately constructed and that the trends which can be identified are influenced by many other factors than those purely and simply pertaining to the individual or family concerned.

Decision-making is one of many key processes involved in social work. It has already been noted that such processes are influenced not only by so-called objective factors, e.g. age, class, etc., but also feelings, interpretations and meanings constructed by participants, e.g. clients, social workers and others.. The idea that social work intervention can itself be identified as a contributing factor in the intergenerational transmission of family problems has been discussed in a study carried out in Sheffield with one hundred and twenty families (Wright and Lunn, 1977), where the authors concluded that being 'known' to social services meant that further involvement was highly probable. In 'A Cycle of Deprivation?' (1981), Colfield et al⁴ looked at this piece of research and speculated that that a combination of factors, including social work intervention itself might lead to children being deprived and in need of care. The implication from their work was that informal support work gave access to families where observation of parenting could then take place and that children's needs then became the priority rather than family support. The research carried out by Wright and Lunn (1981) gives an example of past history affecting current relationships between clients and social workers, which is the basis of the research question posed here.

'parental involvement with social work agencies might lead to their children being involved with the same agencies. But the authors were unable to be definite about what mechanism or mechanisms explain the link, as they themselves admitted : "Whether this is due to poor living conditions and poor social adjustment, to a family tradition of seeking help from some agencies or to a combination of these factors is hard to tell"(Wright and Lunn, 1971). Could it not also be that the social workers came to know the children and their problems informally by being involved in case work with their parents?' (Colfield et al, 1981: p.316)

Client studies, such as Mayer and Timms (1970)⁵ and Sainsbury (1975)⁶ have shown that misunderstandings between social workers and clients about the kind of help available are

common. They also reveal how being on the receiving end of social work feels to the client, and highlight the presence of different agendas in clients and social workers working supposedly together. Client studies, like these, give a good deal of insight into the experiential elements of the social work process because they rely on perceptions and attitudes of clients about the services they receive. In Sainsbury's study, he followed up his interviews with an examination of the outcomes, satisfactions and comparisons, which balanced the project and provided a rich blend of results. Client studies in general have shown that clients' and social workers' expectations of situations differ and that problem definitions also differ.

The importance of assessment and decision-making as dynamic and complex processes has been highlighted in other childcare studies, notably Jean Packman (1986)⁷ and Hardiker and Barker (1986)⁸. These processes are influenced by both subjective (relative to feelings, attitudes, etc.) elements and so-called objective (based on facts such as developmental milestones) and include the views and perceptions of both worker and client. The inequality of the balance of power between client and social worker also governs their interactions and influences outcomes as strongly as any research evidence which may be available. Social work assessments cannot be separated from the role of the social worker in society, as an agent of social control, whose prime function is to encourage those behaviours which maintain the status quo in society and discourage those which are socially unacceptable. The social worker's dual roles of helper and controller often lead to conflict in the attempt to balance the needs and role of the agency they function within, with the needs of clients. Social work, on behalf of society, enforces the standards required in parenting and is influenced by the worker's own experiences, standards and values, and assessments of the child's needs are also tempered by those frames of reference. By examining relevant research, the context and basis of interpretation in assessments and decision-making processes can be understood as complex and dynamic processes which can disadvantage clients in a relationship where issues of power are reinforced by legal and political frameworks and the knowledge base of social work may serve to arm the social worker and disadvantage the client. Society's expectations of parents are reflected in the laws and social policies, through which it operates and provide the rules upon which childcare practitioners operate, and that sanctions state intervention on the basis of protecting the welfare of the child.

'Social work treatment is, apart from work with individuals, also organised around the goal of helping the family to function more adequately in the face of the various demands made upon it by modern society and the tasks it is asked to perform ... The tasks of the social worker involve the exploration and assessment of the problems facing families. The process of diagnosis inevitably involves certain assumptions about the nature and functioning of the family'. (Heraud, 1970: p.48) ⁹

The use made by social workers, clients and the wider society they function within, of various theoretical perspectives also needs to be considered as part of the context for this research study. Social workers use theories from diverse fields as tools with which to negotiate their position, to reinforce standards of behaviour and to identify where this might deviate from the acceptable. The tools available to social workers in assessing and making decisions are derived from relatively new disciplines e.g. psychology, sociology and evaluation and research into practice, which is having an increasing feedback effect. Child care social work has been heavily influenced by a number of theories developed by psychologists in child development and children's needs. The influence of psychological theories is perhaps most pervasive in terms of the knowledge about parenting, relationships and child development which has become mainstream thinking and indeed part of the public domain, contributing to societal expectations in relation to child rearing and parenting. One of the most influential contributions has been made by Bowlby¹⁰ (and colleagues) who studied the emotional needs of infants and small children. He emphasised the child's bond with the natural mother as an important stepping stone for the formation of successive relationships and personality development. The term 'maternal deprivation' is attributed to him and his work has led to other studies in mother/child relationships and adult pathology. While initially stressing the infant-to-mother bond, Bowlby has modified this view to one concerning a child's need for one consistent figure in its life for successful achievement of potential. He examined the effects of separation from mothers (the consistent figure) and concluded that an identifiable process of acute distress, followed by misery and apathy, leading to lack of interest (if the mother is re-introduced) takes place. Separation experiences were seen to be strongly associated with development impairment, particularly in language and social skills. These experiences were also felt to be associated with juvenile delinquency, adult personality and relationship difficulties and psychiatric illness in adulthood. The influence of Bowlby's work and that of allied researchers can be seen influencing the planning for children, particularly around arrangements for access and rehabilitation and fostering practice.

'His work was standard reading both for students on the few child care training courses at this period and for the larger number of social administration students, from whose ranks many of the early child care workers were recruited.' (Packman, 1975: p.22)¹¹

The historical and political context of Bowlby's research findings cannot be ignored in terms of their wide acceptance by and dissemination and global application to a range of settings including health (especially hospital practices), education and child care and family life. In post-war UK, the benefits of promoting motherhood and encouraging women to remain at home as primary carers for children meant that employment opportunities for men were liberated when the rate of unemployment for men was high and rising. The timing (and perhaps the funding) for this research

proved extremely useful to the government at the time in dealing with a number of post war social, political and economic issues, and the speed with which this specialised research became part of the public domain adds testimony to its value as a social engineering tool.

Bowlby's research was the first of many psychology research projects which focussed on early childhood experience and its effects on development. Many studies of this time were extremely pessimistic about the prospect of recovery from 'childhood deprivation', Skuse (1984)¹² demonstrated that the quality of care was crucial in helping several children to recover from severely disabling background.

'A caretaker's qualities of emotional availability, sensitive responsibility, encouragement and provision of perceptual stimulation, which have been shown to be important for an infant's development ... are also the salient influence bearing on later learning and maturation in these deprived children'.
(Skuse, 1984: p. 567)

Although the children reviewed in Skuse's research made progress within normal measures, it is not possible to conclude that they reached their own potential, since we have no way of assessing what they might have been capable of, had they not been exposed to such 'harsh circumstances'. Their lives after discovery, especially during the assessment period, cannot be described as 'normal', since it is not usual for most families to be subjected to intensive involvement with child health experts, monitoring and assessing development. The results seem, on the other hand, to refute the notion that the early years of a child's development are 'critical' for overall development, since recovery was concluded to be 'almost complete' in the cases reviewed. Although this research investigated intellectual, social and emotional development, it does not follow these children into adulthood to look at their abilities to make and sustain relationships or to parent children of their own. It is difficult, therefore, to draw any conclusions which have a direct relationship to the research problem, except to say that children who are removed from a deprived background to stable, caring environments might expect to develop more extensively than if left.

In addition to research into children's needs and the effects of deprivation, there is a considerable volume of research into long-term effects of deprivation and specifically of being in care. The links between family, social and parenting problems their intergenerational continuation have been the subject of much research by the Institute of Psychiatry since the 1970s, e.g. Quinton and Rutter (1984); Skuse (1984). However, the researchers make the point that early adversity in itself seldom led to parenting breakdown, without the presence of current socially disadvantaged circumstances and material hardship. In addition, many socially disadvantaged parents with stable backgrounds do not experience parenting breakdown. The methods of defining early adversity in this study give

rise to some cause for concern, since they were based on the subjective self-reports of those interviewed. For instance, those who reported adverse early experiences were also pessimistic about their current handling of their own children and those who had spent some of their childhood in care reported 'deviance' in their own parents. The study also defines episodes in care as evidence of adversity in its own right, which suggests some sort of value judgement was being made about the in-care experience itself. It is also interesting to note that the study was able, only retrospectively, to identify intergenerational continuities. Using subjective indicators, information is often reframed in order to fit current circumstances to explain in hindsight, past experiences. A more factual method of corroborating background information might have avoided this, although there would be inherent problems and ethical difficulties in trying to identify a more 'objective' method of examining what would appear to be quite a subjective phenomenon.

Prospective studies have been unable to identify intergenerational links, which would support the possibility of the presence of some process of retrospective reframing of information. In an earlier transmission of deprivation study, Rutter and Madge (1976)¹³ cautiously shared the opinion that early deprivation could lead to adult relationship difficulties. This conclusion has been revised in the light of research which has been carried out since the publication of 'Cycles of Disadvantage', which was the response to Sir Keith Joseph, (then Minister responsible for Department of Health and Social Security), who proposed that deprivation was intergenerationally transmitted. Although some evidence has been found for the existence of intergenerational continuities, the methods of transmission are still unknown. Rutter has continued his work in this field since that time and his later research has challenged earlier findings that 'poor' parents (in all senses of the word) have children that also become 'poor' parents. In a study of mothers raised in institutions he tried to identify which characteristics of parenting showed intergenerational continuity and how these affected child behaviour and development (Quinton and Rutter, 1984a).¹⁴ He assessed the parenting of a number of women raised in institutions, along with a similar number who came from the same geographical area, had similar children (in terms of age) and who were used as a control group. He found that being raised in an institution did not conclusively predispose mothers to poor parenting, which could lead to breakdown, but that the ex institution mothers consistently were less responsive to their children.

'The overall picture from the data suggest that ex-care women were concerned to and trying to parent well, but that they were not particularly skilful or adept in ways that circumvented difficulties through an appropriate recognition of the best way to sort out problems, rather than just to provide immediate control'. (Quinton and Rutter, 1984a, p.621)

This characteristic was not sufficient for the research team to conclude that ex-care mothers made poor parents in general or that they differed substantially with the control group in other areas. Although this research highlights some adverse effects on both children and adults of early deprivation and institutional living it is a long way from this to concluding that parents that have been in care will be such poor parents that their own children will require alternative care. Indeed, in the research on ex-care mothers, Rutter found that many ex-care mothers were also living in substantially worse conditions than the women in the comparison group (e.g. nearly twice as many ex-care mothers were living in poor surroundings); that half the ex-care group had become pregnant before the age of 19 (only two out of forty-two had similar pregnancies in the comparison group) and while all the mothers in the comparison group were living with the fathers of their children (and presumably obtaining some form of support) only three quarters of the ex-care women had partners. In view of these current conditions, excluding the ex-care history, it is not surprising that the parenting breakdown rate amongst ex-care mothers (35%) was higher than in the comparison group (0%). In discussing their findings, Quinton and Rutter concluded the following about ex-care mothers:

'... the findings did not suggest that the institutional rearing had commonly resulted in any emotional deficit. A few of the ex-care women were low in expressed warmth, but the great majority were both affectionate to their children and actively involved with them. Moreover, the evidence did not suggest any gross defect in parenting skills, nor did it indicate that cruelty or punitiveness were other an infrequent occurrences. It would be quire wrong to regard the ex-care women as generally rejecting or neglectful' (Quinton and Rutter, 1984b: p.621)¹⁵

While this piece of research goes a long way to examine the parenting of ex-care mothers, it could have examined the significance of the current social circumstances of both groups of women and emphasised the relationship between parenting breakdown and social circumstances. It also fails to describe what ex-care means in terms of length of stay (in care), reasons for admission into care, pre-care parenting/family experience and post care experience. Terms such as 'deprivation' and 'potential development' are often defined using a clinical or medical/disease model and as such are often confusingly vague. The reader is assumed to know that what is being referred to is specifically emotional deprivation, and ignores the influence of poverty and material deprivation which may co-exist with emotional deprivation or not as the case might be. The focus for concern is the family unit and whether or not the parents meet the needs of the child, while the environmental constraints placed on many families are at best ignored by many of the psychological studies. This sole emphasis on the qualities of parenting on the development of children is dismissive of environmental conditions as well as other relevant factors such as race, culture, class and ability/disability and adopts a white, middle class view of children's needs and

development, which excludes and invalidates the experience of a large majority of the population. The value of later experiences in negating the potentially detrimental effects of early adversity has been confirmed in various studies discussed here, but it is difficult to judge the extent of early adversity or of enabling factors in the lives of ex-care mothers from the information given. In the light of research into the needs of children, the expectations placed on parents are high and the task of defining 'good parenting' is as difficult as it is to perform. The concept of parenting in our society today has cultural, social and psychological as well as biological roots. Although many have attempted to define 'good enough parenting', (a term first used by D. Winnicott, 1965¹⁶) it is not a unitary concept or process. We know more, it would seem, about the constituents of poor parenting than we do about good or good enough parenting. Our knowledge is derived from researching situations where parenting has failed to meet the needs of the child or parent rather than successful parenting. Good parenting is that which, perhaps, results in children who reach their potential developmentally and who go on to be well-integrated adults, but other conditions outside the interpersonal are highly influential in terms of enhancing growth and development in childhood and adulthood.

While it is clear that society places high expectations upon families to provide good enough parenting, by holding parents to be responsible, it fails to keep abreast of developments in knowledge of the requirements. For example, society expects parents to provide warmth, food, shelter, etc., for their own children, but takes little account of how poverty may affect their capacity to do so. In this way, those working on behalf of society e.g. social workers, to promote good parenting standards also reflect the values and rules of the society in which they operate. Parenting is a complex interactive process, which takes place within a framework of social and political expectations. It is easier to define where and how it might go wrong than to predict optimal conditions and there exists a broad body of knowledge about parenting failure. Research indicates that parents tend to repeat problems of behaviour and attitudes which they were subject to as children - studies in child abuse and work done by Oliver et al in the seventies confirms this picture. There is also some evidence to show that parents unresolved needs for affection in childhood leads them to look to their own children to supply these needs and may resort to abuse when the child fails to fulfil this role:

'A harsh, neglectful or otherwise unsatisfactory upbringing experienced by themselves makes it hard for parents in many ways to empathise with their children and to show the necessary awareness, patience and tenderness, and the ability to put their child's needs before their own... Deprived parents may look to their children to supply affection, understanding and support and this role reversal may be very marked'. (Cooper, 1985: p.64)¹⁷

The previous comment is from a consultant paediatrician, who practises with a psychodynamic framework and who looks to internal processes to explain parenting breakdown. As with any observations taken from single disciplines it is exclusive, global and takes no account of societal demands upon the individual. As an authority on child abuse, she (like many experts) has power to define parenting standards and enforce them. While various studies have highlighted the existence of intergenerational poor parenting, and identified some of the factors which can be transmitted from one generation to the next, e.g. social class, early adversity; there are many unidentified factors, including the process of transmission and the societal mechanisms involved. Quinton and Rutter (1984) have considerable research experience and they have consistently emphasised that parenting is a dynamic process which has to be considered as a part of the conditions prevalent at the time.

'It makes no sense to view an individual's ability as a parent as if they constituted an intrinsic character trait. Parenting must be considered in terms of resources - as well as skills and social qualities... that is to say that there must be an ecological perspective which recognises that the family is a functional system, operation of which will be altered by it's internal composition and by external forces'.
(Quinton and Rutter, 1984: p.247)¹⁸

Social work ideologies founded on psychological studies such as these, are often applied with little or no critical analysis of the methods used or conclusions drawn and often take no account of any redeeming qualities in the lives of those affected which may compensate for or counteract early deprivation. It seems clear that there are no strong grounds to assume that ex-care mothers will not make good parents or that their children will need to be removed or placed in care. It was clear, however, that this study would not be replicating or challenging the findings of the major psychological research, although the reading had enabled me to define more clearly the areas of interest for this research project and to clarify the direction of further reading. This led to a return to theories that inform social work practice, coming from a psychosocial and sociological direction.

Several sociological concepts have been considered, including roles, 'self-fulfilling prophecy' and labelling. The concept of role is essentially a sociological one, developed with the aim of defining interactive processes, and based on a symbolic interactionist perspective, in which individuals will have a number of roles to play, depending on the social setting and the other participants or actors.

'Roles are the meeting ground of two sets of necessities; society has to get things done, to maintain itself; and the person has to establish some relationships and to assuage inner needs and tensions. Between these there is always some degree of tension which will show itself as mental stress in the person and social conflict in the community'. (Ruddock, 1976: p.39)¹⁹

The individual has little freedom in setting up roles which can be socially prescribed by institutions (e.g. patient in a hospital, prisoner, soldier, etc.) relationships: (father, son, daughter) age: (child, adult) and social status/class. An individual's sense of identity is socially defined, by the roles played and individuals maintain this sense of identity by the way the roles are reinforced by others reciprocating this role/performance. There is some dispute amongst sociologists as to the strictness with which role is defined by society and how much freedom an individual has to negotiate the roles played.

'Functionalists imply that roles are provided by the social system and the individual enacts his role as if he were reading off a script which contains explicit directions for his behaviour. Interactionists argue that roles are often unclear, ambiguous and vague. This lack of clarity provides actors with considerable room for negotiation, manoeuvre, improvisation and creative action'.
(Harambolos, 1985: p.17)²⁰

It is the negotiation and its effects on the individual's views that this research is interested in exploring and therefore it seems obvious that an interactionist rather than functionalist perspective needs to be adopted. Although role concepts offer some help in identifying the actions of participants, it does not illuminate the process they are engaged in. The use of labelling theories to explain process and events has been applied in the field of juvenile crime, to examine the effects on juveniles of the criminal court and legal processing. Resources now exist which are aimed at diverting offenders away from courts and custody to avoid young persons being labelled as 'criminal' at an early age. Underpinning these policies is a belief in the notion that once labelled 'criminal' juveniles gain status amongst peers and the label sets in train predictable responses from agencies, like the police, which secures the identity of the individual as a criminal.

'... some writers postulate that a person's view of himself is influenced by the reactions of others, that a stigmatising label of 'delinquent' is provided by legal processing, that this label adversely affects the labelled person's self-image and that, as a consequence, the labelled person then becomes more likely to engage in delinquent activities. Some of the research on the effects of legal processing . . . concluded that there was empirical evidence that, as predicted, a court experience did make it more likely that a boy would maintain anti-social attitudes and increase delinquent activities'. (Rutter and Giller: 1983: p.263)²¹

It would seem from this example that labelling might also be applied to ex-care mothers. It is possible, for instance, to hypothesise that 'ex-care mothers' is a label which influences the performance of parenting because of the effects on the subjects of self-image and the corresponding reactions by those in a position of power, e.g. social workers. Becker (1974)²², one of the original proponents of what are collectively termed 'labelling theories', questioned the total applicability of these concepts to social phenomena and stated that they were not firm theories, due

to lack of empirical evidence. He described it as a perspective whose value will appear, if at all, in increased understanding of *'things formerly obscure'*. (Becker, (1974) in Rock and McIntosh (eds.), 1977: p.44) He warns against using a labelling perspective as a sole explanation of social process, such as the creation of deviance and emphasises that definitions can change over the course of time because of the invention of new rules or rule-changes. In this chapter, Becker recommends the use of interactionist perspectives on data collected by observation of all the actors involved in the creation of deviant acts.

The notion of the 'self fulfilling prophecy' has been utilised by sociologists and psychologists to look at expectations and predictable outcomes of many social processes including psychotherapy and social work, amongst others. The chief source of information on this model has been Smale (1976)²³, who examined the development of the notion of the 'self-fulfilling prophesy', its application and implications for helping professions. He describes the concept in the following way:

'... first the prediction is formed; action and subsequent behaviour then brings about the prophesied event or behaviour'. (Smale, 1976: p.19)

To have real relevance to this particular study it would be necessary to identify the existence of a prediction (that mothers who have been in care are incapable of good enough parenting, for example). Secondly, to discover whether actions or behaviour are defined in relation to the prediction: e.g. assessments concentrate on negatives and failures to parent and actions and behaviour are given meaning by the prediction. At this stage the model had some connections with Becker's ideas, on the creation of ex post facto rules (Becker, (1974), in Rock and McIntosh (eds.), p.49) and an earlier hypothesis in this review, that behaviour of mothers in parenting their children is likely to be reframed to fit the values, ideologies, etc. of social workers. There are several methodological problems attached to adopting this model in this study, which include the need to avoid retrospective definition, which means setting up a prospective study which would restrict the reframing of information from the past, in terms of a known current outcome. It would seem important that in order to avoid selection of data on expectations which match outcomes, any study using this model would need to be concurrent with the stages of social work practice. Individuals can be ascribed negative or deviant, discrepant to roles with which they have to comply in order to maintain relationships. For example, clients may have to adopt 'helpless' roles in order to receive help from social services or social workers may assign roles to individuals based on unfounded assumptions e.g. that parents who had poor or harsh parenting will become poor parents.

'In a relationship we are always in roles, by definition. We need to find situations in which we can play those roles that offer us some gratification and expression. This requires that others play roles that

meet our need. We may wish to have them in loving, fighting or distant relationships. Others also have their needs; they may play games that mesh sufficiently to allow a variety of more or less stereotyped dramas to be enacted. The games have rules some public, some secret. Some people play games that break the rules of games that other people play'. (Ruddock, 1976: p.61)²⁴

Eric Berne (1966)²⁵ combined psychoanalytic concepts with role theory (Transactional Analysis) when he looked at relationships in his book 'Games People Play'. He describes interactions in terms of ego states: parent, adult and child, and states that the opening transactional state determines the level of the transaction, and places the participants in a series of unavoidable moves which can be viewed as a game. Applied to social work, interviews can be interpreted as games eliciting certain ego states in client and worker and consequently affecting perceptions and outcomes.

To conclude this stage of the reading, the contributions of various disciplines have been explored in an attempt to shed some light on the research question. The transmission of parenting skills can have a number of influencing factors, but no conclusions were drawn as to the methods or processes of transmission. It was also concluded that it would be beyond the scope of this research to carry out large scale or longitudinal studies which might explore intergenerational patterns. My interest throughout this project has been the face-to-face contact between the social worker and the client and the assumptions each makes about the other in defining problems. Client studies and the work on decision-making in child care have highlighted social work as a complex process which, within the scale of this project can be examined by looking at one particular aspect in detail. The ethical issues are addressed by such studies by being carried out using social work values of respecting the individual, and viewing each as self-determining and living within a particular social context. Adopting and adapting the questionnaire and interview schedules from Sainsbury (1975), or Mayer and Timms (1970) was seen as promising in terms of gaining a personal understanding of the parenting skills of women who have been in care and the views of their social workers.

These ideas were taken forward into the pilot stage of interviews, but doubts about structuring the interviews and a growing awareness of gender issues in social work and in research, combined with the results from the first interviews took the literature search into feminist writings. The gender blindness of much of the sources were unrecognised at this point and reflected my own position, in that the critiques so far, had concentrated on issues of validity, reliability and status. Although previously, my grasp of sexism and anti-oppressive practice had been an intellectual one, this had been confined to my personal life and to my professional activities, and was excluded, did not come into play, in these circumstances. On reflection, this was a crucial point in my own

learning about research and was discovered, not through reading and critical skills, but through the experience of research practice and through the face to face contact with the women interviewed in this study. It was from this new starting point that the methodology and methods for the project were revised, informed by further reading about research methods, the nature of knowledge and ethical issues and problems. The most important contributions at this stage came from feminist and social work writers and researchers who had addressed some of the difficult power issues inherent in research and provided two valuable, if different, perspectives on research practice. The reading at this point is fully discussed in *Chapter 2: Research Design and Methodology* and in the interests of both space and process, is not duplicated here. This chapter gives details of the changes made to the research design in terms of methodology and methods, and relates these to new sources and a growing emphasis on ethical issues in research.

Reading and thinking have been continuous activities throughout the life of this project and, indeed, beyond it and so producing a distinct account of the theories which have informed this project, in terms of topic matter, or methods, would be extremely problematic since the developmental, progressive nature of the literature search has been closely connected to the demands of the project at any particular point in time. The areas examined have grown and multiplied and therefore the simplest and most effective way to present the reading that was undertaken after the pilot stage has been to locate this within each particular chapter, where the relevance and relatedness can be made explicit.

Although feminist perspectives formed the basis for the re-structured interviews in the main part of this study, and also provided a view about knowledge and knowing, as well as women's positioning in research and in society, they proved to have less 'fit' with the women who were interviewed and the content of the interviews. This led to further search of the literature, starting with those feminist writers who had begun to examine the usefulness of post-structural and postmodern ideas to the feminist project. *Chapter 3: Data analysis* gives details of the direction of this reading and also the specific contributions from different sources. The dilemmas and problems, as well as the benefits gained from various feminisms are reviewed in the light of the findings from this research in *Chapter 5: Findings 2: Feminist perspectives*, which also looks at the development of feminist theory and feminism as a political project over time.

Postmodern and feminist thinking informed the analysis of the emerging themes, and contributed to the development of a different theoretical application of theories around gender, identity and the care system, among others. From the beginning of this project, for instance, it has been acknowledged that the research was taking place within a particular context and that the women's experience was also located within a specific space and time which needed to be examined. This led to a search for literature which would give information about this context and its relevance for

these women and led to the chapter entitled *Historical and social context* (Chapter 6) where the history of the child care system and other relevant events of the time are developed using ideas generated by Foucault²⁶, including the notions of ‘disciplinary practices’ and panopticism among others.

The thesis closes by drawing conclusions from both the findings and from involvement in the research process itself and various writings and theoretical frameworks, again, were used to support and develop the ideas presented. An overview of all the literature used in this thesis is given where it links with the implications being drawn about social work practice or research and are not listed here in more detail, to avoid duplication and repetition. The literature informing the project following the pilot interviews is therefore embedded in the relevant chapters, where they receive the same consideration and examination in relation to the aims and objectives of the project (throughout the changes) as the literature which informed the original proposal.

Chapter 2: Research Design and Methodology

This chapter records the process of setting up the research study, the conceptual framework which informed the methods to be used and the ethical considerations which have been included in the design and implementation of this research project. The initial questionnaires and interviews were carried out following the methodology outlined in the first part of this chapter but the results and the processes involved were reviewed because of concerns that became quickly evident and needed to be addressed. The influence of sociologists like Helen Roberts, Ann Oakley and others using a feminist analysis came too late to shape the methods used for data collection and especially for these reasons the first group of interviews was used as a pilot study from which new methods and a new perspective were implemented. This led to the setting up of a second set of interviews which constitute the main body of this study and from which the data for analysis was collected. The information gained from the pilot study has been included in the data analysis, where it has been appropriate to do so and has contributed substantially to the development of the second stage in terms of both ethical issues and methods used. The chapter is therefore structured in three parts; the first outlines the thinking behind the pilot study, the second summarises the decisions which were made as a result of reviewing the pilot study and finally the revised methods developed for the main stage of the study are discussed.

Pilot study

Initially, the study was driven by an interest in ex-care mothers, which was first raised when working as a local authority social worker with children and families, both at statutory and preventative levels. The mutual expectations of social worker and client, the effects of child abuse procedures and the social work process on the client/social worker relationship and vice versa, and the assumptions made about the effects of being 'in care' on the quality and quantity of parenting increased my curiosity, albeit in a very crude form. Turning such curiosity into a workable, practical piece of research has been a long hard struggle because it reflects the complexity of the total field, within which, this research will examine only a small component, i.e. the parenting abilities of ex-care mothers.

The concepts examined in this research are difficult to define; quite apart from the meaning they take on when used in conjunction with each other. For example, 'ex-care mothers' presumably mean 'women who have been in care during their childhood'. It tells us nothing however of the length of time in care, or the quality of care and parenting received, since 'in care' can include a wide range of alternative provision, from institutional care to being at home with one's own family, as well as fostering, small residential children's homes and therapeutic community establishments. Parenting as a concept is also multi-dimensional since these abilities and skills are culturally defined and

determined with greater emphasis placed on results rather than methods. Although parenting has been the focus of mainly psychological research, work done particularly by Rutter and colleagues (see *Chapter 1: Literature review*) has confirmed the complexity of these concepts. It is broadly concluded that ex-care mothers are not a homogenous group and that parenting is a dynamic process (rather than a static unitary event) which must be examined in terms of environmental, societal, cultural and personal contexts.

In the traditional psychosocial research school, emphasis is placed on observable behaviour but little on interpretation by participants. Behaviour, often observed in unreal, artificial surroundings is analysed by experts using clinical measures and criteria developed through observations often of animal rather than human behaviour. The participants and behaviour chosen for analysis are selected on the basis of deeply entrenched, culturally defined paradigms. For example, when examining the impact of parenting on child development, parenting is viewed as the responsibility of the mother (not fathers), mothering becomes synonymous with parenting by way of biological definition. Despite the fact that pregnancy, birth and breast feeding are the only parenting functions which are currently biologically determined, other tasks involved in child rearing are socially and culturally assigned and in a Western patriarchal society such as the U.K., these are assigned to women. This research is interested in the mechanisms used to maintain these roles and their effects on the lives of women. The mechanisms are multi-faceted, overarching and interdependent in terms of both structure and effect and serve to support traditional notions of gender, particularly with regard to parenting. The care system is clearly part of this structure and this study will explore how gender roles are enforced through the medium of being in care.

Although the experience of being in care is widely acknowledged as one which disadvantages all those who enter the system, research has so far been gender-blind in its assertions, and has not looked at the oppressive effects on women in particular. This research is therefore interested in gaining a perspective on being in care from women who have experienced it, and to explore how this contributes to the mechanisms of oppression on women who are mothers. The term 'in care' is a legal/administrative category used by local authorities to describe the status of a child where parental rights have been taken over or are shared with the local authority. It does not in itself convey information about the potential parenting ability or personality development of the person to whom it is applied and so a tentative hypothesis within this research will be that subjective meanings are imputed from the term 'in care'.

In referring to meanings in this research, we will be examining not only the literal, linguistic meanings of terms and actions, but the wider interpretative derivations which form part of interactions between

individuals engaged in activities. John Lofland¹, an American sociologist and researcher identifies meanings as a characteristic unit of research and describes the term as:

'.... a humanly constructed set of symbolic objects, consciously singled out as important aspects of reality. Meanings tend to be transbehavioural in the sense that they define, justify and otherwise refer to behaviour and are not simply a description of it. Meanings interpret behaviour among participants in a social world (even though they may also describe it)'

(Lofland, 1971: p.24)

Meanings, in the context of this study, consist of the responses provoked in social workers and ex-care mothers by knowledge of the ex-care history. It will examine the range of meanings imputed by participants and the effects of this on the process of negotiation between social worker and client. Social work is viewed as a process of interaction between clients, social workers and others where each has the ability to influence the construction of a shared reality. 'In care' provides a means of identification and may form part of the identity of the individual to who it is applied. It was my intention to explore this in relation to mothers who have been in care, are experiencing difficulties in child-rearing and are receiving help from social services departments. The study will be limited to mothers specifically, because, despite changes in family composition in recent years, e.g. divorce, increase in one-parent families, etc., females are still the largest number of care-givers and fulfil the major part of parenting, even in two parent families.

Having considerably expanded the scope of this research I was confronted with the realisation that to tackle the whole (whatever that may be) was going to prove totally impracticable, and that any research into a part of the whole was not going to give unquestionable results which would radically change the world of social work practice. Having read in various sources, Mann (1985)², Bell & Newby (1977)³, Sellitz et al (1959)⁴, Bell & Roberts (1984)⁵, that those first engaging in research of this kind tend to be over-ambitious, and that the process of refining the research question can be arduous, was poor preparation for the sense of disappointment which I experienced. Research is often criticised for its lack of applicability to real life situations and coming to terms with not being able to produce results which would be valuable to social work practice has for me, been part of the journey from practitioner to researcher. On the more positive side it has also enabled me to clarify the specific area of interest and to define the key areas which were underpinning my initial interest.

Realising that the focus of the research would be on the interface between social worker and client, their perceptions of each other and of the effects of being in care on parenting enabled the project to move forward to investigating possible methods of data collection and defining the intended aims and

objectives of the research. The process of excluding other focal points in attempting to refine the area to be researched should not be interpreted as attaching more importance or value to the particular aspects chosen over any others. Rather, this research should be viewed as a small portion of a large subject, examined from one of many available perspectives.

Aims and Objectives of Pilot study

The overall aim of this research was to gain insights, through qualitative methods, into the processes that ex-care mothers and social workers engage in. It was intended that the research might illuminate, rather than provide concrete conclusions, about the parenting qualities of ex-care mothers and the methods or the skills and knowledge of ideologies employed by social workers.

The process of refining the research question, in terms of theoretical perspectives to be employed, research methods chosen and the more particular focus, led to the identification of a number of values to be made explicit for research purposes and for the correct representation of the research. Most of those issues arise from the fact that the researcher is also a practitioner who holds values about clients which cannot easily be separated from the research process, and which form part of the objectives.

The first of these, and perhaps the most important, is that clients should have equal access to the researcher in order to put over their views and perceptions and should be as free as possible to create her own hierarchy of priorities, within the bounds of the research subject matter. Client studies, e.g. Mayer & Timms (1970)⁶, which reflect this philosophy, have in the past, changed the face of research in social work practice and policy and equally importantly, given a voice to the consumers of services provided, voluntarily or otherwise, by the state. How equal access is to be achieved is difficult to define since there is no way of estimating the prior knowledge, or values of those taking part. Therefore, this aim forms a background to methodology of the research and will be paramount in defining the methods to be used.

Much has been written in recent years about the psycho-social effects of growing up in care from an observers point of view, e.g. Kahan, (1979)⁷ Milham et al (1986)⁸ and this has led to the setting up of various pressure groups representing children in care and their families. (Family Rights Group, Children's Legal Centre, etc.). By giving ex-care mothers a channel through which to communicate their feelings and perceptions, it is hoped to widen the view we have of the experience of being in care from a more personal perspective. The views of this group of women need to be included in our knowledge of the care system if we are to provide appropriate social services.

Theoretical/Conceptual Framework for Pilot study

It was clear from the literature review that searching for objective reality, for example, that ex-care mothers make poor parents, was impossible, since the terms and concepts being described have subjective as well as objective reality for the participants. One ex-care mother may well have spent exactly the same length of time in the same type of care as another, but will have experienced it very differently, their subjective perceptions then having effects on their self-image, their relationships with others (particularly social workers and their children) and how they engage in dynamic processes (such as parenting and negotiation in social work). This influence of feelings, perceptions on events and consequent perceptions seems to have been confirmed in Rutter's retrospective study of ex-care mothers, where most of the mothers who held negative views about their experiences in care were also less confident about their abilities to parent their children.

Choosing to focus on the subjective aspects of the client/social worker relationship implied an interactionist perspective of the total situation and that this would be the logical framework for analysis. Using this perspective, social situations have no objective reality of their own, reality is constructed, negotiated by the participants, according to the roles adopted by or ascribed to them and also, dependent upon the perceived purpose and aims of the interaction between them. Within this framework, whatever information is used in the process of interaction (for instance, social work skills and ideologies) is also constructed by selection and framing, so that it also holds no objective reality outside the situation in which it is being used. Using an interactionist perspective offers a selection of concepts which may have relevance at the data analysis stage of the research. Without intending to predict the choice to be made, it might be useful to review the contribution that might be made by some of these concepts, individually or conjointly to future data analysis.

Roles

The concept of roles is used to order the way we view an individual's behaviour and his interaction with others. Each individual has a repertoire of roles, e.g. father, son, uncle, policeman, each determined by the social context and the support received from others. Although there is some dispute about the individual's freedom to play out or choose roles him/ herself, they are seen to be constituent to an individual's sense of identity and place of position in society. This research is interested obviously in the role of ex-care mothers and social workers, how they negotiate those roles and the influence of social work processes in defining those roles.

Labelling theories

This group of concepts is generally applied to the processes of interaction between participants and the outcome for individuals involved. Labelling theories would see 'ex-care mothers' as a stigmatising label which allows the recipient status amongst peers, and which sets a process of interaction into being with those responsible for maintaining the label, i.e. social services. It may, as a consequence, be that ex-care mother's perceptions of themselves as parents are adversely affected by the labelling process because being 'in care' is viewed negatively by social workers or society in general.

Self-fulfilling prophecies

Self-fulfilling prophecies occur when predicted behaviour brings about a prophesied outcome or event. For example, the prediction that black children do not perform as well academically can lead to lower expectations, poor self-image (in the children) and consequently poor performance in examinations.

In relation to ex-care mothers it may be that social work ideologies contribute to lower expectations of their parenting skills, leading to less direct help being offered and ex-care mothers thus failing to be good-enough parents.

Methodology

The study will use qualitative methods of data collection and analysis to examine the perceptions, feelings and attitudes of social workers and ex-care mothers about being in care and how this reflects on ability to parent. It is proposed that a questionnaire should be sent to the sample and later used as the format for semi-structured interviews, with both mothers and social workers. This method has been used by Hardiker and Barker (1986)⁹ and proved successful in providing perceptual, open data for later qualitative analysis. (See appendices at the end of this thesis for questionnaires)

Sample

Because questionnaires and interview transcripts produce masses of varied data, which cannot at this initial stage be predicted in terms of specific outcome and requires much work at the analysis stage, the sample was limited in number to ten social workers and ten mothers. This number should provide sufficient data to explore a range of responses, from which conclusions can be drawn through analysis. The study was not intending to provide statistically significant findings, but aimed to examine the unique views and perceptions of women who have been in care. It was envisaged that the mothers would be current clients of a local social services area and that the social workers would be those currently working with them. It was recognised that this was not a random sample of mothers who have been in care, since this would have included mothers who have not current children or no involvement with a social work department. The sample was selected for two reasons; firstly, that the

focus of research was on the present interaction between client and social worker and secondly, because gaining access to a truly random sample proved most difficult. Social services departments do not record whether or not a mother has an ex-care history or maintain links, as such, with ex-care children. Gaining access could have been achieved through use of local newspapers or personal contact with social workers, but with these methods it would have been almost impossible to identify clearly what criteria was being used to select the sample.

Questionnaires and Interviews

In order to explain the research topic and to introduce the questionnaires letters were sent to social services team leaders, requesting the names and addresses of current clients who meet the sample criteria, and the names of the social workers who work with this group. I have been careful to use my status as a researcher for a university, rather than as a practitioner, in order to clarify my role, although this has created some problems which will be discussed later.

Having received the names of the people in my sample, the next step was to contact those to be interviewed personally and individually, to mitigate against any possible breach of confidentiality for those involved. The questionnaires were distributed for completion following an initial briefing, where issues of consent and confidentiality were addressed and the women had the opportunity to ask questions before committing themselves or giving further information. There was no discussion of any confidential matters relating to individuals and confidentiality will be maintained over the common factor of being in care. Appointments would be made to carry out the interviews, which would be taped and then typed ready for data analysis.

Conceptual and methodological Issues

There are a number of issues which need to be considered in relation to this project in terms of their influence on the choice of methods and as additional concepts which need to be included at the data analysis stage. Although initially aware that I would be interviewing a predominantly female group of subjects, I had taken no account of the implications of this, or the fact that the interviewer (myself) was also female. I am grateful for the work of Janet Finch (1984)¹⁰ and Helen Roberts(1995)¹¹ in highlighting these perspectives and their influence on social research. Both are feminist researchers who support Ann Oakley's (1981)¹² views that formal positivist research methods are not suitable for the production of high quality sociological work on women, because the methods themselves produce a hierarchical relationship between the interviewer and interviewee which in turn distances the two and thus produces unsympathetic results. Using Oakley's semi-structured interview techniques Finch (1984) worked with clergyman's wives and highlighted the ease of interviewing women (where the interviewer is also female) and suggests three reasons for this:

'women are more used than men to accept intrusions through questioning into the more private parts of their lives...'

'in the setting of the interviewee's own home, and interview conducted in an informal way by another woman can easily take on the character of an intimate conversation.'

'The structural position of women, and particular their consignment to the privatised, domestic sphere (Stacey 1981) makes it particularly likely that they will welcome the opportunity to talk to a sympathetic listener.' (Finch, 1984: p.74)

The initial choice of semi-structured interview techniques was based on a desire to allow the interviewee to set up their own (not mine) hierarchy of importance within the research, thus producing (hopefully) a more honest and realistic reflection of the views and perceptions of women who have been in care, and the social workers who work with them. Unaware as I had been, of the hierarchical structures present in some sociological research methodologies and the consequent ethical problems which would inevitably arise, reviewing and changing the methods for data collection was needed as a result of this new knowledge. For instance, although I had chosen to interview mothers because of particular gender considerations, I had no control over whether the social workers to be interviewed would be male or female. However, when letters were sent to Principal Social Workers in the area in which the research will be conducted, it was interesting to find that while eighty per cent of social workers were female only two out of six of the Principal Social Workers were female. This imbalance has implications for decision making and power over women's lives, particularly in child care.

Perhaps the most important contribution made by reading other people's research (particularly that done by qualitative feminist researchers) was to clarify, not only the field of research and the structure within, but also to illuminate my own position as a researcher. To be brief, the implications of being a female, practising social worker and researcher in my own territory are particularly complex and need to be examined as separate and interlinking concepts in terms of the outcome of this research. Being a senior practitioner in the geographical area had seemed to be an advantage, in terms of gaining access to current clients and social workers opinions, but setting up formal schedules for interviews and requisitioning names and addresses necessitated formal approval from the area management team to allay the anxieties and suspicions of team leaders who wondered whether my research was yet another efficiency/scrutiny exercise being done covertly by County Council. Whilst accepting that the confidentiality of all clients must be protected, my 'Leicester University researcher' proved to be of no advantage at all, it merely enhanced the existing hierarchical structure.

Apart from the effects of my dual status on colleagues and managers, I anticipated problems with interviews and clients who may or may not be familiar with my role as a practitioner. Because access to the sample was through social services, I hoped to counteract the perceived effect of being part of the system by ensuring total confidentiality and interviewing at home, making it very clear in both the questionnaire and interview that no access will be given to social services of any information - this applied equally to social workers.

Different issues were anticipated in relation to interviewing social workers, who were (at one level) peers, in that they were located in the same occupational space as myself. The literature on research methods provided little assistance with this, particularly in terms of face to face interviews, but I anticipated that there would be a difference between the discussions I had frequently had at the level of shared professional dialogue with colleagues and the responses made in an interview for research purposes. The difference was to do with the power relationships within research and also with the nature of the interaction in the interview, where the former collegiate dynamic would be transformed into something of a one way process of eliciting information rather than mutual information sharing. I was also aware that my own position as researcher rather than colleague social worker would frame my own perception and understanding of their responses and that the access I was being given was somehow privileged over the day to day dialogue which takes place between social workers.

It would seem important, that not only the perceptions of social workers and ex-care mothers be recorded and included, but also crucial to any understanding will be my own perceptions, feelings and attitudes, as a researcher, too, since they form the back-cloth upon which the research is to take place. Harding (1987) discusses this in her introduction and stresses the importance, in feminist research, of locating the researcher in the same critical plane as the researched.

'We need to avoid the "objectivist" stance that attempts to make the researcher's cultural beliefs and practices invisible while simultaneously skewering the research objects beliefs and practices to the display board. Only in that way can we hope to produce understandings and explanations which are free (or, at least, more free) of distortion from the unexamined beliefs and behaviors of social scientists themselves. Another way to put this point is that the beliefs and behaviors of the researcher are part of the empirical evidence for (or against) the claims advanced in the results of research'. (Harding, 1987: p.9)¹³

The above gives an overview of the thinking behind the pilot study and the methods used to carry this out. The anticipated dilemmas of gaining access and of protecting the confidentiality of the women led to the abandonment of the idea to interview the social workers. The crisis that this triggered is described next, as well as the conclusions drawn, which led to a complete review of the methodology and methods for this project.

Review of pilot study.

Through contacts with social work colleagues in the local area, initial contact was made with twelve women, who had been in care as children and who were currently receiving support from Social Services, to care for their children. Meetings were set up with each woman to explain the research, to establish some ground rules about confidentiality and to ask them to consent to completing questionnaires and to being interviewed. Despite the attempts to clearly locate my role as a researcher rather than a social worker, most of the women knew of me from past contact with the duty system or through colleagues, and in many cases I had been given or already knew about their circumstances.

Without exception, all the women were apprehensive about the research and its links with the local department and it was difficult to assure them of my independence and separation from social work and their social workers in particular. Indeed, for three of the women, the reassurance that their involvement was entirely voluntary and that they could opt out at any stage without jeopardising their connection with Social Services, led them to do just that, and they chose not to complete the questionnaire or be interviewed. There was clearly a perception that the research was linked in some way to the service they received and that the relationship between the two was at the very least an ambiguous one. It was also clear that for some of the women, meeting with me had been seen as something they had little choice about. They had not been prepared adequately, or given sufficient information to make it transparent that the work was not part of the service they were receiving. The social work support was, in itself, highly ambiguous, because despite being described as voluntary, in most cases, contact had been initiated because of concerns about the welfare of their children rather than self-referral and the women felt they had no choice but to 'receive' the service. One of the women who agreed to meet me did so because she thought I was going to assess her parenting skills and saw this as a second opinion, an opportunity to challenge the views and the power held by the social worker. This need for advocacy, for some form of mediation between themselves and Social Services was expressed with varying degrees by at least half the women introduced to me and demonstrated that the women felt that they were being 'policed' in terms of their children rather than supported.

Eight women completed the questionnaires and agreed to be interviewed about their experiences in care, although it became obvious that the questionnaire, focussing as it did on parenting, inhibited the process and took the dialogue (even on paper) into an area that the women were reluctant to focus on because they felt they were being judged (or had already been found) to be inadequate parents. The questions in the written version did not facilitate the kind of open exchange which had been envisioned at the start of this study and this set the pattern for the interviews. Interviews were finally conducted with seven women, after an informal meeting with each of them to agree on areas to be discussed which would be mutually beneficial. These included their experiences in care and their

relationships with their children. This remit seemed to be agreeable to all concerned, although once the interviews were underway, it became clear that my priorities did not always match those of the women and that individual women also held different views about what they wanted me to know and understand about themselves. Seven interviews were taped and transcribed for later analysis, one of which is included in the appendices at the end of the thesis. Meetings were also arranged with the women to address any issues which had arisen from being involved in the research and to debrief them. Several major conclusions were drawn as a result of involvement and analysis of both the process and the results from this part of the pilot study, perhaps the most important one being to question the utility and validity of interviewing the women's social workers.

Firstly, the content of the interviews had been very individual and personal and it would have been impossible to obtain a 'comparative' account from the social worker without revealing details from the questionnaires and interviews given by the women. Secondly, even if it were possible to carry out the interviews with social workers, what would be the value of comparing a 'professional' view of another person with that person's own account? Clearly, the authenticity of the women's own accounts needed no validation from another source, unless it was being assumed that the account was a factual one which needed to be corroborated or the witness given was considered unreliable.

The original focus had been on parenting skills and this had proved for a number of reasons to be of less importance to the women than it had been to the researcher and this needed to be understood and respected. Reviewing the questionnaire, interview schedule and the transcripts showed that within the interviews was some data which was relevant to parenting (certainly mothering and being a mother) which might tentatively shed some light on the whole notion of parenting at a later stage. It also had to be acknowledged that 'parenting skills' was a concept that was clearly interpreted differently by the women and myself and that my understanding had been of a social work construct, part of the professional jargon rather than the 'real world' as occupied by the women who were interviewed. Qualitative methods of data collection had been chosen at the outset of this project in order to allow the women the freedom to choose their own priorities and to value their contribution in its own right. Running parallel to this was the inconsistent and contradictory idea that the views of the women were insufficient, inadequate, and that in order to meet the requirements of 'proper research' the views of social workers would need to be canvassed. This stance compounds the disadvantage already experienced by these women when they were part of the in care population, and continues to follow them into their adult lives.

Despite the disadvantages already discussed here of the ambiguity of having a professional role, there had been some benefits to the women and the research outcomes of possessing interviewing skills and

some of the values inherent in social work also proved to be helpful. Social workers feel 'at home', so to speak, in interview situations, because the bulk of their work is done in face to face encounters and where putting people at ease, being clear about the purpose and boundaries and promoting the rights of the individual are important principles which guide the process. While it seems obvious that these skills should not be used to create false trust and a sense of security, their value in research interviews, especially in this case, can be to overcome or at least to mitigate against some of the obstacles created by the research agenda and the inhibiting effects of being a stranger.

Certainly, the powerfulness of the women's accounts and the use they chose to make of the interviews was not anticipated before the interviews took place. The interviews had been constructed to be a one-way information-giving process and little thought was given to the women's own expectations or to the dynamics which might take place. It came as a complete surprise to find that the women generally used the interview as an opportunity to explore, for themselves, their experiences and that for some, this would be the first opportunity offered to them to make sense of their lives to date and the impact of being in care in particular. The schedule for the interviews inhibited this by providing an agenda and a structure which restricted the women's freedom to some extent, and so the need for the schedule proved difficult to justify as the interviews progressed. Being in care was not a subject that these women felt able to discuss openly with others in their family or with friends, but being asked to talk about it for the purposes of this research, where this aspect of their lives and their understanding of it (as opposed to a professional or outsider's understanding) was considered to be of great importance, was encouraging and empowering since it clearly located them as experts on their own experience.

There is no doubt that the interviews were in general a positive, and perhaps therapeutic experience for the women, although the results cast doubts on the original research design which need to be addressed. Following the debriefing sessions a suggestion was put forward that the women meet together with myself as a facilitator to share experiences and support each other. The value of the interviews in providing a space to make sense of being in care and connected issues was confirmed in these meetings and the women later decided to continue on their own as a group and to offer support to other women who had been in care. The group was also asked to represent the interests of children in care in a consultative group set up by the local authority. It is important therefore not to disregard or underestimate either the purpose interviews might serve, other than those related to the research, or to assume that research interviews are innocuous events which leave the interviewee unscathed. Care must always be taken to provide support to those interviewed and it must be emphasised that social work research often involves individuals and groups who may be oppressed or excluded already and that the research process should challenge oppression and exclusion by valuing the contribution of those who have little opportunity to have their views and opinions heard.

These concerns about the methods employed to obtain access to the sample and to collect the data served as a reminder that in fact, women who have been in care experience not only the discrimination and disadvantage (which has been well documented) of being in care, but they are also women oppressed in a society which is dominated by white, middle class, Christian male ideologies. Although feminist values were part of my professional (social work) and personal world-view they are noticeably weak so far in this project and had not been applied in the research design or to aspects of literature which formed the foundation upon which this research study was established. It was necessary to return to the literature at this stage to inform and structure the next round of interviews and to consider what feminisms might have to offer to the process of understanding more effectively the lives and experiences of women who have been in care and its consequences in adult life. Further reading in feminist methodologies and the work of feminist researchers also proved helpful in setting up the next round of interviews and in helping me to understand research and my contribution to this study.

Data collection – second set of interviews

The revised plans meant that there was no longer any useful purpose to be served in carrying out the second stage of the interviews (with social workers) and that to do so would be contrary to the ideas and philosophy which I wanted to integrate into the project, for reasons already discussed. The methods used to obtain the original sample and the interview structure were also in need of review in the light of the findings from the pilot study. The women interviewed so far had been what might be described as a 'captive' sample in that their ability to give information freely and even to choose to take part had been compromised by the originating methods and the underlying methodology. My own position as researcher was also a difficult one, since I had experienced myself as repeating some of the oppressive practices that the women had been exposed to as children and as adult clients of social services and this was at odds with validating their views and experiences as sources of knowledge. The problem was, therefore, how to gain access to women who had experienced the care system as children who were now mothers with their own children. The category of 'current client' was not crucial when the notion of comparing views (with social workers) had been interrogated, found to be unnecessary and in fact, unethical, and so this was removed giving a wider population to explore, if the problems of how to make contact could be resolved. In, shifting the priorities in favour of the women themselves the field expanded, although the access issues grew. The other issue to be resolved was to do with the idea that the women who would make up this second sample would need to be volunteers in the fullest sense of the word, not just in deciding to participate but also in actively shaping the content of the interviews. It was clear to me at this stage that any agenda set by me as the researcher would be coming from a differing perspective and while this might make for some

structural difficulties, the research question would not be addressed if the women were not allowed to set the agenda. Gaining access to 'hidden' groups and shaping research methods to give 'voice' to those who are marginalised has become a research topic in its own right and the literature is beginning to reflect on areas which are being described as 'sensitive topics'. Renzetti and Lee (eds.), 1993 identify the problems associated with this type of research but is less helpful in offering concrete practical advice in obtaining access and collecting data.

'Other problems that are especially acute for researchers investigating sensitive topics are those deriving from the recruitment of study participants. In studies of relatively innocuous behaviour or issues, complete sampling frames are often available that allow for random sampling and a sound estimate of sampling bias. This is rarely the case, however, in studies of sensitive topics. Indeed, the more sensitive or threatening the topic under examination the more difficult sampling is likely to be, because potential participants have greater need to hide their involvement'. (Renzetti and Lee, 1993: p.30)¹⁴

The decision was made to widen the sample to allow more diversity and to address the issue of 'volunteering', which led to an approach to the editor of the local press, and an interview with a sympathetic female journalist who was interested in promoting the views and rights of women through her work in the local and national press. The women who were later interviewed came forward in response to an article published in the local evening paper, which outlined my interest in talking to women with children who had been in care to find out about their experiences and their views. The article was affirmative about women and their strengths, and contained a brief interview with a woman who had been in care as a child and was now a parent herself. This positive example, above anything in the article about the research or the researcher, encouraged an enthusiastic response locally because it openly recognised and discussed a neglected and marginalised aspect of some women's lives and valued their prospective contribution without predicting what that might be.

The response from the article was extremely enthusiastic, as within a week of publication I had received telephone calls from at least twenty women, all local, who were interested in the research and wanted to contribute. In all, 27 women responded over a month: some ringing to offer support for the research but not wanting to get involved, (five rang to say they were pleased that the subject of being in care was being raised and was worthwhile); others who were committed to contributing. Some of the volunteers later withdrew because of family or work commitments and three women felt that the timing was not right for them and that the interview might raise issues for them that they could not deal with at the time. I continued to receive calls from women for at least six months but eventually interviews were finally arranged with 16 women. All the women who contacted me were responded to, even those who made contact after the interviews had taken place, because it was important to value the fact that they had contacted me and also because the call via the press had confirmed the identity

of this hidden group of women and some of them clearly wanted the opportunity to talk through their experiences in the same way as the women in the pilot study had done. This obvious need for some women has similarities with the need for post adoption counselling, for both parents and children involved in.

The interviews took place over a six month period and followed an introductory meeting where, as before, basic details were taken to confirm that they had been in care at the time covered by the study, i.e. the 1960s and 70s, and to outline the purpose of the interview. No real structure was devised for the interviews and the women were asked to consider what they felt it was important for me to know and hear and their expert status was emphasised as opposed to mine. In order to achieve this and to enable the women to contribute, they were asked to think about the interview beforehand and to consider what they felt it was important for me as a researcher to know. I had no preconceived ideas about what this should include and I wanted to make it clear to them that they were the experts and should make the decision about what needed to be said about being in care. I emphasised the value of their knowledge and also the fact that as I had not been in care I did not 'know'. This, in retrospect was crucial to both my and their understanding of the study, although making the structure 'free' in this way meant some anxiety for me in terms of my own expectations for the research, which had to be suspended if the women were to be empowered in the process of the research and its outcomes. It seemed to me that there was little relevance in validating their experiences and perceptions, if the process of research meant the topics under discussion had been constructed by the researcher.

The interviews were followed up once the transcripts had been typed, and the women were offered the opportunity to amend these, if they felt it necessary, and also offered some support to deal with any issues arising from the interviews. Continuing to give the women choice remained crucial, even if this meant that 'useful' data might be lost in the process, and it is clear that the high level of control given over to the women was positive in a number of ways. Firstly, the women volunteered themselves from the start and had the choice of withdrawing their participation and later their contribution at any time, right up to writing up the thesis. This meant that as new implications arose about their involvement they could make decisions as they went along rather than totally committing themselves from the start. This incremental reviewing also meant that their participation was re-affirmed and the value of the work restated to them. Traditionally, formal consents are obtained before data collection and often the results are checked for accuracy by participants but continued participation is assumed, even if editing rights are afforded. Secondly, placing the decision making power with the women, as I have described, helped to counteract some of the power issues between them as the 'researched' and myself, the researcher, since it meant that they were clearly in charge throughout the process of collecting and analysing data and agreement sought throughout. The data therefore came directly from them in the

form of taped interviews and continued to be theirs when they were typed and transformed into text and the emerging themes were shared with them following data analysis. Additionally, the tapes from the interviews were returned to the women at the end of this project, rather than being wiped or destroyed as seems to be common practice. It was important that the physical product of the research was returned to them as a point of ownership, and although as a researcher I have had some cause to regret losing this source of data for continued work beyond this particular study it was important to acknowledge their work and to give something back from the research process. The choice of wiping the tape or destroying it (or keeping it) was left for the women to make.

The results of the data collection stage and the analysis of the interviews is given in the next chapter on data analysis, but the changes made to the original methods proved to be successful in both allowing the women the opportunity to speak for themselves with some authority and in providing varied and rich material for analysis. To conclude, the experience was a very positive one for all those involved, including myself, and I hoped to do justice to the strength and commitment shown by these women in coming forward to take part in this research. The qualitative differences and contrasts between both the experience and the results of the first and second sets of interviews more than justifies the changes and the validity of open research.

Chapter 3: Data analysis

This chapter outlines the processes used and results obtained from analysing the interviews which were carried out with women who had been in care as children in the 1960s and 70s and who are now adults with children of their own. Data analysis was carried out at three different stages, firstly at the end of the pilot, the second during the main block of interviews and finally after all the interviews had been completed, transcribed and checked with the participants. Each stage built on the previous findings and sought to refine methods and to create a framework to organise and conceptualise the findings from the interviews. The first stage was completed following the pilot interviews and the findings led to major changes in the way the second set of interviews were structured and conducted. The original scope of the project was widened and the methods used for data collection adapted significantly following consideration of the pilot study.

This research was initially concerned with how women themselves feel about the experience of being in care, and how those experiences might influence and reflect upon the parenting of their own children in particular. The original research design also sought to investigate and compare the (assumed) differing perceptions of ex-care mothers and social workers about the quality of the women's parenting skills. This was based on my own experience in social work where the dominating 'theory', established on an assumption (which remains strong in child care work) that being in care can negatively influence the development of parenting skills ruled. Being in care was thus strongly believed, for women at least, to be a 'risk indicator' in terms of outcomes for children, with little concrete evidence from reliable sources to dispute this widely held and powerful belief.

This characterises and demonstrates the process whereby some ideas and theories become so influential and unchallenged over time within a professional context such as social work. Practice tends to confirm these ideas, because of the repeated exposure to individuals and families in crisis who are disadvantaged and their corresponding lack of contact with those who make little or no use of intervention from statutory services. For example, if the majority of parents statutory social workers have professional contact with are described as abusive then experience feeds the perception that abuse is common and parents are abusers. Perhaps correspondingly, if service users who receive help with parenting skills are female and ex-care, then ex-care mothers will have parenting difficulties:

Messages from Research (Department of Health, 1995)¹ highlights the similar point that social workers tend to over-estimate the incidence and severity of abuse and neglect of children and identify the family as both the locus and the cause of abuse. Despite widespread evidence that abuse is socially and politically constructed, the profession chooses to ignore what it does not see or experience. This reticence allows theories developed in other disciplines to be applied with little or no

analysis to the contexts and the work that social workers are professionally involved in, to be used to disadvantage and discriminate against those who are already socially marginalised or excluded, and in this particular instance, women. This, in turn, reinforces the part played by social work as a profession in the social construction of phenomena like child abuse and neglect and in maintaining the status quo in society.

The reasoning behind the original proposal had been to provide a comparison view, to prove, as it were, that differences and similarities in perception existed between the two groups. The sample chosen was of current clients of local social workers and the research tools were structured and focussed around the women's relationships with their children and their parenting abilities. Access to the participants was gained through the network of social workers I was part of, and information passed to me by privilege of my professional status (as a practising social worker) which was neither relevant nor ethical, since the women themselves were unaware of this. This was confirmed by the women themselves in that they, on the whole, expected that details of their care careers and that they were receiving current support to be known to me and to be relevant to the research. This impeded the women's contribution to the interviews by setting a pre-existing context which was then extremely difficult to move out of or to negotiate for both the interviewer and those being interviewed. The interviews were also bounded by the structure, which defined areas which would be discussed and by implication those which were excluded, reducing the women's choice about areas they might want to explore and share. This raised issues about power in the interviews and about the assumed relationship between the women and myself. The fact that they assumed that as a researcher I would have access to information which was private to them and could consequently judge them on that information reduced the power of the women to influence the agenda and thereby the research outcomes.

Data analysis of these preliminary interviews led to the adoption of a feminist perspective as a theoretical framework for contextualising the lives and experiences of the women which raised a number of ethical and methodological dilemmas to be addressed before the major round of interviews were set up. The detail of these changes is discussed comprehensively in the methodology chapter but there are some findings from these first interviews which influenced the way forward in the research process and provided some evidence for analysis. Consideration of the first stage had raised questions about the women's participation in the research process, particularly as the women who were interviewed were not totally voluntary, in terms of either the service they were receiving or their participation in the research. Although, in theory at least, they knew they could opt out of being interviewed, the first cohort associated my work with the local authority and complied because of this, rather than being personally motivated. Consequently, the role of researcher was ambiguous and

difficult to respond to, because the boundaries between researcher and social worker were not defined adequately.

The interviews in general displayed a passivity and acceptance of my involvement with the women, who contributed with little enthusiasm and with confusion about the purpose of the research. They were not reassured about confidentiality in respect of the interviews and questioned my relationships with their allocated social workers. They expressed doubts about maintaining confidential boundaries and feared the inevitability of information leaking back to Social Services. At some level this constituted a form of coercion for the women and the issues about power and its abuse needed to be addressed, not only to safeguard the women involved but in order to improve the quality of data to be collected. Examples from the transcripts of the pilot interviews illustrate these points in the following extracts:

'I heard about what you were doing from my social worker...you want to know why I was in a children's home when I was a kid.... well...it's in my file.... I got taken away when me mum left me dad...he's a drinker and they didn't want to leave me and my brothers with him.' (from transcript K7)

'I've had a social worker since I was three-now my little un's the same age as I was an' she's got her own social worker....well, she's mine really but she's there to make sure I look after Caley really. They put me on the register 'cos the Health Visitor said she wasn't growing properly and it must have been me...but she's probably told you that lot already....hasn't she?' (from transcript K2)

'Can I just ask.... is it....will it....will you tell my social worker....will this get back or is it just for you?' (from transcript K3)

The interviews with the women were to be followed by interviews with the corresponding social workers, with the objective of identifying differing ideas, perhaps even a clash of ideas about how the in-care experience could produce poor parenting skills. It was clear that the research would be biased toward confirming rather than refuting the notion that parenting skills in ex-care mothers was flawed in some way, suggesting a causal link between care and poor parenting, because all the women interviewed were receiving a service to improve their skills in this area. In fact, all that could be concluded from this was that they were clients of social services. It also served to raise questions about the value and meaning in talking to social workers as was originally planned in the initial research design.

The women in the pilot study were reluctant to talk about their parenting skills because the interest in this topic had been prompted by the assumption that parenting was defined as problematic. Reviewing the text on the questionnaires, as well as the preliminary dialogue with the women demonstrated that,

in terms of the language used and the assumptions underpinning its construction, a clear association had been made with parenting skills as a construct used in social work, particularly as a focal point in assessment of women. The text and my self-presentation were interpreted by the women as a social worker doing social work, not as a practitioner doing research. This problem of ambiguity of role was confirmed in a number of ways throughout the pilot study and review.

The complexities and barriers to practitioner research experienced here were largely self made and could have been avoided had the research design been more carefully thought through to allow separation and definition of roles to take place. The pressures on practitioners to carry out research while working can also lead to short cuts in obtaining access, which in the long run, are counterproductive and can potentially cause distress to those being interviewed. As a practising child care social worker as well as a researcher, choosing a sample which was narrow and strictly (and conveniently) defined had resulted in women being chosen because of their difficulties rather than strengths and differences. The focus on parenting skills imposed by the original proposal had disabled the women in the interview process and meant that areas of interest which might have been identified and explored by them were excluded from the agenda. Sandra Harding (1987)² talks of the dangers of a woman-centred approach to research which sees women only as victims of oppression and is thus blind to their strengths and achievements.

'They tend to create the false impression that women have only been victims, that they have not successfully fought back, that women cannot be effective social agents on behalf of themselves or others. But the work of other feminist scholars tells us otherwise.' (Harding, 1987: p.5)

Awareness of the discrimination experienced by this group of women was a positive result arising out of the initial cohort of interviews, which led to a review of the initial focus on women. The initial decision to interview women and not men was based on a stereotypical notion clearly established that parenting is mothering and that fathering refers only to the contributing of chromosomes, with all the consequent and subsequent responsibilities being laid firmly at the feet of women. Little research has been carried out on the role of men in child-rearing until fairly recently and the legal perspective has consistently emphasised men's rights rather than responsibilities.

The paradox remains that interviewing only women/mothers seemed to make sense because they were the ones who appeared to be disadvantaged through having been in care, not men. While it is clear that disadvantage results from being in care for both men and women, it was also clear that they are disadvantaged in different ways and that women are doubly disadvantaged because they are female and more so when they raise children. Reading feminist accounts at this stage in the research answered many of the questions raised about why women are disadvantaged in society and why the

process of raising children is so plainly located as 'women only' territory in our society. It also raised issues for me about the research process itself and the role played by research and researchers in perpetuating and maintaining a patriarchal society. If the purpose of research is to find out and to generate new knowledge then the process has to be a shared and discursive one, where those who research *participate with* others in order to generate knowledge. This issue of the ownership and nature of knowledge is taken up further in the chapter on findings and in the summary of conclusions to be found further on in this document.

Another pivotal finding to emerge from the first round of interviews was a challenge to the notion that women (and specifically women who have been in care) are a homogenous group, to whom some overarching grand theories could be applied. The lack of homogeneity and common denominators in the research material was, at first, seen as a problem to be eliminated in the search for clean, neat data. This drive toward reductive and deductive research mirrored the debate which continues in social science research, about the validity and so-called objectivity of qualitative research and its methods. Further reading in qualitative methodologies³ and feminist research (see bibliography at the back of this thesis) transformed the problem into an asset in terms of clarifying my understanding of the value of the uniqueness of each woman's experiences and importantly, their understanding of their experiences.

With hindsight many of the problems outlined here could have been anticipated and considered before the interviews took place, but the pilot was, nevertheless, a valuable stage in both defining the research methods to be used and clarifying the aims and objectives of the research. From informal contact with the women after the interviews (for debriefing and support) it is also clear that the opportunity to talk and to be listened to was valued by the women, although the high structure of the interview (covering my agenda rather than theirs) was unhelpful and unnecessary. Data and process analysis of the pilot interviews generated a number of guiding principles in terms of access, the format for the interviews and the rights of the women participants. These considerations became the basis of the ethical and methodological priorities when setting up the next part of the research, which included finding a volunteer group of women and disassociating the project from the local authority social services department, allowing them to set an agenda and demonstrating throughout respect and recognition of the importance of their participation in the study.

The second round of interviews proved to be very different from the first as they were seen as an opportunity for each woman to understand and make sense of having been in care in the context of their life stories as a whole and to share that understanding with the researcher. The ambiguity of being a practising social worker and researcher was reduced by identifying myself as research student and lecturer and by not being associated with the local social services department. It was also

essential to ensure that the women clearly understood what was involved, that they could withdraw at any stage and that they were valued for their contributions. All the interviews were audio-taped and then transcripts typed of the dialogue which took place. The process of data analysis of the second group of interviews was a long and difficult one, partly because of the sheer bulk of material and also because of the variety of tried and tested methods, including computer software, available. Returning to the literature at this stage was helpful in at least identifying which tools and techniques might be appropriate to this particular project. For instance, Kvale (1996)⁴ uses two metaphors to describe research interviewers: the miner who *'digs nuggets of data or meanings out of a subject's pure experiences'* (p.3) and the *'traveler'* who *'wanders along with local inhabitants, asks questions that lead the subjects to tell their own stories of their lived world,'* (p.4). The starting point for analysing the interviews reflected the view of researcher as *'traveler'* given here, in the sense that the interview is a journey in unexplored territory where the women were the *'local inhabitants'* of their lived world and the purpose of the journey (interview) is to *'describe and understand the central themes the subjects experience and live toward'*. (p.29)

On initial reading, the first conclusion to be drawn was that the accounts given were varied, personal and in many ways unique to each individual, which also served to confirm that ex-care mothers and indeed women, are not a single homogenous group. This finding was confirmed in both sets of interviews, and reinforced the idea that one of the purposes of research was to enable the voices of the researched, rather than the researcher, to be heard and to appreciate the faith and commitment shown by the women in the research process. Each care experience was expressed as unique, from the reasons given for coming into care to the length and quality of the experience encountered, as perceived by the women themselves.

It was also evident that there was a strong contrast in structure and form between the two sets of interviews, in that the involvement of the researcher in the first group (pilot) of interviews had been to lead and to question rather than to facilitate, because a formal schedule had been devised to ensure that the focus was kept on those topics, which were pre-defined. The transcripts read as a prompted conversation, in comparison with the second group, which were less directed and covered a different wider range of topics. This contrast was expected because the interview structure had been modified to encourage the women to set their own agendas, since the choice of topics they would make was also now part of the data to be collected, but the freedom of dialogue and the absence of any need to prompt by the interviewer was not anticipated. The data collected from the second set of interviews has an openness and authenticity, which is lacking in the first and this served to confirm that the changes that had been made were justified in terms of both the ethical issues that had emerged and the quality of data that had been collected. The contrast between the two sets of data is demonstrated in the transcripts that are to be found in the appendices at the end of this thesis. The first example given

(*transcript K6*) is taken from the pilot study, and the second from the main part. Reading the second set of interviews reveals an enthusiasm and eagerness to talk, to tell, that is missing from the first, perhaps because of the freedom offered by the interview structure (or lack of structure), the briefing and preparation offered and importantly, the disassociation from practice of the researcher in the process.

The advice and guidance offered in some qualitative methodology sources tends to encourage structuring interviews in order to control or contain data and make it easier to analyse and understand, which is highly influential for novice social researchers like myself, (see, for example, Fielding and Fielding (1986).⁵ The decisions to be made about methods need to be directed by the nature of the research and its aims, and not by ease of access to the sample or simplification of the research agenda. In the second set of interviews the women had been offered the opportunity to prepare and think ahead before the interviews and given freedom to construct their own agendas within the boundaries of the research interests.

Following this overview of both sets of interviews, content analysis was attempted, a coding exercise was set up to identify any common words, phrases and topics which were highlighted in the written transcripts. This seemed to me at the time to be an appropriate step in beginning to explore the ideas contained in the interviews and was strongly recommended during the research training I undertook prior to starting this study. Coding is also recommended in many of the standard texts, such as Miles and Huberman, (1994)⁶; Denzin and Lincoln(1994)⁷ although much of what was written seemed difficult and inaccessible to me, expressed as it was mostly in technical language which suggested clinical dissection of the text rather than obtaining a deeper understanding of the meanings contained in the interviews. The coding exercise sought to find recurring words or concepts across all the transcripts and to plot the incidence of them.

'There is, of course, a long and well-developed tradition of dealing quantitatively with qualitative data: content analysis. The issue is one of counting the frequency and sequencing of particular words, phrases or concepts.' (Miles and Huberman, 1994: p.49)

Several basic phrases were identified through this coding process, which were worth exploring further in relation to their meaning as defined by the women. The first of these concerns the use of the statement 'being in care' which was used in ways which suggested something deeper and more meaningful than the interpretation of the term which might describe their legal status of living away from their families in the custody of the local authority. The word 'being' is used actively, not as a passive state occupied by the women and 'in care' is used in a context which is foreign and different. 'Being in care' reads frequently in the transcripts as if they had been transported to a different

country, where the contrast in culture, language and norms is so strong as to feel foreign and alienating to them and where coping with this strangeness, trying to adapt, either by rebelling and rejecting or by trying to fit in becomes the primary goal. The power of this communication could not be clearly explained by examining the accounts of their daily lives or events while they were in care through content analysis, because their experiences and the ways in which these were understood were separate and unique to each woman. The third stage of data analysis, discussed later, confirms this finding in more depth and accounts for the emergence of this theme and the idea of care as an alienating experience is discussed fully in *Chapter 4: Findings: Themes*. It is interesting to note, however, that there is no noun to describe a child or young person who is or has been in care.

The second point of commonality to arise from this stage in the data analysis, was the need to explain and the reasons given for being taken into care, which all the women talked about, whether directed to do so by the interview schedule (as in the pilot) or not. The second group of women to be interviewed chose to include this information without being prompted to do so, which gives some indication of the level of importance assigned to this aspect of their lives. Although the scenarios differed in each case, gender plays a major role in defining acceptable behaviours in both mothers and girls in a society which has clear roles and expectations, especially in child rearing and clearly represented by the women in this study. The conclusions finally reached and on which the formal or legal case to remove the child was based, are around either the ability of the mother to parent or to protect the child adequately, or because the behaviour of the child was a cause for some concern.

However, examination of the details given in each case shows that, from the evidence provided, it is difficult to judge how these conclusions were reached and proved. For example, those women born to single parent mothers were considered at risk simply due to the absence of a marriage partner, ('outside wedlock'), as were the children whose mothers were considered 'promiscuous' because of drinking or other behaviours, considered anti-social and unacceptable in women, and mothers in particular. It is clear that moral judgements were perceived as being made about parenting capacity and that this was considered not merely acceptable, but necessary for the protection and wellbeing of the child. The reception into care for these reasons has been highlighted in a number of studies carried out to retrospectively examine the care system at this time.

'As late as the 1960's, Packman (1968) estimated that for 46% of long-term admissions to care the prime reason was de jure single parenthood and that de facto single parenthood was the prime cause in a further 17%. Family homelessness was the prime cause for the admission of a further 11% and illegitimacy by itself was a prime or contributory reason for 37%. The illegitimate children of single parents and the homeless (groups that overlapped considerably) constituted the bulk of those in residential care.' (Gooch, 1996: p.12)⁸

Other examples include women who came into care under the legal grounds of ‘beyond parental control’ or ‘in moral danger’, because their behaviour was deemed ‘unsuitable for girls’, and where a sense of the mother’s failure to address this was implied. One woman, for instance, described herself as a ‘tomboy’ who fought with and played with boys at a very early age: behaviour which was deemed as abnormal and unnatural in a girl and sufficient grounds at that time to justify removal from the mother who had failed to bring up her daughter ‘properly’ without further assessment or analysis:

‘I was always in trouble for something or other and she (her mother) just got fed up with it in the end...she just gave up and let ‘em take me...everybody told her she’d done the best thing ...I’d be sorted out once and for all.

(CL) ‘What sort of things did you get up to, then?’

‘Well, when I was three or four I went off with me brother and his two mates fishing. I didn’t tell me mum ‘cos I knew she’d stop me but it was just more fun than stopping at home....mind you I copped it when I got in....’

(from transcript D3)

The term ‘in moral danger’ was clearly also used to remove girls when they reached adolescence because their growing sexuality and behaviour was seen by parents as a threat. One woman’s teenage interest in boys and her changing body threatened her parents enough for them to ask for her removal from home and for this to be agreed by the local authority. There had been no previous difficulties and relationships at home had been until this point good, but despite this, and the fact that the behaviour would now be considered as within the bounds of ‘normal’ development, the girl was removed and placed in a local children’s home. Contact with the family was maintained during the five years she was in care and she returned home at the age of seventeen, when, in her words, she *‘had done the growing-up bit and [could come] home respectable’*. (from transcript D7).

What is interesting here, accepting the historical context, is the open collusion of the local authorities and the social workers employed by them, with the parent’s fears of adolescent (female) behaviour and the notion that girls need to be controlled and contained to protect themselves from themselves. This image of ‘bad girls’ is frequently portrayed alongside another stereotype of women which portrays them as vulnerable, weak and in need of protection. In terms of the reasons why these women were taken into care the underlying message of many of the accounts is that they needed to be protected from aspects of their own and their mother’s sexuality and identity. Removal from home was frequently seen by those interviewed as punishment for gender role transgression, for not complying with, or following the traditional models of mothering and growing up, a point which will be analysed and developed more fully in a later chapter.

Content analysis failed to be productive beyond this point and had been unsatisfactory in terms of reflecting the concepts and ideas embedded in the interviews because the process involved taking words out of the text and this felt very clinical and derogatory. Feminist literature was much more descriptive and accessible and gave explanations for some of the difficulties I experienced at this time.

'Sometimes also, within examinations of data analysis (whether feminist or not) there is not even a consideration that researchers might not be able to just adopt data collection methods and analysis techniques unproblematically, in much the same way as we have argued that you cannot just import male-based theories and concepts and unproblematically apply them to understanding the private, domestic and the personal. Although different analytical methods can be used to examine and provide different perspectives on our interview transcripts (Coffey and Atkinson) to describe a method in isolation from its theoretical roots is to adopt a 'follow the instructions' or 'technological fix' approach to methodology'. (Edwards and Ribbens, 1998: p.16)⁹

Further reading of the whole transcripts, adopting a feminist stance, led to a number of themes emerging which revealed more about the social processing which takes place while women are in care as children and strongly influences the lives of the women. The theme of social control and processing of women is vaguely reminiscent of 'Stepford Wives', relating as it does to the stereotypical image of the 'good wife and mother' portrayed fictionally in the novel (but real and evident in the transcripts) of the same title written by Ira Levin.¹⁰ In the novel, the women of the town are 'transformed' by some mysterious process into 'good wives' for the benefit of their husbands and the smooth running of the community. Women in Stepford Wives are shown to be socially acceptable only when they conform to this stereotype and are portrayed as rewarded and fulfilled by domesticity, child-rearing and by being sexually attractive and active. The novel caricatures the image and the corresponding social processes in society which perpetuate and promote traditional gender roles and oppress women as individuals.

The women who were interviewed were aware of the exacting standards required of mothers, including their own, and the difficulties in meeting these and consequently, that removal from home of themselves or their children was seen as punishment for poor parenting. The same view of intervention from social workers is portrayed graphically in the research on domestic violence by Audrey Mullender (1996) where women were either too afraid of the risk of their children being removed to ask for help (the focus being on so-called child-centred practice) or feeling they are responsible for their own abuse and will be 'blamed' (often associated with blaming the woman for failing to 'protect' them).

*'Social workers are often regarded as being interested only in the children. Researchers (Maynard, 1985; McWilliams and McKiernan, 1993, p.65) and women service users alike confirm that social workers are child focused. It is not the concern with children's safety or well-being that is at issue here, but social workers apparent inability to look beyond these to the woman's safety, even when the violence to her is obvious and openly talked about, and even though tackling it safely will always leave the children in less distress and will often remove the dangers towards them Conversely, women who actually want social work help may be unable to get it unless the allocating worker sees a 'statutory' reason to become involved (Abrahams.1994, p.85). Women know that social workers prioritise their children's interests above theirs and fear approaching social services in case their children are taken into care.'*¹¹ (Mullender, 1996: p.73)

Although this was a study of social work and women in terms of domestic violence there are parallels with women who have been in care, because the theoretical understanding social workers use to inform their practice in both these situations is often based on a gendered view of families and society, which take little account of structural inequalities or issues of oppression, despite the anti-oppressive value base of the profession. This was most certainly the case in the 1960s and 70s, when the women who were interviewed were in care.

The fear of this form of oppression was evident to a greater or lesser extent in the lives of all the participants. All the women were committed to raising their children without help from professionals and the fear of the power of the agencies was particularly strong for the women who were currently receiving help, mostly those in the pilot group. This fear serves to reinforce notions of the 'good mother' and forms part of the social processing women experience, rewarding those who conform to the stereotype and deterring those who might challenge it in some way. The control of women through fear has been found to be pervasive, particularly in child care and child protection work, and can be disabling and oppressive because of the restrictions they place on the choices available to women. For example,

'Women often turned to professional agencies in order to get help either for themselves or as a way of coping with the behaviour of men with whom they were living. If, as a result, child protection procedures were set in motion they frequently felt unfairly condemned. The problem became extreme if mothers sought help because they suspected abuse or because of child management difficulties, since they themselves were quite likely to come under suspicion. Such experiences spoke for a widespread notion in most cases of abuse and neglect that mothers were responsible for faults in the care of children. It also accounted for their reluctance to seek help.' (Farmer and Owen, 1995: p.63)¹²

At issue, however, as a result of this research, is the notion that women form a homogeneous group to which one particular theoretical model can be applied, resulting in a single clear explanation for their experiences. The stereotypical 'women' portrayed in Ira Levin's book would be the focus for ridicule

and insult from the radical feminist perspective and yet aspects of the stereotype were recognisable in most of the women who were interviewed. It would be simplistic to explain this wide range of behaviours as responses to social processing and oppression, when they clearly are much more individually created and maintained and for most, enjoyed. The feminist perspective, which is therefore useful in providing an understanding of the way patriarchal society functions and its benefits to the dominant sector of the population, i.e. men, is less helpful in explaining the complexities of women's lived experiences or validating the diversity of this experience. For example, the paradox remains that radical feminism has contributed to the denigration of status of child bearing and rearing in Western society, and has ignored the importance of other aspects which contribute to any woman's sense of self and may also be a source of oppression, such as class, race or sexual orientation. The shortcomings of the radical feminist perspective in relation to this research are the subject of further analysis in the findings chapter which follows, and which looks at the feminist debate and the implications for this research. To conclude, the researcher's interpretation of the 'Stepford Wives' theme celebrates the fact that the women in this study were all very different and that outcomes for their lives could not be solely accounted for as an expression of oppressed response to being in care. Although the existence of powerful stereotypical images is accepted, it is clear that this particular image is a male generated fantasy which locates women as subordinate to men in terms of their roles and contribution in a society dominated by white, middle class, Christian men.

There is evidence from both sets of interviews that the fear which removal of children (or the threat of removal) induces, is increased by the experience of being in care, and further still, by involvement as an ex-care mother with social services departments. However, while the fear of removal for the mothers in case conferences (referred to earlier) is not supported by statistical evidence, there may be some clearer grounds for concern here, because of the way that risk of poor parenting is constructed around theories which identify being in care as a high risk factor in social work. The impact of traditional psychological theories of attachment and maternal deprivation on social work practice has been to create a modern day mythical belief that being in care produces individuals (women) whose parenting capabilities will be reduced and consequently this may increase the chances of removal in a very real sense for these women.

The strength of the influence of psychodynamic theoretical frameworks in social work practice was demonstrated during the data analysis process, when it was clear that these frameworks were being applied, by the researcher, to the interviews, to try to uncover a causal link between adult perceptions and behaviour and childhood experiences. For example, several attempts were made to construct life histories which could be compared one against another or where common significant events could be identified and assessed. This action was clearly driven by the 'practitioner' need to categorise and

theorise, a characteristic of social work practice which conflicts with qualitative research techniques, where theory should emerge, rather than be applied to the data. Interpreting the interview transcripts in this way confirmed the pathologising effect of the application of theoretical frameworks to individuals, and the power they hold to disadvantage and oppress. In my mind, I had adopted the role of social worker and the women became 'clients' with all the attendant processes of focussing on dysfunction, normality and abnormality.

The findings from this part of the data analysis stage highlight again some of the difficulties to be challenged in carrying out research where the boundaries between practice and research can shift and possibly interact in ways which are potentially detrimental. Ethically, this is primarily oppressive for the participants because they are placed in the position of 'being researched' rather than 'researching with', in other words, not participants but objects of research. The act of interpreting their contributions using theoretical frameworks which are themselves ethically unsound would also invalidate any findings, as the data had been subjected to processes which the women had clearly not been aware of and where explicit consent had not been given. This is akin to the problems highlighted by Standing (1998) of what happens to language when academic processes take over.

'Often I felt that the women expressed ideas and concepts in plain language much more effectively (and powerfully) than complex theoretical explanations would have done. Yet the process of producing an academic piece of work demanded that I took the women's words and theorised from them, juxtaposing their language with that of the academy. In this way the women's knowledge becomes invalidated – their ways of saying things and expressing their ideas are judged to be not as valid as those of 'experts', the researchers in the academy.' (Standing, 1998: p.192)

This issue, however, concerns not just language but process that transforms the representations of those who are the subjects of research into meaningful (to the academy) chunks of 'knowledge' where ownership is clearly claimed by the researcher, albeit with acknowledgement of those who participated. Qualitative research texts are often at fault here in their insistence on data analysis techniques which have already been tested and proved 'valid and reliable' and which prioritise technical ability above description and interpretation and particularly above the meanings and validity of those who are researched. One of the key issues which had triggered this research project had initially been about the use of theories to classify and justify social work practice which could be seen to be oppressive to disadvantaged groups. It also confirmed for me the need to question the techniques being used to understand and frame the data and to monitor my own reactions to the data, since they were clearly as informative as the data itself.

Content analysis and coding techniques were unsuccessful in establishing further themes for discussion, although its use led to several other useful and relevant discoveries about the research

words fragmented and distorted the overall messages from the women. This was in direct conflict with the ethical stance which had been established, which aimed to allow the women to speak for themselves and to view their accounts as whole and valid in their own right. The validity and authenticity of these accounts is lost when parts are taken and considered out of the context of the whole interview and the act of searching for commonalities across individual interviews denies the individual worth of each of the women who contributed.

'As Silverstein(1988) puts it, we are faced with the tension between the particular and the universal: reconciling an individual's uniqueness with the need for more general understanding of generic processes that occur across cases. That uniqueness, he suggests, resides in the individual developmental history over time – but "encapsulated within the general principles that influence its development. "'
(Miles and Huberman, 1994: p.173)¹³

Further reading of the interview transcripts brought to light the idea of life stories which proved useful in countering the fragmentation of data and led to a better understanding of the messages the women had conveyed during the interviews. The women who had had the opportunity to plan and prepare for the interviews had mostly structured their contributions with beginnings and middles and conclusions and were consciously narrating and checking my understanding throughout. It seemed important to them that I was clear about the events in their lives, what had happened to them, in order to understand how they now made sense of being in care and its effects and this is reflected in the example transcript in the appendices. Using narrative as a technique to aid data analysis was helpful in identifying a common thread in the way the interviews had been used and in ordering the text, but on its own this could not explain the sense of completeness and wholeness that had been communicated during the interviews. Just reading the typed transcripts lacked several essential factors which needed to be included if the analysis was to reflect the true scope of the full communication with the women, and to allow the involvement of the interviewer, the interaction between the participants to be considered legitimate and be analysed.

The final stage of data analysis, therefore, began by redefining the meaning of 'data' and making decisions to include what had been **heard** in all senses of the word, as well as what had been transcribed. This meant returning to the tapes to listen carefully, recreating the context as well as the *how* content of each interview. The feelings, responses and reactions of the researcher were also relevant since the interviews were interactive, dynamic events where, as clearly shown in the pilot study, the constituents of the interview are influenced as much by the identity and actions of the interviewer as, for example, the format or the place they are held. Including this material as relevant, indeed crucial, was liberating in terms of enabling me to view the interviews much more holistically and accepting my own lack of 'impartiality' as important to the research process. The gender of the participants is,

for instance, a key factor in terms of the dynamics of the interviews and their analysis and had led to the adoption of a feminist perspective in setting up the second group of interviews and in framing the location of women in a patriarchal society. Being a woman researcher with other women is thus transformed from being a factor of bias to be eliminated to a factor of commonality with and a badge of expertise in terms of understanding and identifying with those who were interviewed.

The technique adopted at this stage of the research involved listening to the taped interviews while reading the transcripts and repeating this until something of the immediacy and interest of the original interview was felt. This was useful for a number of reasons, firstly, because no matter how well transcribed the interviews are, transcripts are at best representational and textual and as such, exclude essential parts of the encounter which are the dynamic, the force behind the dialogue, such as body language and proximity, eye contact, the smiles and other facial expressions and gestures. At this stage it would have been impossible to reproduce accurately all the interaction which took place, but it was essential to make available through recall as far as possible the dynamism of the interview. Repeated listening to individual interviews helped to replicate the mood or tone of some of the dialogue and enabled me to get back in touch with the emotional content of the interviews and include this in the analysis as legitimate data. It also acted as an aide memoir, given the inevitable time lapse between the interviews and data analysis, in terms of the relevance and priority given by the participants to each topic they discussed, something which again is impossible to record as text in a transcript.

This phase in the data analysis showed that interviews are more than words, and all the communications at all levels influence the experience that participants engage in. Listening to the tapes also highlighted some of the subtle discrepancies which had occurred through transcribing the dialogue into text, and subtly changed the meaning of certain words or phrases by flattening them into letters and words on a page. For example, the two quotes given below are similar as text but the irony and sarcasm used with the second is lost in the transcripts and can really only be captured as an interpretation of the spoken dialogue, by the listener who took part in the interview.

'I had the time of my life in care...went to my first night club...lost my virginity...did all the things adolescents do without the guilt...' (From transcript D7)

'Of course... being in care was wonderful....best thing that happened to me...hated living at home with me mum...' (From transcript D6)

Repeated listening to the tapes, particularly when done by the interviewer enables the researcher to become familiar with the data or as Judith Riley¹⁴ would say, to become 'immersed' in the data in order to take a fresh look and come up with new ideas. In this instance, immersion was one way of

making material which was excluded from the transcripts available for analysis, and seemed crucial to a real understanding of the knowledge the women had attempted to pass on. It was also essential while listening, to avoid some of the mistakes and previous pitfalls of using existing theoretical perspectives or frameworks to explain away what had been communicated. It was easy to resort to the social work role and to utilise those theories which had informed my past practice as has been noted at earlier stages in this process. Although 'listening in roles'¹⁵ is a valid technique when used as a sort of second opinion, slipping into role accidentally imposed a set of values onto the data which was not part of the research idea. Consequently, this contributed to seeing the women as victims and of interpreting the data through this construct which could not be consistently located from the interviews.

This stage of the data analysis was characterised by uncomfortable 'blocks' where either each interview seemed too unique to hold any possibility of identifying common themes or ideas, or the sheer amount of material and the information it contained felt completely overwhelming. A number of strategies were useful in overcoming these seemingly unproductive periods, but it is also worth stating that these blocks served their own purpose and were valuable in their own way, despite the discomfort they created. Part of the feeling of discomfort arose from a general suspicion that something was being missed or overlooked, that something meaningful had been communicated to me during the interviews that was not being articulated and examined. The blocks prevented distraction away from this issue and onto something more interesting and entertaining, and kept up the motivation to keep looking for this somewhat elusive idea.

One of the strategies which led to moving on was to take an 'opposite pole' position on analysing the information by looking for how the accounts differed. Although at the time this technique was arrived at in a somewhat ad hoc manner, it has been supported in literature (Miles and Huberman, 1994; Strauss and Corbin, 1990)) as a way of generating concepts or of verifying findings from qualitative data, but in this case it was a reaction to the distinctiveness of each account. If they were all different and therefore could generate no categories through their similarities, how were they different? In what ways did they differ? The idea was generated through my own need to move on in data analysis but is similar to the 'flip-flop technique' that Strauss and Corbin (1990) describe and recommend as a way of increasing theoretical sensitivity, to help the researcher '*break through assumptions and also uncover specific dimensions*' (p.84)¹⁶ in the data. Some clear differences had been identified at an earlier stage and have already been described in this chapter but there seemed to be other differences which I had overlooked or missed from the written transcripts. Repeated listening showed a difference in how the women discussed their children which could not be explained by the differences in the groups, i.e. the dialogue with women from the second group seemed to be generally more involved, more descriptive and animated. This was more than a lack of reluctance, which was found for various

more descriptive and animated. This was more than a lack of reluctance, which was found for various reasons (already discussed) in the pilot group, and it took some time before the difference between these interviews was identified, like a bolt of light as being located in myself, the researcher. During the time between the two sets of interviews I had become a mother myself and this difference clearly influenced the receptivity and feedback which took place in the interviews in a positive way.

Although my children and experiences of being a mother were not made an explicit part of the dialogue with the women, it seemed we recognised and acknowledged those aspects of ourselves which we held in common and which therefore promoted acceptance and discussion. This would not have been possible with the first group, because the role of mother was simply not part of my repertoire at that time. Despite having identified earlier in this chapter the difficulties and ambivalent response created by my former role as a social worker, the significance of being a mother to the research process was not initially considered as relevant, because it was private, personal and external to the professional context occupied by the research.

There is evidence to support this finding in the transcripts from the interviews, although the discovery was made through repeated listening to the tapes rather than analysis of the written transcripts. This includes the numbers of references to their children which are generally higher in the second group of interviews; the nature of the comments made which generally relate to the topic in hand in the first cohort (about their parenting) and to anecdotal accounts of their children for the second and the level of interest exchanged in the second interviews. Listening to the interviews again serves as a reminder of how mothers together can discuss with great enthusiasm even the most routine aspects of caring for their children *ad nauseum*, and which might prove to be a great source of boredom and disinterest for those who have no children. This contrast is shown in the transcripts and the general points made here can be seen in the example transcripts which are given as appendices.

Data analysis, until this point, had also followed a text book approach which ruled the interviewer's own experience as irrelevant and not 'objective', and yet the interview was clearly understood as an interactive process involving two participants, where the involvement of the interviewer was integral to the process and difficult, if not impossible, to separate or segregate from the event as a whole. Being a mother was part of my identity for the second interviews but not for the first and this changed the response in the interviews as effectively as any intended and planned changes that were introduced. This is not to say that being a mother would therefore become a requirement of carrying out research with mothers, but the influence of shared and acknowledged experiences is more positive and indeed, human and honest, than denial of aspects of ourselves on the research process. Overlooking the ambiguity of the dual role of practitioner and researcher had made the purpose of the first interviews unclear and uncomfortable for all the participants and did not acknowledge the women's perceptions of social workers as relevant to both the process and outcomes of the research.

This was the 'missing' ingredient that had been overlooked, or to be more accurate ignored, as lacking 'objectivity'. This research would seem to confirm the notion that it is, in fact, pointless to even try to present oneself as an interviewer as *tabula rasa*, in order to avoid 'contamination' of the data. Messages about ourselves and our identity are transmitted and received, we make judgements in order to locate ourselves and the other person and it is impossible to hide, for example, the impact of gender behind the role of the interviewer. Recognising aspects of ourselves which are the same for others (and those that are different) allows those aspects to be recognised openly, as has been clearly demonstrated in this research. The dominant position of the interviewer as posited in many of the texts on methods in social research was rejected earlier in this research because it had been (and still is) my strong belief that the women who were interviewed 'knew', had the knowledge of being in care, not the researcher. Their knowledge was superior to mine and the research was therefore a partnership between those who 'knew' and one who clearly had an interest in making this personal knowledge available to others, in disseminating this. Although this point had influenced the setting up of the second group of interviews, it was necessary to reaffirm this as a value position in the interviews before data analysis could proceed further, so that the material could be analysed from the perspective of an equal, not as a superior, partner in the research process.

These findings changed my perspective as the researcher from that of an outsider looking in, to one in which the shared experience of being a woman and a participant of the interviews enabled the communications with the women about being in care to become accessible to analysis, despite remaining external to my own lived experience. In the same way as the women had shared what they knew about being in care, it was necessary to reproduce the freshness and immediacy of the interviews as at the time they took place, to recall my own reactions and interactions in the interview situation and to appreciate the full impact of the messages that had been received. For example, in listening again and again, it is clear that all of their messages were powerful and some of the dialogue had been funny, some sad, some frankly shocking and furthermore, that these responses, additions to the dialogue needed to be included to generate the next level of findings. This final stage appeared to be more a process of synthesis than analysis, of building rather than dissecting and breaking down into component parts which, in turn, reflected the process which had been evident in the interviews, e.g. building up a picture, creating and making sense of life experiences. It could be said that the data needed to be analysed in the spirit it had been so generously provided.

From the second stage of interviewing onwards, valuing what the women knew that was unknown (and could not be known by those who had not been in care), and ensuring that this knowledge would be communicated to others, in ways which would confirm *their* ownership, rather than that of the project or the researcher had directed the actions taken. It was of crucial importance that the process

of ordering and analysing that knowledge should be consistent with this principle, and repeated listening and hearing enabled findings to emerge which could be developed in a thematic way, without devaluing the subjective experience of the women who took part. My knowledge of social work, research and the care system had to be suspended in order to hear what was being said and to avoid constructing, interpreting this through the filter of a 'professional identity'. The burden of interpreting and expressing an overview of these women's lived experiences in ways which will meet several different (perhaps conflicting) agendas, is relieved, to some extent, by having a clear ethical position which then guides the research process (especially the analysis of data) and sets priorities as to which agenda takes precedence throughout.

The idea for the final group of themes was discovered when I stopped trying to find out what the women were saying and instead posed the question, what are they talking about? I was unable to find any further common threads in the tapes or the transcripts by searching for differences across the whole of the two cohorts but it was clear that certain topics had been communicated to me as the researcher, even if the accounts and presentations were distinct and discrete. The concept of identity was 'grounded' orally in the interviews as a shared understanding of the meaning of self as expressed and accepted, and textually by the references in the transcripts to 'self' and aspects of the self. Although none of the women used 'identity' as a specific word to describe their sense of 'self', which was the primary focus of all the discussions, it was clear that that was what they meant and that we both shared the same understanding and had worked on that basis throughout the interviews.

Miles and Huberman (1994) refer to this stage in data analysis as generating meaning and suggest ways of verifying meaning in qualitative data.

'When you're working with text or less well organised displays, you often note recurring patterns, themes, or "gestalts," which pull together many separate pieces of data. Something "jumps out at you", suddenly makes sense.' (Miles and Huberman, 1994: p.247)

They suggest various techniques for testing the 'plausibility' of ideas that 'jump out' and it would seem that naming this theme 'identity' is similar to what they refer to as 'making metaphors' (p.250) as a method of expressing abstract ideas as data is examined, as a device for communicating the existence of patterns. Viewing 'identity' as a metaphor for the experience of 'self' pulled together all that had been talked about in the interviews about how the care experience had impacted on the women in their lived worlds, as they saw and understood them. Finding this main theme needed to be confirmed as a consistent thread throughout all the interviews and for this checking I found it easier to revert to the textual transcripts, not to search for literal references but inferences and content which

‘fitted’ the category and as it was to be found in all the interviews I was able to confirm this as a main theme arising from the data.

‘The metaphor is halfway from the empirical facts to the conceptual significance of those facts; it gets you up and over the particulars en route to the basic social processes that give meaning to those particulars. For instance, Glaser (1978) advises the field researcher struggling to make sense of social phenomena to attach metaphorical gerunds to them (e.g., servicing, bargaining, becoming). In doing that, you’re shifting from facts to processes, and those processes are likely to account for the phenomena being studied at the most inferential level.’ (Miles and Huberman, 1994: p.252)

Once I had verified the stability of this first theme, the data became much clearer in terms of analysis and being able to ‘see’ other themes which were integral and interconnected. This in turn enabled me to understand the messages arising from the interviews and to view the data as a whole entity, despite the differences in content between the interviews. I moved from ‘looking at trees’ (to use an analogy) to being able to ‘see the wood’ and was conscious that the analysis had shifted and moved on to a different level. When each of the categories emerged from the data it was necessary to confirm and test its existence throughout the data and to ensure that any variations in the way the concepts were represented was noted. The texts on qualitative data analysis make a strong point of ensuring that these tasks are completed for the sake of validity of the research, but I have to admit that my motives were directed by a need to make sure that the themes did not misrepresent the contribution of the women and thereby invalidating my research. I was able to check the veracity of the themes with some of the women who took part, but they could only comment on their own interviews and not the whole range and so, in effect, this was a courtesy rather than validation.

One of the difficulties to be encountered in the research process is knowing when to stop analysing the data, identifying the point at which no further usefulness can be gained from examining the data in some way or another, and so identifying this as the ‘final’ stage in data analysis was done, with some reluctance. The urge to hold on, to listen or read just once more, in case something fundamental might come to light has no doubt, delayed the completion of this project. The motivation for moving onto the next stage, came from the need progress, to discuss the findings and develop the ideas they contain, so that the knowledge of the women can be applied and disseminated as widely as possible.

Another major stumbling block was the feeling of protectiveness which has grown about the women and what they have to say: the fear that dissemination might lead to distortion of the women’s knowledge, that once ideas become written words on a page they become fixed and therefore cannot move or change again. Accepting that there has to be an end delayed the ‘letting go’ that is necessary if the material is to be made accessible to others and learned from. There is an added tension at this

point, in deciding the boundaries between expressing, in this case, the women's knowledge (which only the women themselves can do) and the sense that others including myself might make of it. What follows in the next chapters has to be defined as the further discussion of the ideas that the women brought to the research process by me, the researcher. The ideas and themes which have been identified from the interviews with the women will be developed further in the next chapters, which also link the findings to various theoretical perspectives which might frame an understanding of the issues involved. This has not been an easy task, because the requirement has been to make a 'fit' between the women's experiences and existing theory, and not my understanding or interpretation of both.

Crucial to the progress of data analysis was the realisation that there were some issues, which were purely of concern to me and not to the women, and that these concerns were personal. They reflected an agenda which I had brought to the research process and which was structured by my own experiences of being me, including being a woman, a social worker, a mother and an emerging researcher, among others. The inherent conflict that lies in all research with people is therefore, how to reconcile the requirements of research (and the needs of the researcher) with the need to support and promote the authenticity of the 'researched'. This has been discussed before in the thesis, but the true impact was felt most strongly, here at the writing up stage, when findings are presented and the issue of ownership has to be considered.

'...on the one hand, we play a critical role in transforming private lives and concerns into public theories and debates and in voicing what might otherwise remain invisible and/or devalued issues pertaining to domestic life. On the other hand, in the process of transformation, the private account is changed by and infused with our identity – and thereby becomes a different story to that originally told by the respondent(s). We cannot be sure we have faithfully reported our respondents' concerns. At the same time, as academic researchers, our role involves more than this for we are also required to theorize our respondents' accounts and lives, and locate them within wider academic and theoretical debates. We have to accept the losses and gains involved in this process, and hope that a version of our respondents' concerns is made public, even if it is not their exact version nor all of the issues they regard as paramount. '(Mauther and Doucet, in Ribbens and Edwards, 1998: p. 141)¹⁷

I would go further than this to say that research can be a process with some elements of negotiation in it. These negotiations can and should be made explicit through dialogue between participants, between the researcher and the subjects of the research. This process of finding out about the research, what it is for, who it is for and importantly, finding out about the researcher, takes place when participants decide whether or not to be part of the research. They seek out the information they need to make this decision, and then make a judgement about the project, the researcher and their own involvement. This was illustrated clearly in the pilot interviews for this project, where the women

checked out confidentiality and expressed their perceived lack of control over the research agenda. In contrast, the women in the main part of the study were able to make therapeutic use of the space the interview created and were also involved (those who wanted to be, not all the group, unfortunately) in confirming the themes which were identified. While it has to be accepted that this level of inclusion does not go far enough to address the power issues inherent in research, it appears on reflection, to make the best of a project which was set up without the benefit of present day knowledge about researching user perspectives and evaluation in social work. These new ways of researching are premised upon notions of partnership and user knowledges (see, for example, Peter Beresford and Suzy Croft, 1999¹⁸) which run throughout the life of research, including research design, methods and methodology, analysis of data and reporting. The women in this project did not explicitly contribute to these processes, although they clearly influenced the decision to abandon the pilot study and to review the methods for the main project.

The first of the chapters on *Findings* will concentrate on a number of clear themes from the data where the experiences of the women might pose a challenge to existing ideologies and accepted paradigms in a variety of disciplines and professional contexts. The themes are;

Gender and sexuality

Pathology and normality/abnormality

Mothering and the transmission of culture

Reciprocity and the professionalisation of care

Identity

Identifying the concepts and themes discussed here was driven by the need to make accessible to a wider audience, the knowledge and experiences of a heterogeneous and diverse group of women. Although the data analysis stage presented many questions and ethical conflicts, the purpose in research of this nature should be to make known that which is excluded or overlooked, particularly in social work research, with its focus on promoting the rights and choices of disadvantaged minorities, challenging oppression and discrimination. So, while the women did not themselves make use of the same analytical tools as the researcher, these tools allowed concepts and themes to be interrogated and perhaps advanced by applying their knowledge to the academic debates taking place. Consulting with some of the women who took part in this research was therefore part of the data analysis process and I was able to explain that I had arrived at the themes by looking for common ideas in the transcripts which were felt to be expressed in different ways by the majority of participants, albeit in different shapes and forms. Gaining their support for the idea of the themes and their further analysis went some way toward both doing justice to the notion of 'working together' and also not imposing a distorting structure onto what is, their knowledge.

The next two chapters explore the usefulness of various feminist perspectives in understanding women's lives, the social processing of women and in particular the care system as a means of social control. It will reflect on what has been learned through this study about the responsibilities of researchers, the contribution made by feminism to the research process and the ethical dilemmas encountered in this particular study. This is followed by *Chapter 6: Findings 3: Historical and social context*, which examines the relevance of the social and historical context of the 60s and 70s, particularly in relation to the care system and to the women's lives and experiences. This context is then analysed using post modern themes from Foucault and others, which include the concept of panopticism and 'disciplinary regimes and practices'.

Chapter 4: Findings: Themes

Introduction

This chapter provides an account of the essential themes that emerged from listening to the taped versions of the interviews with the women in this study. These were arrived at by recalling the event of the interview and allowing ideas to flow, which encapsulated the issues that were important to the women, in the process of 'making sense' of their experiences, their lives. The women who took part in the main group of interviews (i.e. not the pilot study) were able to use the interview to reflect and to synthesise, to put together a view of themselves as individuals which was authentic for them. The interviews in the pilot study did not facilitate this process, and the accounts are very different in this respect, but where the themes are valid, excerpts from both sets of interviews are given, so that the words, feelings and ideas of this group of women are not excluded from this analysis of the care system.

In this way, the research was able to progress from a stage of merely reflecting back on individual and unique experiences, to a stage where their contribution could be utilised in the transformation of existing ideas and practice, and applied to contexts other than their own. The naming of the themes was with the agreement of some of the women who were part of the main cohort for this study, who were consulted following data analysis. Although this was obviously a token consultation and did not qualify as a consensus view, it was important for me that the themes were not a total invention, imposed entirely from outside. It was for this reason that efforts were made to contact the women after data analysis to check that their words and feelings had been interpreted in a positive way, that they could support. This ensured that the research process included the women as much as possible and for as long as possible, rather than splitting the activities into separate, compartmentalised sections.

In listening to the tapes of the interviews I am still struck by the uniqueness of each account, of the differences in the accounts and understandings and the motivation to find meaning, to make sense of life within the scope of the interview. It should not, therefore, be assumed that, because the presentation of the themes appears linear and orderly, that they are constructed in the same way in the minds of the women who were interviewed, or in mine as the researcher. The impact is also diluted by the act of writing, since the multi-dimensional qualities of these themes are not easily communicated in written language, particularly when language is constrained by the traditions, practices and requirements of research report writing.

The identification and naming of the emerging themes meant it was necessary to conduct further literature searches, in order to explore current thinking about concepts which became relevant as a direct response to the interviews and not before. The comprehensiveness of the reading undertaken at this stage is not reflected in this chapter, because of relevance and the constraints on space; texts are referred to here when they illuminate a particular point being made, or when theory is in conflict with the ideas generated by the research. This is because a conscious decision has been made to view the women who took part in this research as having their own knowledge claims, based not on abstraction and theorising, but on experience and reflection. In addition to considering excerpts from the interviews to substantiate the choice of themes, an attempt has been made to locate the women's communications and thinking within contemporary theorising and abstraction, with the premise that the ideas communicated take precedence rather than the theory.

The themes are dealt with one by one, as a way of ordering both the materials to be presented and to reflect the process of analysis as a developmental and iterative one. In practice, the themes were perceived to be often overlapping and interdependent, and therefore, discussion of one theme often included evidence of how each way of understanding influences the way another is viewed. The approach used to understand issues of *Gender and Sexuality* for example, contributes to the conclusions reached about the theme of *Reciprocity and the Professionalisation of Caring*, and vice versa. Accepting that these concepts are not entirely distinct and separate has been helpful in increasing my understanding of how they both operate and exist within this particular research context, although it has rendered the theorising more problematic. This is because theory (or at least the process of creating theory) frequently fulfils its potential to detach concepts from each other and from their context and specificity.

This chapter concludes with an exploration of 'identity', as the dominant and unifying theme from this research. It was identified as the main theme because the interviews were not mere factual accounts of their time in care and onwards, or just descriptions of their experiences. The interviews were explorations of their lives to date, with particular emphasis on how being in care had influenced how they felt about themselves, so that where events are described, they fit into a context and are used to illustrate and to account for ways of thinking, ways of being. The uniqueness of each account disguises the fact that these are not just descriptive or narrative accounts: the women are not just telling their stories, relating events without judgement or evaluation. What they have in common is the exploration of 'self', a search to consolidate experience and draw some conclusions about the 'self' that they own, where 'being in care' and an understanding of its influence is of paramount relevance. This is why the concept of identity has been chosen to represent not only the content but also the process of the interviews, the way they were used as opportunities to make sense of, to synthesise, their experiences and the meaning for them as individuals of 'being in care'. It is from this

base that the discussion proceeds, in examining the themes which emerged from this research, beginning with *Gender and sexuality* and providing direct evidence from the transcripts to support the assertions made already and those yet to be made.

Gender and sexuality

The majority of the women who took part in this research were taken into care as small children and therefore, residential institutions (for the most part) and foster placements provided the location for their growing up, moving through childhood, puberty and adolescence to become young women. This section is therefore concerned to explore their adult perceptions of being a girl in care and of growing up in these particular environments. The theme was chosen and named as such, because of the priority given by the women in the content of the interviews to talking about 'being a girl', coping with developmental changes, physical and emotional, and the perceived response or way of handling these issues by their carers and the regimes they grew up in.

There was one exception to this pattern: one of the women interviewed for the main study was taken into care at the age of twelve, following arguments and disagreements with her father and was returned home just before her seventeenth birthday. Her experience is significant because she felt her own parents found it difficult to cope with adolescence as a positive developmental time, whereas the observation centre, with its 'arms-length' attitude to teenagers provided the ideal place to grow up. Her understanding of the care system and her account of her experiences supports some of the findings presented here and contrasts sharply with others, providing a view of the same landscape from a different viewing point, so to speak. Although she came into care later and for very different reasons to the others, the episode falls within the same time period (1970 –1975) and so her contribution is included. The details of her admission into care are relevant to this particular theme, because she describes her childhood as a happy one, but that her relationship with her father deteriorated drastically when she went to secondary school and wanted more independence.

'The rows started when I wanted to go to my mates after school, as kids do, but I would do it on the spur of the moment... sort of not asking them beforehand. I'd get home and my mother would be worried and my dad would just rage at me... tell me to do as I was told. Well... you can guess what I did, can't you? The more her tried to control me the more I did my own thing. (pause) ... thinking about it now, its embarrassing, I would be deliberately offhand, it became like a competition to out wit them, silly really, but they just could n't hack it.'

(From transcript D7)

As the eldest child of three in the family, she acknowledges in the interview that she now realises how difficult it was for her parents to deal with a 'stropky teenager' who had previously been a 'good little

girl', and that her time in care was not shared with her two brothers, who managed to negotiate adolescence 'trouble free'. There were a number of points arising from this interview where gender and sexuality were at the forefront of what was happening. The family turned to social services at the height of their 'crisis' with their daughter, and despite having no previous involvement with the family, agreed very quickly to admit the girl into care on a voluntary basis because she 'was out of control'. Her parents definition of 'out of control' was, it seems readily accepted and she found herself in the observation centre the following weekend. I asked her if she had known what was happening at the time, if she knew about being in care, and what had she felt about these events:

'well, the threat was always there for me and my mates...we were all a bit wild at the time but I didn't worry. When they said they'd put me away it was supposed to make me do as I was told, but to be truthful, I was really curious... there was this girl when I was little... she was in my class and she was in care... fostered out I think and I used to wonder what it' be like. She was a sort of mysterious person and we were all fascinated by her and the more she kept herself to herself... you know, kept away from the rest of us, the more interesting she was. So... it wasn't really a threat for me because...well...I thought can't be worse than being here with them on my back all the time.' (From transcript D7)

For a short time the threat of care was used by her parents, but it failed to make her conform, to 'behave', and consequently, the threat became reality and she was duly sent off. In the interview, there was no hint that she felt rejected by them, or that they had stopped loving her, as in other interviews, and (in spite of my own curiosity about it at the time) I managed to resist asking her and therefore putting words and ideas into her mind. The interview, nevertheless, remains significant because she maintained a relationship with her family (going home regularly, staying at the same school, etc) throughout the five years she was in care. She made the journey back to living at home, after she left school at sixteen and had found a job in a local shop, as smoothly as had been her exit. She was very positive about her time in the children's home where she lived with others going through the same experiences of growing up, exploring her sexuality and testing out the values and attitudes of her parents and other adults. Her relationships with staff members are remembered fondly, because they could cope with her questions, tolerated her moods and did not try to be surrogate parents.

'The staff weren't that much older than us, really, well I suppose they were mostly in their twenties and thirties, apart from Auntie Margaret who seemed ancient and the other staff thought so too! They would laugh behind her back and when she said we couldn't do something... like stop out late or something... the younger ones would wait until she'd gone or she wasn't on duty and say "go on then, but don't tell her...! We thought the staff were really it, you know... they'd got important jobs... cars... and enjoyed themselves, went clubbing and what not.'

We were convinced they were all at it because they were mostly single and got on well. Now I think of it I think I probably learned more about grown-up relationships from watching the staff than anywhere else.'

(From transcript D7)

Moving away from her family, at this particular time in her life, was a constructive experience as she was able to have the best of both worlds: a family and parents who continued to provide stability even when she was elsewhere, and the adult role models and freedom which living in the unit gave her. The episode in care gave the space to develop which her parents were afraid to give her and the opportunities to capitalise on her fairly stable background, which is evident in her strength of character and confidence, even now, as an adult and mother of two children of her own. The relevance of 'being a girl' here, lies in the way that her 'normal' adolescent behaviour was deemed 'out of control'. Her parents felt that staying out late would lead inevitably to promiscuity and pregnancy and that this would bring shame to the family. The assumption in this case, was that fathers should be able to control and contain their children and that girls should obey their fathers. Adolescence is perceived as a potentially risky time because of female biology and the constructs about behaviour, its meaning and potential impact. In the interview she recalls her first sexual experiences 'with boys', smoking, getting drunk, experimenting and trying out all manner of things, as part of growing up, that her own family had forbidden. It should not be assumed that she did all of this with the permission and blessing of those who were caring for her, but that she was able to manage the system to her advantage and was clear about the boundaries and differences between the staff and her parents. She was also fortunate that her 'experiences' had no long term consequences and she did not become pregnant during her time in care, unlike many other girls, which is a point which will be returned to later in this chapter.

'It's a miracle I didn't get pregnant because I had loads of boyfriends but I suppose it just didn't occur to me that I could yet... maybe I thought I wasn't ready or something... I didn't connect having sex with having babies... that's what happened to women who were married... to women like my mum. I wasn't like her.

(CL) Did the staff give you any advice, talk to you about it?

Oh, yeah, like don't stay out late you'll end up pregnant, have you had your period yet? You know... (laughs)... that's it... I've just remembered they used to have this chart, planner thing in the office and it had different coloured stickers on it for when we were on our periods and if you weren't regular, (and most of us were n't)... they really panicked. But no, no one actually talked about sex much and how you got pregnant.

(From transcript D7)

Other women in the study encountered similar experiences but they proved to be limiting, rather than liberating, because the context for them was very different.

Recording menstrual cycles was mentioned often enough in the interviews for it to be considered to be fairly common practice to do so and epitomises, along with the fear of pregnancy, the threat posed by the girl's physiology. Pervading the interviews is a sense that being a girl in care, particularly an adolescent girl, is defined by female biology, that this was the most important factor about them as young people. This aspect, above perhaps educational or emotional needs, for instance, took precedence in that it needed to be actively managed. Doing this also meant that very personal information and knowledge became 'public': information about periods and doctors appointments, for example, was displayed on noticeboards, noted in log books and discussed by care workers and others and therefore, was not regarded as private or personal. In the majority of interviews, these practices seem to be accepted as part of the totality of being in care, as necessary to the proper management and care of young people. Several of the women spoke sympathetically about the demands and responsibilities met by staff and foster carers, in trying to look after a diverse group of children and young people, and the rules and practices used to do this are seen as acceptable, even if the consequences for them as individuals were not beneficial.

'I liked most of the staff there, they were doing the best they could. I see that now I've got my own kids and although I didn't see it like that at the time.' (From Transcript D1)

Along with the 'private becoming public' in terms of examples already given here, there are issues about privacy and personal space for girls in care. Sharing rooms with strangers and having few personal possessions, things that they solely owned and had use of, compounded the feeling that being in care is being 'public' property.

'In the first place I went to, I didn't sleep very well, not just because it was, like, new and all that, but there was six of us girls in the same room and it took some getting used to the noise... and the lights. They kept corridor lights on all night so the staff could go round and check us and the night staff would sometimes use a torch to check we were asleep.' (From transcript K1)

'I took some of my toys with me...I had a doll and a box of snakes and ladders but I didn't keep them for long. They told me I should share! ...My doll disappeared and when I told the staff they couldn't remember whose it was so I never got it back! I was only four for God's sake... it was the only thing I had from home. I can't imagine doing that to my kids, in fact, I'm probably too much the other way... their teddies and things are really important and over my dead body would I let anyone damage them or take them away...' (From transcript D3)

'I think its things like clothes and stuff that's personal. When I was in the home... I'd gone with what I stood up in and my social worker told my mother not to bother packing anything... all my clothes came from this big cupboard...they just tried things up against me and if it looked like it fitted, they would give it me. None

of it was new...someone else had worn it before and it was along time before I got anything new and even then I didn't pick it. They just went out and bought a load of stuff and shared it out.

CL: *How did that feel?*

'A bit like orphan Annie, but we were all the same, really, all in the same boat. I was shocked when I went to foster parents 'cos they took me out when I got there to buy new clothes and asked me if I liked them and what I wanted... didn't have a bloody clue to be honest, but it made me feel lovely! Someone interested in me? What I might like... I felt like a real person... important.' (From transcript D2)

The need for personal space and things of their own is strong in the interviews and is closely associated with developing a sense of individuality, personal value and of being respected. Intrusions in to bedrooms, lack of privacy and the fact that staff could (and would) come in at any time eroded their capacity to take responsibility for themselves, for their actions and especially their bodies.

'None of the bathrooms or toilets had locks on them. Baths were quick, because a member of staff had to supervise you and other kids would be queued up to get in after you. The first thing I wanted when I got to my new family was to go for a bath in a normal bathroom, to lock the door and just have a good soak with nobody walking in.' (From Transcript D9)

The significance of these disciplinary practices are examined more fully in *Chapter 6: Historical and social context*, in terms of trying to understand how individual and personal experiences are shaped and constructed by the contexts in which they occur. There are also links with the theme of *Reciprocity and the professionalisation of care*, which follows later in this chapter. It should not be assumed from the points raised so far, that gender and sexuality are issues that only arise in adolescence, or that there are sudden changes in focus once girls reach puberty. Being female and 'in care' becomes a problem at adolescence, but 'girling' (Butler, 1993)¹ is a process which starts at birth and takes a particular shape and form for girls in care. Separating girls and boys into different parts of the building to sleep at night, even when it means splitting up family members (see Transcript K6 in the Appendices at the end of this thesis) appears as one of the common practices in residential care at this time and is mentioned frequently in the interviews

'I shared a bedroom with three other girls and there was doors which separated the boys end from the girls that they closed at night. The staff sleep-in room was in the middle so that they could hear if anyone went through the door. Funnily enough, when I was little I can remember thinking why on earth would the girls want to go to the boys' end – it was so smelly! And they would n't have been seen dead down our end!'

CL: *Why do you think they did that?*

To stop us from having sex, its obvious really, they were scared stiff we'd have it off. Most of us were too young to understand that at the time. Your head's full of other things when you're little, like playing and scoffing sweets. I'm sure that's what it was though. (from transcript D4)

Separate rooms from an early age makes little sense, if the common belief that children do not become sexually active until adolescence is followed, but there is evidence throughout the interviews that children in care are not considered or responded to as 'normal' children and that sexual activity was considered a possibility at any age. The conclusion, however, implied in such practices, is that any potential 'hanky panky', as one of the women put it, would be exclusively heterosexual in nature. Gender is strictly and traditionally defined in local authority care and relationships, and therefore sexual identities, are confined to those which only conform to a heterosexual pattern. Other genders and sexualities are neither acknowledged nor tolerated, and the possibility of choices and freedoms is therefore excluded.

'The full meaning of the relationship between sexuality and gender relations become clearer when the social origins of this core aspect of identity is recognised. The diversity of sexual leanings that exist across time and space fly in the face of common-sense understandings which link heterosexuality with the expression of some essential sexual nature (see examples in Dunne, 1997a). Instead, how we give voice to and act upon our sexual and emotional feelings is better understood as limited by social, ideological and material forces, whereby heterosexuality and heterosexual relationships are presented as the only 'natural', 'healthy', universally socially and morally acceptable expression of adult sexuality.'
(Dunne, 1999, in Silva and Smart, 1999: p.70)²

Gender and sexuality, as aspects of our selves, intersect with 'being in care' to produce a distinctive 'discursively produced identity' which makes women feel both different and separated out from other women. The routines and practices found in the care system, particularly, (but not solely) in residential units, create the context for the construction of a particular identity, that varies from woman to woman but has similarities in the way that 'being in care' becomes a crucial characteristic of identity. The women in this study recall 'feeling different' from an early age because the care system imposes a specific regime and set of practices from the start, no matter what age the child is when they come into care. These practices construct gender and sexuality in a particular way, which also intersects with other aspects to create the identity 'in care'. 'Being in care' was as powerful an influence on the shaping of and meaning of 'self' (and is as potentially oppressive) for these women as race, class, disability. The oppressive potential in the meanings and values attached to gender, race and disability are widely recognised but there has been very little attention paid to 'being in care' as an oppressive identity. Although the exclusion and disadvantage experienced by those in the care system is beginning to be addressed, the mechanisms which perpetuate this oppressive identity remain unexplored. In focussing on personal experience in this project, some of these mechanisms and effects are brought to the surface and the themes around identity are the unexpected result of this.

While it would be true to comment that boys in care are raised in similar conditions, the way that gender is constructed means that similar experiences result in different impacts on girls to boys, as

they are locked into a different construct around their bodies, which fixes both gender and sexuality. The impact on boys sense of 'self' is not within the boundaries of this thesis, although it would be a valuable research study in its own right, but clearly emerges from these interviews as of precedence for this group of women. The way that gender and sexuality are enmeshed with other aspects of 'self' and intersect with the care system to produce a particular constructed identity, manifested in the interviews as having impact on the women's sense of themselves as whole people, are considered in the following sections of this chapter.

The pathology of being in care: normality and abnormality

'What I want, more than anything for my children is that they grow up normal. They do all the ordinary everyday things that normal kids should do and that they don't grow up looking over their shoulders wondering who's watching them...' (From transcript D1)

The significance of the words, contained in the above quote from one of the interviews, went unnoticed until writing up this chapter, when I read through the transcripts again for suitable specific illustrations for the themes and came across it, almost by accident. Trapped within about nine pages of dialogue and to some extent, disguised by the surrounding content, it nevertheless, stood out as the best example of how being in care made the women in this study feel abnormal, and therefore, different to 'normal' children. The hopes and aspirations that this woman has for her own children reflect her own experience as a child of being seen as abnormal, being watched, and different to others and is a feeling that continues for some, through adulthood. 'Normal' children grow up in families with parents, children in care leave their own families to live in residential units or with substitute families where, unless they are adopted, they are an appendage to a family, not a member and where the 'parent' is a bureaucratic organisation, not a 'normal', flesh and blood family made up of human beings. Being 'not normal' becomes personalised: it is not the environment which is different, but the individual, in this case, the child, a child who is then made to feel abnormal, different and who carries this sense of difference with them through a variety of 'abnormal' activities, experiences and developmental stages. Implicit in this, is a notion that being in care in itself, without any of the consequences of a care career, renders the individual visible to others in our society, and that to be 'normal' is to have the freedom to be inconspicuous, not to be 'watched'.

In the previous section, the 'normality' of being a particular sort of girl, with a particular gender and view of sexuality, located in a specific (heterosexual) social world, which prescribed certain behaviours and attributes and rendered others as 'abnormal' was explored. The care system functions as a microcosm, magnifying the norms of wider society, in supporting and reinforcing traditional gender roles and sexuality as 'normal', excluding any variation or individuality by rendering it

‘abnormal’. In this section the concepts of normality and abnormality, and the effects on the experiences of this group of women, within the care system, will be scrutinised further.

‘When we got there (to the children’s home) we were weighed and measured and checked over by this woman who was the head of home. She wasn’t very gentle and it was degrading really... after that we had medicals every six months right through to when I was fifteen when we were let off. I don’t know what they were looking for but maybe it was because we were in a children’s home...do they have to check that the staff are looking after us properly or something...’ (From transcript K5)

Examples of what could be termed good ‘child husbandry’ are to be found in many of the interviews and while some of the practices may be justified in terms of the local authorities’ duties and responsibilities as a parent, the effect on the women as children was to make them feel ‘different’ and not ‘normal’. The child enters the care system with the status of an abnormal person, with some physical or emotional/psychological deficit, assumed to be attributable to poor parenting or other experiences that they brought with them, irrespective of what those experiences might have been. Their growth, behaviour and development are monitored and recorded throughout, so that all areas of their lives become the site for processes of scrutiny and inspection. Being on the receiving end of ‘public parenting’, with its accountability and authority, feels like being constantly watched, observed as the extracts below demonstrate:

‘There was the doctor, he came once a year and examined all of us... we’d be seen in alphabetical order and the staff would be on edge in case he found something wrong with us! I remember even though I was small, how they relaxed after he’d gone...’ (From transcript D5)

‘We had eye checks, weight checks, dental checks, all sorts of reports were written about us, but we wouldn’t know what they said. One of these days I want to go and read my files... there was about three thick files when I left care... my social worker showed me them... not what was in them, of course. You can ask to see your files, now can’t you?’

CL: Yes, I think it’s law now.

I’d love to read what they said about me...probably says I was a nutter or something!

CL: Why do you think that?

I think they all thought I was disturbed, whatever that means. I wouldn’t be surprised to find it says all manner of outrageous things...’ (From transcript D1)

The feeling of being abnormal, ‘different’, because of being in care, is compounded not only by the various rituals and practices that the care system builds into care life in order to account for itself, but also by the recording of details about each child. The maintenance of records, files and documents also means that information about each child was not confidential, as it was clearly shared between professionals, between social workers and doctors, health visitors, teachers and others. All of these

linked phenomena help to account for the feelings revealed in previous chapters (see *Chapter 3: Data analysis*, for instance) of not only being observed and watched, but also that everyone ‘knew’ about them and, again this continues through to adult hood, for some of the women interviewed. Being in care is therefore a very public experience, which leaves individuals feeling exposed, conspicuous to others because to be watched is to be seen, made visible to others.

The use and power of various ‘expert’ theories to judge and explain behaviours was discussed briefly in the literature review and theories about child development, family life and normality and abnormality provide the measures, standards and rules by which the child is both looked after and judged. Frequent reference is made in the transcripts to child psychologists, psychiatrists and social workers assessing children, to being observed and actions recorded. The day to day activities in children’s homes are used as ‘evidence’ to support definitions of normality and abnormality, to assess and measure using theory which becomes self-generating. Although there is no direct reference made to theories in the interviews, these issues are nevertheless important in trying to understand how these theories as discourse are used in defining pathology, within this context. One of the women recalls in the interview how, when she was five and being considered for adoption, the staff collected up all her drawings and pictures to show to someone in Child Guidance, who she presumes, was asked to assess her suitability. It is, however, the effect this had on the small girl that is interesting, rather than the clumsy, inept actions of those around her:

‘They took away everything to show ‘the nice lady’ and I never got them back, never saw them again. They were only scribbles really, you know, I loved to doodle and mess about with coloured pencils, but the staff would interfere, they wanted to know what I was drawing... I didn’t know what it was half the time but that didn’t matter to me.

CL: What happened to them, do you know?

She can’t have liked ‘em very much because I was never adopted... I don’t really know what happened but it put me off drawing for life... they were like, you know private to me and it spoiled my enjoyment. The next time I fancied drawing or whatever, I just thought, will they take these as well?’ (from transcript D12)

There are many aspects worth considering here: the lack of power, privacy and personal possessions have been discussed with regard to other extracts and are confirmed, but the most distressing message from this is the ‘pollution’ of her ideas about her work and about her creativity. In taking her ‘scribbles’ away to be examined by an expert, the idea that the activity and the results of that activity were not ‘normal’ was planted in her mind. The pictures would give powerful (in the sense of decisions about her future might be based on this ‘evidence’) information about her to a stranger and so were no longer just fun. The requirements of public parenting mean that seemingly innocuous childhood activities become sinister and imbued with meaning beyond that of ‘playing’. The

importance of play and developing an imagination and of creative activity for children is accepted across social and cultural boundaries, and yet the essentially middle class model of child-rearing which dominated the child care system seems to have distorted this, in its drive to be seen as 'professional'. This area is the topic to be discussed in the next section.

There is, however, another issue, related to all these concepts, which needs to be explored and that is the normality or otherwise of 'being in care' as an experience, as an environment for growing up in. It would be foolish to assume that all care settings are the same, or that everyone in care experiences the same things, but the assumption that the care environment, in a variety of settings, is a 'normalising one', a positive alternative, is challenged strongly by the evidence given in the interviews.

'I didn't have many friends when I was in the children's home, partly I think because I didn't want them to know I was from there (I was kidding myself that nobody knew) and that they wouldn't understand, partly because...well, you couldn't do normal things like ask your friends round to play, or even go home with people, go to their houses. That was discouraged because you had to get your social worker's permission.' (From transcript D8)

'I went on holiday with my foster family, that was great. Except for the fact that my name was different to theirs and people would wonder about it and I'd get really embarrassed when they explained. After that, my dad (foster carer) said I could call myself 'Brown' like them. I didn't stick out then, it felt more real.' (From transcript D2)

'We used to have trips to the swimming baths and such like but sometimes there would be trouble 'cos other kids knew where we came from and would shout names and stuff.'

CL: *How did they find out you were in care?*

Easy! It was written on the side of the home's minibus in big letters! 'Presented to..(children's home name).. by the Sunshine Club or the Rotary or whatever it was! Besides we didn't exactly look like a family... ten kids... some of us all the same age, with four members of staff? It was a joke, really.' (From transcript D9)

'I go to Parents Evenings at all my kids' schools and they go to Brownies and other clubs and after school things, we encourage them to try things out and to be sociable and it gives them a lot of confidence as well as fun. Those are the sorts of things that didn't happen when I was a child because I was in care. They didn't seem all that bothered about individual interests and hobbies and things'. (from transcript D1)

In addition to the extracts given above, there is a wealth of evidence which talks about the lack of play equipment in children's homes, the lack of time to just be, and the lack (or loss) of personal possessions, from photographs to teddies, clothes and documents like birth certificates. The women saw these important to their needs as children, although often the evidence for this is given by

referring to their own children's needs or to what was missing in their lives in care. The need for children to experience a sense of continuity, for positive attachments and to be accepted as a valued individual is widely recognised by the same theoretical tomes which define normality for children everywhere, not just those in care, evidently failed to inform the practice of the day. The accounts of the women are, in this particular instance confirmed by Barbara Kahan (1994)³:

'The common factor in all situations in which children and young people live in groups away from home has been that childhood and developmental needs frequently receive less than adequate recognition and provision. Standards vary from good or reasonable, to inadequate or poor, and occasionally scandalous. There has been no commonly accepted good minimum standard throughout this country.' (Kahan, 1994; p.5)

From all this evidence, the emerging picture was that the care environment, particularly in children's homes, was considered by the women to be far from a 'normal' one, one which might promote a sense of self as a unique and valued individual. Some of their experiences, (on reflection and when compared with the opportunities they want to offer their own children), have something missing, because of the absence of those shared activities which are assumed to be common in many families. The experience that they report most often as missing from their care careers, and which they consequently wanted and felt was crucial for all of their own children, was that of having a close and trusting relationship with an adult. The staffing patterns, shift systems and hierarchical staff structures found in most homes at the time discouraged the development of such relationships, as did the emerging professionalisation of residential care staff, an issue which is considered in more detail in another section in this chapter.

'Some of the others in the unit had a really tough time of it...worse than me 'cos I came into care late and I still had my mum, even if most of the time we weren't speaking to each other!

CL: In what way? What do you mean?

Well, you know if things got too much I could talk to my mum, they didn't have that. Some of them had nobody, they just bottled it up. Sometimes we'd help each other, but if you've got problems you shouldn't have to just talk to your mates...but the staff didn't want to know really, it was just a job to most of them, they couldn't wait to get off. You need somebody...everybody needs somebody like that, don't they? (from transcript D7)

'There was times when I was little when what I needed was a cuddle. Someone to hold me and make me feel safe, to comfort me. I tried to make them (the staff) like me but they would say I was 'attention-seeking'. I think that was social workese for 'clingy'. If you go by that, all my kids were attention seeking, but at least they knew where to come and I've never pushed them away.

CL: Did anyone push you away?

No, but they never noticed either. It's difficult to ask when you don't know them and when they should know what you need. (from transcript K2)

Being in foster care seemed to offer more opportunities for closeness, for the development of positive relationships, but this environment was also fraught with problems about boundaries for some of the women, as can be seen in transcript K6, which is at the back of this thesis. This particular transcript was selected as an exemplar because it encloses the themes discussed here, particularly the issue of getting close and the reciprocity of relationships. In this particular interview, it is clear that the woman associated the anger displayed by the foster parent with commitment, getting angry showed he cared, that she was wanted and important, in contrast to the professional detached handling and relating she had experienced in the children's home. While not wishing in any way to condone the actions taken by her foster father, it was clear that before the incident she also felt wanted and cared for and that her removal (or perhaps the way it was handled) was a negative experience. The lack of commitment, of close attachments is clearly an issue which is important for this group of women, one that contributes to their feelings of not being 'normal' and perceiving their care experience as 'abnormal'.

While their views on 'normal family life' may be culturally and historically specific, and therefore, open to further analysis, it is clear from the women's viewpoint that these experiences, which they were excluded from as children, contribute to the growing sense of self, provide a sense of power and choice to the individual. The women identify these experiences as what might be termed 'empowering' and this has particular relevance for the concept of agency, the ability and motivation to overcome disadvantage and oppression. The care experience, as depicted by the women in this study, deprives children firstly, by treating them as not 'normal', and secondly, by subjecting them to surveillance, promoting a sense of being conspicuous and finally, through the absence of activities which might promote and nurture a sense of worth and value in children as individuals. The notion of normality is considered further in *Chapter 6: Historical and social context*, using Foucault's ideas about disciplinary practices to examine the care system at this particular time, that is the sixties and seventies.

This theme of all the themes brought to the fore my own personal and professional values and 'bias' about families. Whether, as political rhetoric would have us believe, the 'family' is universally accepted and recognised as the best place for children to be raised, for instance, has, in my view, to be challenged on political and evidential grounds, but the women in this study clearly believe in this institution, have also raised their children in this way and their views cannot be dismissed as irrelevant. Among the women who were interviewed were married and single mothers, second marriage mothers, cohabiting mothers and mothers in lesbian partnerships and they shared a view of their experiences in care and children's needs that have been accepted and revealed here. What has been challenged is not the 'family' as the site for child-rearing, but the notion of the 'universal', nuclear, heterosexual family. In spite of an intellectual grasp of the relevant issues, I have been

confronted with evidence from the women about the extent to which the propaganda about the 'family' remains a strong influence on my own thinking and on the assumptions I make. This has included raising my awareness of the pervasiveness of 'compulsory heterosexuality'. It has also forced me to re-examine my own conceptions about what is or is not 'normal' and the way that normality and abnormality can place individuals in a position of being visible in our society. I have begun to consider the consequences for 'being', for that sense of self that is so strongly supported by what the women have to say, but has proved difficult for many to theorise, especially when it is re-named identity.

All of the themes have something to say about this 'sense of self' as reflected in this research and together they are beginning to build up a dialogue around identity which challenges existing theorising. Following the themes, emerging from practice and experience, rather than abstraction and the academy has enabled the knowledge of the women to be used in a holistic way to challenge the partial and fragmented views often presented by discrete disciplines. The next theme follows on from those already discussed: mothering is part of the adult experience of the women who were interviewed and is part of their identity, as much as 'being in care'. Being in care has shaped their experiences of being a mother and being a mother has framed their reflections on being in care. The next section therefore looks at mothering and the handing down of values, skills and traditions, etc. which is traditionally referred to as the transmission of culture.

Mothering and the transmission of culture

The theme of mothering has been identified because of the emphasis placed by the women in the interviews, on activities and relationships which can be organised or understood as 'mothering'. This emerges from the interviews in three distinct forms, each of which is connected to the others, including relationships with their children, how they see themselves as mothers and their relationships with their own mothers. It has been seen, from some of the examples already given in the thesis so far, that many of the women were fiercely protective of their children and wanted to raise them 'independently', as far as possible. A number of women were deeply suspicious and distrusting of any intervention from child care agencies and determined to avoid the child care 'gaze'. The women in the pilot stage differed in their attitudes from those in the main study, in that they were current clients of social services and some of them had always been linked, across a generation, with social workers and others. For a minority of this group of women, intervention was accepted and indeed, assumed as 'normal' for them, and justified by their own childhood experience of being in care.

'I got pregnant when I was sixteen, so my social worker was the first person who knew. She arranged for a pregnancy test at the doctor's and took me for all my appointments. When my foster parents found out... they had to know... they weren't mad or anything... probably 'cos Jenny (social worker) had spoke to them...'
(from transcript K4)

For this woman, as with quite a few from the pilot, getting pregnant and having a child was unplanned, but approached, like all the other major life events as something 'naturally' involving social services and health workers, and which maintained the surveillance in their lives. For those in the main part of this study, the majority of whom had received no help from social services since they left the care system, this surveillance, this 'presence' in their lives was to be avoided at all costs and posed a threat to their mothering, not a support. This contrast between those who had been able to separate from social services and those who continued to receive support, with no break, is worthy of further investigation. While it is tempting to speculate further on this issue, there is no evidence supporting any particular hypothesis from the interviews. It does, however, support the notion that mothering, having and raising children is of crucial importance for all these women. They enjoy their children, whether they were 'planned' or not, and take pride in the activities they engage in to this end.

'Our kids are everything at the moment, they have to be, until they can manage on their own and I don't have any regrets about having them so early... it just seemed logical really... I'd left school, with no qualifications... so I wasn't too surprised to find out I was expecting. In fact, I was really excited... first thing I'd managed to do on my own really...' (from transcript D1)

For this woman, pregnancy was also the next logical step, as it was for many of the women who were interviewed, and whether they were single parents at sixteen, or had waited a few years until they had found a suitable partner the pattern seemed the same, almost inevitable. Having babies gives them control over their bodies that is often overlooked or denied by the care system, and the opportunity to take responsibility, to create something themselves and to have something that 'belongs' to them, after a childhood often bereft of a sense of belonging and a lack of personal possessions and memorabilia which might anchor them. While the statement above may seem like a sweeping generalisation, the incidence of teenage pregnancy, in the women interviewed and in the care system in general was a cause for concern. In spite of progress in other aspects of the care system since the 1960s and 1970s, this continues to be so, teenage pregnancy, especially for those who have been in care, is viewed as a 'social problem' worthy of central government attention and the development of policy to reduce its incidence and impact.

'Children in care or leaving care have repeatedly been shown to be at higher risk of teenage pregnancy. Studies of the 1958 birth cohort found that women who had been in care or fostered were nearly two

and a half times more likely than those brought up with both their natural parents to become teenage mothers. For a more recent generation, one survey showed that a quarter of care leavers had a child by the age of 16 and nearly half were mothers within 18 to 24 months after leaving care'. (Social Exclusion Unit, 1999: p.17) ⁴

While this study cannot fully explain the incidence of teenage pregnancy for this group of women, it would confirm a strong link between what happens to girls in the care system, the way that their gender and sexual identities, in particular, are defined as 'having babies' and the choices open to them. The focus on 'mothering', which starts when they enter the care system (by defining their own mothers as inadequate, not 'good-enough' parents) and continues throughout their care careers, as has already been demonstrated in the previous sections, means that, for many, pregnancy is the result of lack of alternative options or a 'natural' developmental progression. These pressures, unrecognised as they are, deserve further consideration if the 'social problem' is to be reduced. To balance this discussion it would be important to talk to (and listen!) to women who leave care and do not have children, since their resistance to the construction of 'mothering' has enabled them to make a different choice. There is a danger, however, in viewing these women as victims of the system, since pregnancy and having children could, in itself be seen as an act of resistance. It could be that this offers a way of escaping the care system, of moving out of childhood and dependency and becoming an adult, and also, (given what has been discussed so far) asserting a sense of having an identity of one's own and of having something that belongs solely to them, and finally, a chance to be 'normal'. Whatever else this event was, it radically changed their lives in ways that they had not anticipated and allowed them to discover feelings, skills, attitudes and attributes that they were previously unaware of.

'I can remember when my first was born, I thought to myself, I did this... I made this baby... I was so chuffed with myself... and exhausted. Still am! But I wouldn't change them... or let 'em be taken away like I was' (from transcript D10)

'Having kids is the best thing I ever did... they give you so much back... they're happy and growing and they make me so proud... not just of me, 'cos I had 'em but of them, too.' (from transcript K7)

Only one of the women expressed any regrets about having her child early, and this was because she felt she had not really been mature enough and her circumstances had been poor at the time. Looking back, she says she feels she should have had her baby later, when she was more financially secure. She also regretted that her child was not the child of her partner, because she only had one child, due to medical problems. She explained:

'I don't really think I knew what I was doing at the time... it was just nice to be liked, to be fancied and I knew what we were doing was wrong. We didn't use condoms or anything... didn't even think about it... didn't

have time...besides we just didn't know like they do now... you could get condoms from barbers but now they're everywhere. Any way, there I was... pregnant. He didn't figure in it really, didn't see him after that.'
(from transcript D9)

Like some of the others, however, she was very committed to having children from an early age, although she was not aware, until later, of the difficulties she would experience, with her partner, in conceiving. Fertility was not a consideration for most of the women, and paradoxically, although few thought they would get pregnant when they were young, they nevertheless associated fertility and having babies with being a 'normal' woman, having babies and mothering being constructed as such, by their experiences in care.

For many women, having children of their own led to them reflecting on their relationships with their own mothers and the need to connect with them, when they were to be mothers themselves. For some, this provided an opportunity for reconciliation with mothers who had borne the brunt of not being 'good mothers' themselves and for others, a point of understanding and empathy and of shared experiences held in common.

'you don't realise until you've had kids of your own how hard it is. You've got kids, haven't you? Well, you know what I mean, I realise now how hard it must have been for my mum, after my dad left... I can really sympathise now... she had a rotten time of it... no money, no family to speak of and saddled with two small kids... I'd have taken to the bottle as well... We get on fine now, mind... but I hated her when I was little... I blamed her for not being at home.' (from transcript D5)

'My mother was there for me when I was pregnant and that. She was strong then, not like when I was little... we've got a better relationship now than we had when I was a kid...probably because we've been through similar things and we're both grown up now' (from transcript D14)

In contrast to the lack of continuity experienced by the women in this study when they were in care, the continuity for themselves and their own children provided by their relationships with their own mothers, even when links had been severely damaged or even severed by being in care became of crucial importance and contributed to their self esteem, their sense of belonging. Fathers do not figure in the interviews in this way and indeed, the absence of fathers appears to be irrelevant, when compared with the importance of their relationships with their own mothers at this time.

Being a mother is therefore a source of pride and feeling of competence for this group of women, giving them a positive status in society and an identity which, although they may not have freely chosen, or understood the significance of their choice at the time, also allows them to feel 'normal'. Becoming a mother also enables them to 'belong,' to identify with (as well as be identified) with the

group which is 'mothers'. This sense of 'belonging' is perceived to be positive, unlike the sense of belonging created by the care system, which is viewed as negative and compulsory by the women. They had no choice about whether they joined the 'in care' gang but the membership of 'mothers' was not only open to all those who were female, but also appeared to be achievable. The construction of mothers and mothering in society is the subject of further debate in the next chapter, which looks at the contribution made by various feminist perspectives to understanding the lives and experiences of these women and the context they were and are living in. This was part of the search for a theoretical framework which could 'fit' with their experiences and provide a conceptual framework for understanding them, which would enable conclusions to be reached that could be applied outside the experience of this particular group to the care system, to other women and other situations.

The final point to be made in this section links the ideas of being a mother and the importance of having a mother to the parenting they received as children in care. The accounts of the women include the notion of reconciliation with their own mothers, of the benefits of this relationship in its own right, as well as the perception that this enhanced both their skills and self-awareness, as mothers. This relationship is also important because it is reciprocal, it is shared and dynamic in the sense that each interaction builds on each other, each act is felt and reciprocated in ways that the experience of being in care, rarely manages or promotes.

'We get on really well, now, because we're closer than before, more involved with each other's lives. CL: Is that because you're grown up now, do you think? No, I don't think I'll be anything but a kid in her eyes, same as mine, (laughs) ... but because we didn't have much to do with each other when I was growing up... you know... I missed that part of growing up, having somebody, the staff had their own kids to go home to, to worry about. I'm glad I've got her and I'm sure she feels the same about me. Its good for the kids as well, they love their gran, she spoils them!' (from transcript D1)

The feelings expressed in this extract typify the sense of reciprocity most of the women experience in their relationships with their own mothers and also, with their own children. The feelings are echoed in many of the transcripts and yet, this is an experience that they also needed as children, but which is often lacking in the care system. The final extract is in a similar vein, but was a comment made by one of the women who, at the time of her interview was about to become a grandmother- the phrase 'become' is symbolic of the way that 'mothering' also plays a strong part in women's lives and in their sense of who they are, their identity.

'In the next week I will be a grandmother! I can tell you there's been times when I thought this would never happen, for one reason or another and now... well... can't wait... we're all so excited...

CL: Is this your daughter?

Yeah, my oldest girl. She's been married to Stuart for two years now and they're settled... you know... solid. He'll look after her and the baby and she'll have me as well... have trouble getting rid of me, if you see what I mean...' (from transcript D4)

Reciprocity and the professionalisation of care

This theme is concerned with the relationships that the women, as children had with their carers, whether with staff in children's homes or foster families, and that feeling of 'belonging' in a family or group that most of us would recognise. This feeling has been communicated a number of times in extracts already given, since the themes do not readily separate one from another, and examples chosen may demonstrate several themes at once. The defining example of this theme is to be found in transcript K6, which is to be found in the appendices at the back of this thesis, where it appears in full. In this interview an account is given of a fostering breakdown, resulting from the foster father hitting the girl that his family had been trusted to care for. The incident happened within the context of what seemed to have been a happy and secure place for the girl to be and where the girl, now grown up, views the response of social workers in removing her, as over-reacting. In the interview she relates how she felt the family had accepted her, liked her, and that this was a very positive experience for her. It is this feeling of liking and being liked, accepting and being accepted which is important to many of the women who were interviewed and yet was an elusive experience for many. In fact, many of the women turned back to their own families, especially their mothers to find this sense of 'belonging'. In this particular example, the foster father's aggression was seen as confirmation that she was wanted and accepted, even if her behaviour was upsetting, and this was overlooked by the 'professionals' who decided she should be removed. There are comments made about staff 'doing their jobs', staff having kids (and lives) of their own outside the children's homes, throughout the interviews, some of which have already been included, all highlighting the way that being a professional carer, staff member or fostering, is perceived to militate against the development of 'reciprocity' and therefore, against the development of a sense of worth and value as a unique individual. This issue has been raised in the literature about child care and ironically, the need for stability and continuity is often cited as justification and grounds for receiving children into care. For the women who were interviewed, the lack of 'reciprocity' was often compounded by frequent moves and changes in placements, often for reasons more to do with best use of available resources rather than need, and often excluding the child from discussions.

'After the children's home I went to three different foster homes but didn't have time to settle in any of them. The first one was called short term, so when three months had passed I had to go back to the centre to

wait for another family. The second one, I was there for about four months when they decided to go on holiday but they wanted to go as a 'family', not with me' (from transcript D3)

Developing a sense of belonging in the face of such changes is difficult enough for all concerned, but this also shows a lack of concern for the needs of the child, in the face of what appear to be organisational problems. The professionalisation of care for children, at its height during these two decades, was well meaning in intent, but had damaging consequences for many children.

'Continuity of care is something the majority of children in their own homes take for granted... Regrettably, too often for children and young people in children's homes the opposite is true. They are likely to have experienced many changes even before the local authority began to look after them. Some will be in the children's homes because they have already been placed in several different foster homes which have not provided secure care, for whatever reason. When they arrive in a children's home, therefore, they have been subjected to much insecurity, lack of certainty even about where they will be next month, and inevitably feel troubled and anxious. Too frequently, just as they begin to settle down, this is taken as an indication that they are ready to try another foster home or other placement' (Kahan, 1994) ⁵

This comment, coming thirty years after the women in this study were in care indicates that stability remains a huge problem for those in care, in spite of new legislation and practice guidance, but it fails to recognise how children in care themselves experience this stability, their need for reciprocal relationships, where affection and caring can be returned and given as well as received. The historical developments which frame the time that these women were in care, are discussed in *Chapter 6: Historical and social context*, as the increasingly professionalised care system is in itself an interesting aspect of our modern day society. In its attempts to be 'objective' and informed by theory, to become professional, it would seem that the needs of the children were misinterpreted and what has already been termed 'child husbandry' dominated residential care and fostering practice.

There are few accounts of 'special' relationships with staff or foster carers and while this omission does not automatically imply that they were non-existent, there is evidence that the women were clear, even as small children of their needs and that these were not always recognised by the system.

'I had one social worker that I really liked... I got on well with her, you know, we just sort of clicked... but she got promoted and I didn't see her again. Didn't even call in to say goodbye or nothing, first time I knew was when the new one came ... she told me she'd gone...' (from transcript K4)

Changes in social workers were not uncommon for this group of women, but it is the lack of concern from the professionals around them, about the impact of change on the child, which contributes to a feeling of lack of control and power for the women as children. This caring at a distance that was considered to be good practice, deprived them of a reciprocal relationship, one that would have

encouraged a sense of self and the ability to control one's life, to belong, to be respected and valued by someone who felt the same, even if one was an adult and the other a child. This is not to suggest that all reciprocal relationships should be encouraged or exist without boundaries, but that the notion of professional detachment and objectivity, which is evident in these interviews, has implications for self-worth and the development of a sense of identity.

The themes discussed so far are not experienced by the women as separated phenomena: each woman interviewed has experiences to relate which contain elements of all the themes identified, but they are enmeshed, inter-related and interconnected. Separating them to focus on different ingredients, in order to identifying emerging themes has been a necessary part of the process of researching but was not the way these themes exist in the minds and lives of this group of women. For them, as 'whole people', their experience of being a mother is tied in with their gender and sexual identities, which, in turn, are closely linked to their 'child' and 'adult' identities. In fact, these identities are not experienced in a multiple way, but as a single identity, which is 'self'. All of the themes discussed so far are instrumental in understanding how the care system influences this sense of 'self', how 'being in care' becomes as much part of this 'self' and does indeed, influence how this 'self' is manifested and experienced. In exploring the next theme, of *Identity*, an attempt will be made to synthesise, to bring together the themes discussed so far and to reflect the 'wholeness' imparted in the interviews by the women. While this theme can not strictly be attributed to the women, in that they do not refer specifically to 'identity' in the interviews, it does come directly from my understanding of the themes discussed and has been agreed as a unifying concept by some of the women who took part in this study. Including this theme therefore does justice to the women's sense of self, while enabling the academic process of conceptualising to proceed.

Identity

For children growing up apart from their families 'being in care' becomes the identity with 'no name': a child in care has no title, no label or signifying 'tag' which can be used to describe and attribute their experience. The nearest title in current use is 'foster-child', which is inadequate to describe this identity as it excludes those in care who are not fostered. It also almost side-steps the issue of being a child of the local authority, since it is possible to be fostered and not 'in care'. In a society where we have names for many other groups, e.g. those in prison are 'prisoners', those who sell sex are known as prostitutes, etc. this omission is hard to explain. These labels are often considered oppressive because they emphasise only one characteristic and exclude other aspects of an individual's identity, but for those who have been in care, this lack of a name for their experiences deprives them of a language to communicate their experiences and also, to be understood by others who do not share their experiences.

The strongest and most pervasive message communicated by the women who participated, was that the experience of being in care had, in many different ways, influenced how they felt about themselves, as children and adults, girls and women, mothers, wives and persons. This experience had influenced decisions that they made; the choices that they felt were available to them, and their interactions and relationships with others. All of the themes to be considered are held together by concepts of identity, since a very powerful message coming from the research was that the other themes contributed and constituted the women's understanding of self, of identity, and should be seen as aspects, not separate parts of, a whole.

In both honouring and accepting this, the theme of 'identity', (despite its contested status) has proved to be a unifying and cohesive one, which has enabled the data analysis process to move on. The process of 'making sense' in the interview was understood to be one of synthesis, of bringing together and harmonising disparate events and experiences into a cohesive 'whole' for the women. The data analysis has to complement and enhance this, to continue to provide synthesis at a stage in research that is more usually characterised by fragmentation and breaking down, atomising experience into its smallest particles. In choosing to name the overarching theme as 'identity' I am attempting to stay with the women who took part in this research, even if this presents difficulties in abstraction and theorising.

The lessons to be learned from this study about the nature of identity, its representation and symbolic meaning, arise from appreciation of the uniqueness of each person's life experiences and of their own individual critical appraisal of them. The choice of theme reflects the existence of paradox around the concept, in that 'identity' is both a commonly accepted and understood term in the public domain, and is also a complex construct that has received much recent academic attention. The concept of 'identity' therefore, contains within it the idea that there are both public (shared) and private, personal ways of understanding. In other words that 'identity' is understood in ways that can be at once public and private. The lives of these women, for example, are constructed in the public domain as 'in care', but the efforts of each individual to make sense of, to take charge and ownership of life events for themselves, is also the struggle to establish, maintain and proclaim a unique 'identity', a private self.

The debates about this particular term within various disciplines, have called into question the common understanding, which is concerned with a person's sense of self, of 'being'. Separating out the common understanding from interpretations made by 'experts' in the academy and valorising it above the intellectual debates challenges the political function of theory, where higher order thinking, constructing knowledge is an excluding and elitist practice. It has been important to maintain the focus on the women because to do otherwise would negate the process of synthesis which took place in this research, and locate the production or generation of knowledge with the researcher, and not the

women who were the subjects of this study. There is now a strong tradition in the social sciences (which was initiated in feminist thinking) of valuing the experience of the 'researched' and viewing the process of research as one of joint discovery, rather than the construction by 'outsiders' of theory and knowledge, which validates the position taken here. This perspective lends support to both the strategies used in this research and to the validity of the findings, particularly when the evidence from research proves contentious in challenging the received wisdom about concepts such as 'identity'.

'The objects of social science research are distinguished from those of the natural sciences by being subjects in their own right, indeed, by producing their own understandings and theories of their independent experiences, but also those which involve researchers and their activities. Social science research is thus always and inevitably a social interaction in its own right, whether the 'moment' of interaction is in providing answers to survey questions for someone met only minutes before, or the building up of a relationship over months as part of an ethnographic process'. (Stanley, L., 1990: p.8) ⁶

The notion of synthesis is crucial to understanding the notion of 'identity' as a shifting, evolving and dynamic process rather than a static, fixed one. This is reflected in the interviews by the frequent, repeated expression of 'being', 'becoming', used in summative ways to indicate a particular stage or phase in their lives resulting in dynamic changes in self perception, in negotiating, making sense of this thing called 'identity'. It is this synthesis, the process of reflecting on experience and generating new thinking, which took place within the interviews and provides justification for staying with the women's perception of 'identity' rather than opting for the definitions portrayed in some of the current thinking, of a concept which is in academic terms, 'under erasure'⁷. The descriptions given by the women of themselves at various stages in their lives, responding to different life events, particularly the experiences of being in care, portray identity as mutable, integral and responsive and this is clearly communicated in the interviews. The interviews suggest that there is a strong, shared understanding of the term 'identity', shown by the consistency applied to the use of 'I', 'Me', 'mine', where what is referred to is the same thing.

As a participant in the interviews, my own experience confirms that when I use these terms I am also referring to something with which only 'I' as myself, can know about, in the same way that each woman is referring to something specific about their own 'selves'. In direct contrast to fragmented, differentiated notions of identity currently being debated in academic circles, the picture given by the interviews was one of wholeness, integrity and strength. The following excerpts from the interviews demonstrate and support this point.

'I think, looking back on it, that being taken in care was a shock to the system... it shook me up for a long time ...I didn't trust anybody, not even myself... because I couldn't understand what'd happened to me. I was only little but that feeling's stayed with me to this day. Being in care is the biggest thing that's happened to me in my life and even now I remember things that happened that I'd forgotten'. (From transcript D5)

'You develop a thick skin... you have to really or you'd not cope...some of the things people have said to me...well...you have to just ignore it and that's what's made me stronger now. Being in (children's home) meant I learnt what I was made of...what I could and couldn't do for myself early. I looked like a kid but I grew up fast really... ' (Transcript D8)

'I think I thought I'd died or something...sounds silly, I know.... but it was really so different to what I was used to.... Although I don't really think I knew what it meant, I was worried that I wouldn't survive...that something had changed...gone in me...it was frightening at the time but I got through it... I think that because of that I understand things better.' (Transcript D4)

What comes over here, and in the interviews as whole encounters, is that the sense of self, of a consistent, experiencing personhood, is present throughout life. In looking back, there is no sense of disassociation from their younger selves, from their childhoods, and the idea that as they grew up they have perceived and understood things differently does not threaten this sense of integrity. The 'self' that was taken into care is owned by the women, as are the developments and changes brought about by growth and life events, which alter our perceptions and judgements and our sensitivities over time. The idea that a sense of self is constant throughout life (albeit that the constitution of the self, its form and shape changes over time) is repeated throughout the transcripts and importantly communicated and shared in the interviews. The conviction that being in care has had a profound effect upon this sense of self from early childhood onwards has not, to my knowledge, been made explicit or explored (researched) to date and yet it is crucial if we are to improve the quality of life and counter the disadvantages experienced by children in the care system in future.

Experiences like being in care are not usually regarded as major influences on identity in the texts, although various other characteristics are seen as deterministic in a variety of ways, such as gender. While certain aspects of identity have become highly politicised by academic study, the influence of specific phenomena, such as being in care, have been, on the whole, ignored and not debated. Leaving them out of the analysis, this research would suggest, leads to a distortion of understanding about identity and its capacity to shape and reshape itself. Equally, although there exists an abundance of material conceptualising identity, each discipline approaches from a different direction and with a distinct and discrete focus, dictated by the interests and boundaries of the discipline, rather than exploration of experience of identity.

The women in this study have no problem in knowing what identity means for them because their definition is grounded in their experience, not in philosophy, psychology or any other disciplinary category. Therefore, their ideas transcend all the exclusions and attempts to 'pin down' once and for all what is to be known and understood by the term 'identity'. The notion of a 'core' self, a unifying self has been disputed by various theorists, but what is evident in the development of theory is that there has been a polarisation of 'whole' versus 'fragmented' and a shift from defining identity to the creation of identity politics. How we define and refine such phenomena has implications for power, and in fact, the very activities of describing and defining may be politically driven. For example, feminist writers such as Jane Flax (1993)⁸, Benhabib (1992)⁹ and others have all contributed to identity politics through exploring identity. Morwenna Griffiths (1995)¹⁰ developed a theory of identity which uses the metaphor of a spider's web and which has many similarities with the ideas arising from the interviews in this study.

'Self-identity is to be understood as a kind of web, the construction of which is partly under guidance from the self, though not in its control. Thus it is marked by competing constraints and influences which overlap and fuse The proposal is that self (the self, the individual) is constrained by overlapping, various communities, each of which is itself changing. Such plurality is the norm, not the exception. (Griffiths, 1995: p.93)

There are also differences between her thesis and the accounts of the women, or at least, my interpretation of them. To begin with, there is confusion about whether there is a single 'self' or a number of competing 'selves'. While the women in this study clearly acknowledge changes and challenges to the 'self', the dialogue is expressed as different facets, aspects of *one* self, not as separate and multiple selves. At times they talk of 'being a mother', 'being a wife/partner', 'being a daughter' and it is in the 'being' that the self takes on and becomes that particular aspect of identity, and while there may indeed be conflicts across these separate acts of being it is the 'self' which tries to provide some congruency and some synthesis here. This may be a question of language, how various terms are used differently and therefore construct meaning differently, in which case, it is important for integrity and for what Griffiths refers to as 'authenticity' that we refer to aspects of 'self', rather than 'selves', so that a sense of unity can be maintained. This is not meant to infer that we do not lead fragmented lives, but that fragmentation can also lead to a process of pulling together pieces of a whole, not breaking down, partitioning and separating off parts of the self. The women in this study have brought various disparate experiences, fragments of their life together and reconciled them, in order to make sense of it, to create meaning. They have had to develop a sense of their own value in the face of many constraints and contradictory experiences, as shown in the extracts given so far, and have gained strength from the choices they have made at various points in their lives. This is why the notion of 'synthesis' is crucial for understanding how the self maintains integrity and

wholeness, despite or by making use of change: how authenticity, being true to one's 'self' is achieved and satisfied. Being true to oneself makes an assumption about the existence of something to be 'true' to but does not necessarily continue to assume that this core self is not itself transformed and therefore mutable.

Griffiths also acknowledges the individual's capacity for change and for autonomy, but qualifies this in stating that the concept, developed by (male) philosophers, has been wrongly understood as being equated with self-sufficiency and with isolation. She suggests that, instead, we should associate autonomy with 'deciding for oneself' and with independence, in the sense of being free to choose whom one is tied to and in what ways. This view conflicts with other understandings (particularly with post-modern accounts which deny the existence of a core self, which see the individual as having no control over the disciplinary practices that shape identity (Foucault, 1976),¹¹ or that view aspects of identity such as gender as performative (Butler, 1990).¹² The range of debates surrounding the concept of identity include the arguments that identity is constructed, that identity is essential and that there is a 'self' prior to discourse and construction, that there is no 'prior self', that identity is defined by gender, sex, biological difference and by social location among others. All of these have some potential contribution to make in understanding the experience of the women in this study, but they fail to convey the sense of wholeness that is experienced by individuals. This is because they either focus on parts of the whole, (i.e. gender, class, etc.) or they impose the characteristics of identity from the outside, that is, they link 'identification' as a process with 'identity' as a statement. The process of identification is clearly important in terms of locating ourselves and for 'belonging' but the danger that identification can limit synthesis and lead to loss of authenticity and agency (the ability to define oneself) needs to be considered. For example, others frequently identify the women in this study with the care system in a way that negates and constructs their attributes and other aspects of their identity. Breaking away from this identification and redefining themselves forms part of their synthesis, the process by which they refuse and reject the power of identification and define them in terms that bring about a sense of congruity and authenticity for them.

The existence of a 'core' self, of a consistent self consciousness throughout life is, as I argued earlier, confirmed in this research, although providing evidence in short excerpts from the interviews is problematic. There are no clear statements that 'prove' once and for all, that a core self exists for each of the women, only a sense of consistency and continuity which is somehow communicated in the interviews. This understanding underpins all of what the women had to say and acts as a filter through which their communications can be understood, were understood by me. The acceptance of the existence of a core self is indispensable in understanding the other emerging themes, as well as in qualifying the interpretation of the overarching theme of 'identity'. It is this 'core' self that engages in the ongoing process of making sense of life, creating meaning from experience and judging, on the

basis of this, the particular relevance of the various encounters, life events and relationships over the course of time. The confusion which has arisen in academic terms around this notion of the core self is based upon the assumption that the 'core' is fixed, foundational and unchanging when, in fact this 'core' self is itself changed by the numerous acts of 'making sense' of everyday life. Judith Butler (1990) demonstrates this confusion in her analysis of gender performance in *Gender Trouble*:

'There is no self that is prior to the convergence or who maintains 'integrity' prior to its entrance into this conflicted cultural field. There is only a taking up of the tools where they lie, where the very 'taking up' is enabled by the tool lying there'. (Butler, 1990: p.139)¹³

The analogy she uses begs all sorts of questions in relation to self, like who or what is it that takes up the tools, that recognises them as tools and that has the skills to make use of the tools and also who put the tools there? My reading of this, based on the interviews is that experience provides both the tools and the raw materials to build the 'self': that materials and tools are defined as such in highly personal and idiosyncratic ways and that the supply of and access to the 'tools' to create ourselves is also controlled. The 'lying there' is neither accidental nor always obvious; we often only recognise a tool as a tool rather than an obstacle after we have tripped over it! Judith Butler has since (slightly) revised her view of identity (see *Bodies that Matter*, 1993)¹⁴ but the philosophical debates of fixity versus fluidity continue. Hekman (2000) argues that this polarisation is a mistake, because it denies the existence of a 'middle ground' between the modernist idea of identity and deconstruction to the point of extinction.

'My thesis is that identity can and must be defined as having a stable ground, what I call an ungrounded ground, but that this definition need not assume the metaphysical baggage of the modernist subject.' (Hekman, 2000: p.290)¹⁵

This idea of a core sense of self, of a self which exists throughout life and provides a stabilising point of anchorage from which all the manifestations of identity can be originated, does not deny the force of construction or overestimate the choices that are possible in having identities. It acknowledges the existence of fragmentation and multiplicity of identities, within a context of 'wholeness' and continuity: it is the sensitivity of the core self which enables us to feel authentic, 'real' and to decide and choose which identities and constructs feel authentic. The search for meaning and 'making sense' which was witnessed in the interviews in this study and indeed, which is part of everyday life, can be seen as the search for authenticity, for something which fits, 'being true to oneself'. If there is no self to 'be true' to, then identity has no internal base or meaning and there is nothing which demands authenticity.

'Authenticity is an exercise of a politics of the self, in which transformation of some or all of the self is possible, but which acknowledges that such transformation starts with what is there already. This is freedom but not a total freedom to create oneself. A self is always rooted in its past.' (Griffiths, 1995: p.185)

The notion of synthesis enables this thesis to take Griffith's theory further, by describing the process of transformation as an organic and dynamic process, not simply a reactionary one. While it may start, in her words, *'with what is there already'* the potential for change is both unlimited and material. We have limited freedoms to define or construct ourselves because constructions themselves are often rigid and limiting, rather than liberating, and different constructs block others and restrict choice. Take for instance, the construct of 'working mother' which has embedded within it an almost oxymoronic quality, implying as it does that mothers who are not in paid employment do not 'work' and that raising children is not 'work', at the same time as suggesting that working mothers have two incongruous identities which should not co-exist. The construction 'working father' suffers none of this, yet both describe parents in paid employment. So, while there is some element of choice in the 'tools we take up' our access to tools and our skills in using them successfully may be circumscribed.

The problem of polarisation again rears its head in the free will versus determinism argument, since the idea of free will refutes the existence of mechanisms of inequality, disadvantage and oppression. Similarly, determinism denigrates the human capacity to develop, grow, and challenges the concept of agency, the ability to adapt, to survive experience, and to overcome negative circumstances. Hekman (2000) analyses this phenomenon in her article and uses the work of both Glass (1993) and Layton (1998) to demonstrate the importance of holding on to the concept of a core self to identity. These examples challenge the post modern assumption (by some) by clearly paying attention to experience rather than theory, in that both are clinicians who work therapeutically with damaged and vulnerable people where theories which deny the existence (and distress) of schizophrenia and depression are both unhelpful and at the same time lead to an 'impasse' in the development of thinking around identity. She advocates for a 'core' stable identity and cites the work of others, as well as using object relations theory, to develop a model of identity that supports this:

'Against Butler, I have argued that contrasting the foundational subject with one lacking any foundation at all perpetuates the dichotomy we are seeking to displace. A better alternative is to adopt a subject with a different kind of ground, a subject with a core that is constituted by relational experience rather than an absolute universal substance. Object relations theory offers the outline of such a subject.'
(Hekman, 2000: p.301)¹⁶

Hekman does not acknowledge, in her critique of Butler, that gender identity is not the whole story: that gender constitutes only one aspect of identity and she also fails to provide a critique of object

relations theory. This research confirms the notion of a 'core self' and also expands the idea of identity beyond gender, to include other aspects, other 'identities', which have to be accommodated and made sense of as life progresses. The process of 'synthesis' has been employed here to describe how the women who were interviewed made sense of their experiences in terms of their unique selves demonstrates that creating one's identity is a much more complex and dynamic activity. It is an ongoing process of incorporating the events and experiences that life presents to us and also those which we seek out. Benhabib (1992)¹⁷, demonstrates this tension between the material and the individual when she talks about the process of creating identity:

'Identity does not refer to my potential for choice alone, but to the actuality of my choices, namely, to how I, as a finite, concrete, embodied individual shape and fashion the circumstances of my birth and family, linguistic, cultural and gender identity into a coherent narrative that stands as my life story.... The question becomes: how does this finite, embodied creature constitute into a coherent narrative those episodes of choice and limitation, agency and suffering, initiative and dependence?' (Benhabib, 1992, p.161)

Time after time in the interviews, the sense that the care experience becomes one of the concrete experiences which the women are trying to evaluate in creating their own 'coherent narrative' is present and the experience of being in care is ranked along with culture, gender and physicality, as crucial, material to the shaping of identity. 'Being in care' is not only as influential as these other characteristics, but also overshadows and shapes their influence, in the sense that gender and culture are aspects of identity which are subject to specific disciplinary practices through being in care. These particular disciplinary practices are revealed (and perceived by the women) as unique to the care system and not associated with family life, so that the practices that they describe become all the more powerful because of this strong association. The feeling conveyed here is that being in care is 'not normal' and that family life is different and 'normal'. While it is tempting to deconstruct this idealisation of normal family life, it is fundamental to understand that the women themselves make a comparison between what they experienced and what they assume to be 'normal'. 'Being in care' is, in and by itself, incongruous and feels inauthentic and their experiences in the care system start from this premise, this understanding. In setting out the parameters of the understanding that has been reached about the concept of identity as reflected in this research, little supportive evidence has been given so far from the interviews because of the difficulties in finding discrete statements, 'sound-bites' to confirm the thinking so far. The view of identity which has been established so far can be summarised as one which contains acceptance of the idea of a 'core self', which provides the individual with the ability to judge authenticity in how the self is both constructed and perceived. The self, our sense of who and what we are, describes how identity is defined here and is composed of many characteristics which change, in terms of importance and priority over time and in response to a variety of internal and externally created forces. This is primarily an experiential model of identity

based on the interviews in this research and is not intended to provide a comprehensive critique of the theorising around identity which has taken place in recent years and rendered the concept one of the most debated and contested ones in social sciences, philosophy and political thought.

Individuals have, therefore, one 'self', but many identities and many identifications. 'Being in care' is one of the identities that this group of women acknowledge as part of the self, but also acts as a point of identification for themselves, and critically for others, as being identified as an ex-care woman or mother, for instance, reveals some of the ways that this identity is constructed, through a complex interplay of discursive practices, some of which have been made visible by this research and are included in the emerging themes.

'Identity' has been used in this context to explore all of the themes together, to bring them together to reflect the way they were experienced by the women, not as separate parts of themselves but integral and linked aspects of a whole 'self'. In moving beyond the content of the interviews, a process of synthesis and greater understanding can be achieved, while still doing justice to the words and feelings and experiences of the women. The existence of a core 'self' is disputed by many postmodern theorists, but a number of feminist writers continue to support this notion and the struggle to create adequate theory to fully explain it. The concept of 'fractured foundationalism', (Stanley and Wise, 1983)¹⁸ recognises the distinctness of women's experience within different manifestations of 'woman', which comes very near to providing a 'fit' with the knowledge of this group of women, with the messages that they have communicated in the interviews. It also allows for the 'identity' of the researcher to be revealed, so that the 'situatedness' she brings to the research process is visible and also open to analysis. This has enabled the influence of the 'social worker', the 'mother' and the 'woman' in this research process, to be included in the findings and reflected upon. The search for a conceptual understanding of identity which reflects the 'knowing' of this group of women and in doing so, enables their knowledge and experiences to transform theory has proved a difficult one because of the disputed notion of the 'self'. Keeping the existence of the 'self' at the front of the debate, is the only way to do justice to this group of women, and so it is the theoretical accounts which have been found wanting, not the women.

Chapter 5: Findings: Feminist Perspectives

This chapter reports the results of using various feminist theories as conceptual tools to analyse the data from the interviews and considers the contribution which might be made to this body of knowledge. These concepts were first applied in this research study following the pilot stage, in order to gain some understanding of the dynamics which had been observed and also to explain the power issues which had restricted the process of researching. A hierarchical relationship had been inevitably established between myself (the researcher) and the women who were interviewed. This was because the original methodology took little account of the women as anything other than a data source, having followed the traditional guidance in qualitative research texts. The writings of feminist sociologists, for example, Ann Oakley and others (see *Chapter 1: Literature Review* for further details) provided a feminist analysis of research and its purpose, which challenged the validity and the utility of the interview structure and perhaps more importantly, criticised the masculinist assumptions about the nature of the relationship between the researcher and the researched and the 'objectivity' of such research. For myself, there had been clear ethical concerns arising out of the pilot, about the difficulties that 'being researched' had caused for the women, which ran counter to my own personal and to some extent, professional value base, which was an anti-oppressive one.

The methodology for the main study therefore, was strongly influenced by feminist concepts which empowered women, by accepting their experiences as valid and recognising the nature of research as an interactive and creative process. It was during the data analysis stage, however, that the use of feminist concepts became problematic, primarily, because of the paradox of using theories about *all* women in a context of celebrating the uniqueness of individuals. This dilemma is at the forefront of current feminist thinking and became a very real issue for this research. Feminist theories can be used to understand and explain women's secondary status in western society, however, the structural focus on women as victims of male dominance clashed with the messages which were clearly being given by the women in this study.

The overwhelming message communicated from both sets of interviews was one of great strength and resilience in overcoming the barriers created by the care system, in challenging the myth of victimisation and in confronting the many traumatising day to day experiences they had endured. It is tempting to ask, if being in care is so bad, how do they survive? In other words, if they have been purely victims then the evidence should confirm this and correspondingly, if they are survivors then the experience was not that bad. But these are not single and consistent experiences: nor is it possible (or useful) to homogenise their collective experience in order to make the analysis and findings more coherent. The language of oppression, while being a useful tool for contextualising the lives of this group of women makes it difficult to do justice to the fact that these women were both victims and survivors, to publicise their resources and their vulnerabilities at the same time. The challenge for

this thesis has been to develop a conceptual framework that incorporates theories of women's oppression and at the same time confirms their agency. The only way to do this is to actually reveal the paradox, to remain true to the accounts given by those who have experienced the care system and have made sense of their experiences in their own unique ways. The theoretical concepts used in analysis must enhance, not distort this understanding. Feminist research is often criticised for its focus on women as victims of male dominance and while this has no doubt served an important purpose in bringing to public attention the political and social exploitation of women in society, the feminist project also needs, as Sandra Harding (1987) points out, to look at how women have fought and countered oppression:

'Victimologies have their limitations too. They tend to create the false impression that women have only been victims, that they have never successfully fought back, that women cannot be effective social agents on behalf of themselves or others. But the work of other feminist scholars and researchers tells us otherwise. Women have always resisted male domination.' (Harding, 1987: p.5)¹

This chapter charts the struggles to create some sort of 'fit' between the women's experiences as revealed in the interviews and a variety of feminist writings and research. The findings have been largely drawn from keeping the paradox of the individuality of the accounts and the pervasiveness of the impact of oppression alive, managing the tension of theory versus lived experience by giving authority and primacy to the women as experts in their field.

'For feminists, the known are also the knowers, research objects are their own subjects; objectivity is a set of intellectual practices for separating people from knowledge of their own subjectivity.' (Stanley, 1990: p.11)²

For this research the experience of the women is compelling but does not link easily with the theory. One of the solutions to this dilemma might have been to allow 'theoretical knowledge' to lead the analysis of their experiences, but this was rejected on two grounds. Firstly, any imposed theoretical framework would have distorted what the women had to say about their lives and would have lost the meaning they had constructed to make sense of what had happened. Secondly, I had no mandate or permission from the women to apply any grand theory, let alone a feminist one, the sense of order and purpose in their communications deserved to be known in its own right. Liz Stanley and Sue Wise (1993) clearly see listening to women's experiences as the way forward for the feminist project, but in terms of this project, the choice was not about progressing feminist thinking but perhaps, in challenging social work practice as it existed and still exists. This raises issues about whether this could be called 'feminist research', what exactly feminist research is and the boundaries between the feminist political project and feminist research. There is further discussion about these issues at the end of this chapter, where the overall contribution of feminist thinking to this study is summarised.

In setting the context for this chapter it is important to take note of the parallel developments in the lives of the women who were interviewed and those taking place in feminism. This might help in trying to determine how the developments in feminist thinking might have changed or influenced them directly; to speculate on the question 'What does feminism mean to this group of women?' The women in this study came into care as small children, mostly in the mid-sixties, and interestingly, at about the same time that the "second wave" in feminist thinking, as it became known, emerged. The women would have been children when the political battles to achieve equality began in the United Kingdom and would have witnessed the changes in law and policy which were brought in to address issues of sex discrimination.

These women grew up with entirely different roles and expectations to those of their mothers' generation, who were restricted by the absence of reliable forms of contraception, the lack of educational opportunities and financial dependence upon men: fathers and husbands in particular. They would have been aware of the Greenham Common women who set up camp at the perimeter fence of a United States military base in Berkshire, to protest against nuclear weapons on the site, successfully leading to their removal. They would also have known about the actions and struggles of women in mining communities who grouped together to support fathers, husbands, brothers, sons and others through the long period of industrial action which caused extreme poverty and isolation for many families during this time.

Although the women in this study might have been aware of the wide and often distorted reporting in the media of women's activism during their early years and teens, they, like many other women, were not, as far as I am aware part of the activism, or the Movement or the academy. The history of feminism has to a large extent, been characterised by groups of women coming together to deal with problems which 'collectivise' them, whether they be disenfranchised citizens, miners' wives, factory workers or mothers concerned about the future for their children and others. However, the development of an organisation which can represent the interests of *all* women, in the U.K. or in the States has been beset by difficulties which arise from the fact that women are different and that these differences have demanded recognition.

The first British Women's Liberation Movement conference was held in the United Kingdom in 1970 (Ruskin College) and despite the attendance of 500 delegates the issue of representation, whether the Movement could speak for *all* women, encompass *all* women, was raised because of the absence of working-class women from it. In the United States the Movement was challenged by the formation of the National Organisation for Women (NOW - an equal rights group founded by Betty Friedan) and by the setting up of various local splinter groups as a response to dissatisfactions felt by many women who looked to the Movement to drive forward an appreciation of their diverse needs and experiences. For example, black women identified their feelings of alienation in a 'basically

middle-class white women's liberation movement' (Beale, 1970)³ and in seeking to have their particular experiences of racism and sexism recognised, the National Black Feminist Organisation was set up in 1973.

These challenges to the idea of one Movement for *all* women were matched by an intensive period of theorising, of both describing the diverse, subjective experiences of women and in trying to establish a feminist analysis to challenge the dominant malestream modes of thinking, which excluded women from full participation and visibility in society. The theories produced at this time were also diverse, even though the general drive was, according to Sarah Gamble (1999)⁴, '*to unite women through a sense of shared oppression – however differently articulated – manifest at the level of the personal and subjective as well as the social...*' These two trends, in the political organisation for women and the theoretical developments of the seventies, signify the end of a recognisable single trajectory for feminism, which, unfortunately, had excluded many women from the ongoing dialogue and diversification into feminisms. White, middle-class feminist analysis for example, excluded working class and/or black women, heterosexual politics in feminism excluded lesbian women, equality feminists striving for changes in the workplace excluded women who worked at home bringing up children and feminist academics excluded those outside the academy.

For the women who were in care in this study, this ever-widening focus meant that the debate became too broad for the media to follow, even to ridicule, and feminism moved out of public focus and therefore out of the reach of many women. Women at this time would be able to identify with the past injustice of having no vote and would be in support of the changes that had resulted from women's protest and activism, but the dilemma facing this generation of women has been two fold: firstly, *which* 'feminism' to identify with, and secondly; gaining access to information about the developments in feminist thinking. Although the two are intrinsically linked, feminist activism and theorising became separated activities in terms of public awareness. Despite the drive to develop a theory and language of women which signifies the "second wave", much of the thinking did not appear in the public domain but was largely the product of academic activity, as exemplified by the growth in Women's Studies in the eighties. Specialist press, such as *Spare Rib*, (1972 – 1993), a radical feminist magazine dedicated to the women's liberation movement and funded initially by the Greater London Council, was not widely available outside London.

The work of feminists in the 'second wave' and onwards, in developing a theory of women, has largely been private, or at least not public, and has been ignored to a greater extent by the media. The focus of attention has been on sensationalist reporting of the differences of opinion, which has been instrumental in glorifying what is perceived to be the end of feminism and the birth of postfeminism. All of which has meant that the general public and particularly the 'woman on the street' has made little contribution to this thinking or been able to benefit in any real way from it. This does not mean

that women do not have the tools or the ability to analyse their own lives and the events in them. The women in the main study were eager to use the interviews as an opportunity, to make sense of their lives and experiences, to examine what being in care meant to them now as adults and feminist 'coat hangers' were not used by them to display or frame their discussions. The use of feminist critiques can, in my view only be justified in this study in terms of how they have informed me as the researcher, how they provide a context for my understanding the social world that the women have lived in. What follows is therefore, a discussion of the main themes which have influenced the researcher's (my own) thinking about the social context of the women's lives. These ideas need to be interpreted and tested against the evidence given by the participants, the themes arising out of the research, rather than using the theories to frame and order the research data.

Perhaps the most important contribution of feminism to our understanding of the social world has been in its defining of patriarchy, in defining the ruling class in humanity as men, and women as the ruled, the 'not men'. In order to maintain these categories as separate and distinct, rules have to be set up to keep them apart and recognisable to all. In this way, gender serves to reinforce the ruling order and is historically, socially and culturally constructed. Simone De Beauvoir argued that women's oppression was the result of the social and cultural construction of women as a separate category, as different, as *Other*, in the sense that they were not men. Women, she said, are therefore defined according to their difference to men and in a patriarchal society this means inferior and subordinate to men.

'One is not born, but rather becomes, a woman ... No biological, psychological, or economic fate determines the figure that the human female presents in our society; it is civilisation as a whole that produces this creature, intermediate between a male and a eunuch, which is described as feminine.'

(De Beauvoir, 1949: p.249)

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Of course, 'difference' has many meanings within feminist, sociological and philosophical thinking, and there are acknowledged difficulties in trying to reconcile the concept of women as 'different' to men, with the drive for equality for women. While 'difference' has been employed as a device to celebrate diversity, it has also been a way of segregating, of attaching political and social value to groups and individuals, a means of constructing differential understanding and imposing meaning. In terms of feminist theories, while the concept of patriarchy highlights the power and gender issues operating in western societies, it is less helpful when analysing more complex, multi-faceted phenomena where class, race and culture (among other factors) also play important roles in shaping and constraining the life trajectories of individuals.

Women are not just different from men; they are different to each other in that class, culture, race and disability (among others) are also influential factors which shape their lives. Men's lives are also defined by a range (if not a hierarchy) of constructs around the same issues and gain most benefit in Western society by being male, white, middle class and Christian. Because this category dominates, any variation is therefore subordinate and a complex system of definitions, social constructions exists to uphold and maintain this social order, with legal and political frameworks to support them. It is known, for instance, that in the United Kingdom working class families and those dependent on the benefit system (for reasons ranging from unemployment to incapacity or disability) are over-represented in the care system⁶, as are those from ethnic minority groups. While many radical feminists express a view that these oppressive factors are secondary to patriarchy⁷, others, like Christine Delphy, have used Marxist analysis to explore the relationship between capitalism and patriarchy and believe that both have their roots and origins in male control. This 'chicken and egg' debate, while attempting to identify the processes of oppression, has failed to recognise and to theorise about the phenomena of those women who are designated not just as sub-categories of men, but also sub-categories of women.

The women in this study had an understanding of their experiences and were able to communicate this effectively, without recourse to feminist theory and language and their own analysis needs to be heard and understood if we are to learn about being female and in care. Although the interviews show no direct links with feminist language and theory there are clear examples of understanding and accepting that we live in a male-dominated society, that women (girls) are disadvantaged by the care system differently to men (boys) and that parenting is fundamentally a major role assigned to women, not men. The way this evidence is manifested in the interviews may be different for each woman and 'accepting' does not mean agreeing with or conceding to these ideas, indeed, a variety of approaches and views can be seen to these ideas in the examples given below:

'I knew when I had the kids it would always be down to me to look after them – don't get me wrong he's a good dad – but they're my responsibility, aren't they? It's always the mother's fault if something goes wrong – when the health visitor calls round when they're little she doesn't ask how he's coping, does she?' (laughs out loud) (Taken from transcript K5)

'I don't believe that all women are good mothers, all that maternal instinct rubbish. I had to learn to look after them. I loved them and they were wanted, but it's not easy... you have to learn a lot of new skills.'

CL: What about your husband ... did you say his name was Chris?

We had to both learn but he wasn't there all the time – he went to work- now they're bigger he thinks they're more fun – when they were little he was scared he'd drop'em! No, when I think about it, there wasn't much for him to do really. (from transcript D2)

'It's different for boys, I mean, my brother ... once he got a job and some money he left and he never tells anyone he was in care.... me... everybody knows ... my doctor ... everybody ... can't keep it secret when you've got kids'. (from transcript D5)

'In my family my dad ruled. He couldn't cope with a stroppy teenager, especially a girl - I'm sure if I'd been a boy he would have thought it more normal - but girls aren't supposed to answer back - I did! Mind you, they listened to him more than me or my mum 'cos she didn't want me to go away. She said she thought she'd failed but he said it was me that'd failed. I don't regret being in care - I think if I'd stayed at home it would have ended up with him getting nasty because no one was supposed to challenge his authority - which is exactly what I did. How do they get away with it?' (from transcript D7)

The women who took part in this study did not represent themselves as victims of patriarchy; they described their experiences and reflected back on them, from the perspective of being adults and of being unique. While recognising that others may have had similar experiences they did not seek an explanation for these within possible theories of structural inequality in society, oppression or male domination. This study shows that the way that we understand and make sense of our lives, through reflection (for example) is a subjective process involving emotions, perceptions and judgements rather than the detached application of theoretical knowledge. This calls into question the right of the researcher to superimpose or apply a theoretical framework in order to 'manage the data' and to generate new knowledge.

Using feminist concepts to analyse the interviews clearly raises many questions about the research process, the ownership of knowledge and the 'right' of the researcher to impose any conceptual framework on to the views of other individuals. Ann Oakley (1999) emphasises this dilemma in terms of the qualitative versus quantitative debate.

'The recurrent problem of all research, how to separate the position of the knower from what is known, cannot simply be resolved by ignoring it. The feminist critique also importantly highlighted the ways in which the theoretical and conceptual tools of social science had come from the top rather than the bottom; they had been formed not from the lived experiences of the socially marginalized, but in the heads of (mainly male) academics.' (Oakley, 1999: p.161) ⁸

She is less forthcoming on the solutions to the problem and curiously, does not mention that the 'feminist critique' is also a conceptual tool that can be imposed 'from the top' down, and could be criticised as formed outside the lived experiences of women by 'academics'. This research has therefore attempted to locate the knowledge of being in care with the women who have 'owned' the experience. Affirming the women, rather than the researcher, in the role of 'expert' seemed the only logical way of unlocking what was known by them, in contrast to what might be 'known' by other

powerful voices, 'acknowledged experts' in the disciplines of psychology, psychiatry, sociology, including feminist perspectives on these disciplines.

Perhaps the most important finding to be noted in this chapter is exactly this point: that *women are not a homogeneous group, each is an individual in her own right*. This creates a dilemma since it reflects the problems encountered by feminism and the movement about the usefulness and validity of any theoretical or conceptual framework that refers to *all* women and does not view them as individuals. The theory can only encompass all women if their diversity of experience, as well as those characteristics which they have in common, are included. bell hooks (1984)⁹ has long argued for flexibility in feminism and challenged the in-built white, middle-class assumptions of the movement; the notion that *all* women are oppressed in the same way by the same things. She argued that issues of race and class should not be left to one side when fighting oppression and that the term feminism had become 'exclusionary', gave 'primacy to one particular group' and to a hierarchy of oppression.

Bringing women together to recognise their common oppressions and to create change was, no doubt, effective and warranted, but this has also rendered problematic the concept of 'women' as a unitary political body (Spivak, 1987)¹⁰ The assumption that women can also speak for each other because they are assumed to be the 'same' has also been challenged. In trying to address this complex issue of what is 'women', feminists and others have developed a variety of theoretical perspectives. These include deconstructing the masculine/feminine binary model which privileges the masculine over the feminine, for example, the essentialist argument that gender is biologically and physiologically determined, gender as a construct, and theories linking gender, sexuality and identity. Recognising difference allows women to be more than the 'victims' of oppression and acknowledges the existence of a range of oppressive forces and mechanisms at work in all communities and societies, not just affluent, developed western ones. Leslie Heywood and Jennifer Drake, who represent the contemporary feminist project of embracing pluralism, express this very succinctly:

'We know that what oppresses me may not oppress you, that what oppresses you may be something that I participate in, and that what oppresses me may be something you participate in. Even as different strands of feminism and activism sometimes directly contradict each other, they are all part of our third wave lives, our thinking, and our praxes: we are products of all the contradictory definitions of and differences within feminism, beasts of such a hybrid kind that perhaps we need a new name altogether.' (Heywood and Drake, 1977, cited in Gamble, 1999: p.52)¹¹

This is not a simple case of 'either /or': either, there are ways of understanding women's experiences, or women's lives are so unique as to defy generalisation and the formation of active

principles. Between these two seemingly oppositional stances there exists a continuum which can be explored through the ideas which are embedded in the experiences and knowledge of those we research. The importance, for example, of researching *with*, not *on* ex-care mothers is, in this particular study, an attempt to gain access to what they know and to begin to articulate this.

The aim of this research was not to demonstrate what I know about them or feminism, but to bring to light new knowledge that is located with those who possess it, through experience and reflection. In recognising that patriarchy exists, is perpetuated and is oppressive for all women, it has to be accepted that each person's experience of and the extent of influence or impact upon their lives will be individualised. The uniqueness of each woman's experience, in my view, holds the key to identifying the various ways in which women deal with and resist oppression as well as the ways in which oppression is maintained. It is the differences in these accounts, the range and variety, which opens up the potential to challenge existing theory, particularly the received ideas about 'ex-care mothers' which homogenise them as a group. This includes challenging feminist theory where it proves inadequate or inconsistent with its own ethical and academic standards.

Feminist theories could be described as ways of understanding, but the individual's perception, their own account, might well add to the theory or expand it in some way, even though it may contradict or challenge the neatness and accessibility of developing theory. In terms of feminist theory this group of women (ex-care women) have been excluded from representation and from understanding the debates that have been taking place over the past forty years, but their knowledge remains real and relevant to a wide spectrum of theories, including feminist ones. This is not merely an argument for a pluralistic view, it is to say that by accepting the relevance and priorities set by those interviewed in this and other research, by using this to enlighten, rather than to compare and contrast with existing ideas, new theories and understanding can emerge directly from those who have to date been excluded, for various reasons, from the activity of generating of theory and knowledge.

Feminist analysis of the care system might well speculate that in a patriarchal society the care system exists to strengthen the status quo by keeping women vigilant in their roles as mothers and wives. This is achieved by acting as a deterrent in using state powers to remove children from 'bad mothers' and by being seen to 'rescue' children from 'bad' mothers. The theme of mothering was extensively discussed in the last chapter, where the importance of being a mother to the women's sense of 'self' was influenced by their in care experiences. Ex-care mothers becomes a sub-category within the group 'mothers' that is therefore, used to indicate difference, to say that there are qualitatively different types of mother, the ideal being the 'good mother' to which other types can both be compared and can aspire to reach. Kay Standing (1998) researched 'lone mothers' and encountered similar patterns constructed around single parenthood in women, not least the powerful connection with language to describe groups and their social status.

'All women are defined in relationship to motherhood (either positively or negatively) (Gordon, 1990). This construction of women as potential mothers (and some women as potential bad mothers) is one which impacts on women's lives and identities in various ways, organising them in particular relationships with institutions, such as schools.' (Standing, 1998: p.188) ¹²

The drive to be seen as a 'good mother' is perpetuated in this case in at least two ways: firstly by their own experience of being removed as children from women who were defined as bad or failed mothers. Secondly, their experience of the reinforcement, both in care and beyond into adulthood, of the concept of the 'good mother'. Underpinning and supporting this particular construction are a number of preconditions woven into the fabric of western society, which include the evident support for the altruism of child rescue and the placing of responsibility for parenting and caring consistently and for the most part solely, on the shoulders of women and not men. The awareness of gender inequalities has grown in the last ten to fifteen years, especially in the fields of child protection and community care in social work. Despite the impact of equal opportunities in employment and elsewhere, women continue to carry the burden for caring for not only the young, but also the disabled and vulnerable older people. Critics like Christine and Nigel Parton (1988) draw attention to these other, equally influential factors in determining social work policy and practice:

'Deeply embedded in social practices are assumptions about the proper role and function of motherhood which we need to address if we are seriously concerned about the way children are brought up in our society and the resources devoted to this. For underlying the new strategies of child protection is the same view of the family upon which current social policy developments rest, an essentially white, middle class model of child rearing, which casts the mother as carer and the father as breadwinner.' (Parton and Parton, 1988: p.41) ¹³

The dominant model of child-rearing privileges those who most 'fit' the criteria, e.g. middle class and white, while focusing attention and resources on those who do not. The resulting policy and practice also takes little account of environmental factors such as housing, poverty and access to health and education services, which also tend to favour those deemed by society as successful citizens and excludes and marginalizes the rest. All these factors contribute to differences between women as well as between women and men.

The drive to be seen as a 'good mother' is perpetuated for this group of women in at least two ways: firstly by their own experience of being removed as children from women who were defined as bad or failed mothers. Secondly, because of the reinforcement both in care and beyond into adulthood of the notion of the 'good mother'. The women's understanding of the reasons for their coming into care as children show that the power of removal did not have to be supported necessarily by clear evidence of neglect, abuse or risk but carried strong moral overtones. Very little evidence is given of families being supported through crisis, of assessment of parenting or of investigating the potential

for alternative family care for this group of girls, as they were. While it is possible that the women have framed this information retrospectively, there is consistent evidence from the interviews to suggest strongly that the message passed on to the women was a negative one. The disclosures given in the interviews emphasised not a child rescue motive, but a punitive withdrawal of children when their parents (their mothers on the whole) displayed what was termed as anti-social behaviour or failure to comply, to co-operate. The examples below illustrate this point.

'I came into care because my mother liked a drink. When my dad left us she got very low ... she never liked where we lived ... and because she wouldn't have nothing to do with the neighbours they kept reporting her to the welfare. I think they (welfare) just got fed up in the end and took us away. It didn't affect us really 'cos she drank when we'd gone to bed.... she wasn't an alcoholic or anything....' (Taken from transcript D5))

'My father took me to the orphanage after she (mother) abandoned me. He was in the Merchant Navy and they weren't married. In those days being an unmarried mother was thought of as a disgrace and so when he came home on leave she told him he'd have to look after me... he took me to this place for seamen's children and left me there. Its funny but I think they felt sorry for him and that she had no right to burden him with a baby when he had to go to sea. (Taken from transcript D12)

'My family were travellers and my dad never married my mother in a registry office or nothing so when he went to prison the welfare just took us and left my mother standing in the street. I was only about four but I've never forgotten it. It was like they were gonna punish him twice by taking his kids away and punish me mother for being with him' (Taken from transcript D14)

In these examples and in other interviews the sense of the power of the local authorities and other agencies involved in the care of children is both pervasive and with few measures for accountability. Being in care renders these women as 'different' to women who have not been in care, particularly when they become parents themselves, because of the social construction of 'mothering' and in particular, the icon of the 'good mother'. Not feeling the same as others, 'feeling different' separates women from each other and reinforces a sense of having to compensate for one's difference:

'For women who experience the stigma of being different, there is the added pressure to prove that they are just as good as (if not better than) other mothers. This sense of having to make up a deficit runs through the accounts that young single women, lone mothers and disabled mothers have given of their lives (Clark, 1989; Hughes, 1991; Morris, 1992)' (Graham, 1993: p.78) ¹⁴

The dilemma presented with any idealised construction lies in its mythical nature, in the difficulties in rendering real and concrete its defining characteristics. The question 'what is a good mother?' cannot be answered outside of interlocking temporal, cultural and contextual concerns, as can be revealed by even a cursory review of populist child care/ mothering texts over the past thirty years. Perhaps more importantly, the performance of mothering cannot be judged independently of its

social context and outside of the sense that the 'performers' make of it in the way that they practice, 'do' mothering. Unfortunately, social policy and social work practice is primarily based on the views and opinions (heavily structured as 'research-based knowledge') of various academic and professional groupings with little consultation with mothers or women, themselves.

The well- recognised notion of the 'good mother' is deeply embedded in our society and although there are cultural and class variations in its presentation, it is one of the most constant and pervasive images of our time. It is also a concept that has received attention from feminist writers, although often expressing opposing and conflicting views. Mothering and child rearing have also been the focus of intense activity in sociology and psychology, which has resulted in a powerful discourse which has been instrumental in directing social policy and social work. Theorising about mothering by feminists has had little influence on the icon of the 'good mother', supported and maintained as it is by dominant social and psychological theories.

'Feminist theorists have studied reproduction and the social organisation of mothering in principle but not the actual experiences of child raising, and the movement as a whole has not made an impact on how child welfare issues are debated'. (Gordon, 1987: p.70) ¹⁵

Social work forms part of the intricate network of systems which constructs mothering as an ideal to aspire to, but which is impossible to achieve and encourages the production of 'ideal' stereotypical images, widely recognised and supported by the media. This ideal also governs acceptable and unacceptable behaviour and provides the template for maintaining the traditional gender roles, perpetuating a heterosexual, white, middle class image of the traditional family. This single, idealised model works in two different but interconnected ways: firstly, the template tells us that there is only one model for the 'good mother' and therefore all the others are designated as different and therefore not 'good'. Women who choose not to have children in our society are different and those who cannot produce are worthy of our sympathy and medical attention because of the damage caused by not being able to fulfil this basic biological function. Women with no male partner are judged as not 'good' mothers as are those who choose to live without men or with same sex partners.

'The concept of 'choice' is something of a red herring in a society that places such a high value on children, marriage and the family, and in which motherhood is still perceived by many as the primary female role'. (Oakley, McPherson and Roberts, 1984: p.191) ¹⁶

Social work agencies, statutory and voluntary, discriminate against those who do not fit this model by creating policies to exclude single parents, gay and homosexual individuals and couples, those with disability. The Children's Society, who in the eighties made it clear that gay and lesbian couples and individuals were not considered suitable as carers for the organisation, showed a clear example

of this form of overt discrimination. Although this policy has received widespread criticism and has been amended, its meaning remains ambiguous.

The message given to the women I interviewed was clearly that they did not fit in because of their own mother's 'failure' to parent in the prescribed, one model way. This failure becomes a way of segregating and excluding those who are different, supported by social policies and practices which serve to control and punish deviation under the veil of the 'best interests of the child'. The ideological constructions of 'motherhood', along with the 'family' and the 'child' are perhaps more recently acknowledged in relation to social work, welfare policy and practice but the situation was very different when the interviewed women were children. The debatable changes brought about by the introduction of anti-oppressive practice have been too late to influence the view that their childhood experiences and further observations as young people and then adults, has had on their perception of social work intervention. There is evidence from the interviews which confirms that the women saw the intervention of a wide range of professionals, including social workers, health workers and others as a threatening experience, where the possibility of receiving help was overshadowed by the threat of their parenting being negatively judged and the possibility of their children being removed from them.

'When my first one arrived the health visitor came and she was real friendly and told me how well I was doing ...that was until she found out I'd been in care and then it was like she'd slipped up or something and she changed.'

CL: *How? In what way did she change?*

Well.... she was more distant and kept asking questions and wanted to talk about my time in care.... mind you, she'd obviously checked my file 'cos she knew which places I'd been to. She was different ... her mood changed and I got the feeling she was watching me. So I thought, well I don't need her really and went out when I knew she was coming. THAT (emphatic) was a stupid move because she came when I wasn't expecting her so I told her I didn't want her coming round and I took the baby to the clinic when I wanted him weighed and things. With the other two I told the doctor I did not want a health visitor coming so she only came the once...you know when they take over from the midwife.' (Interview D2)

'They watched over me in the hospital all the time and I'm sure its because I was in care. There was another girl on her own about my age and they left her to fend for herself and she was really knackered and fed up.... she could have done with some help...' (from transcript D3)

'I remember thinking to myself... oh, no, this is going to follow me round for the rest of my days and I'll never get away from it. Like when I went to my doctors because I thought I was pregnant.... you didn't have all these do-it-yourself pregnancy tests like they do now.... first thing she said to me was you was in care weren't you? What's that got to do with it, I thought, but she made a note and said that I'd 'obviously' need a lot of support. I could see the way she was thinking even before I'd had it. I made sure she had nothing to go on.' (from transcript D9)

Another interviewee (D1), while not experiencing difficulties with welfare agencies while bringing up her own children, reported being totally astonished at the change in response from extremely positive ('almost servile, by comparison') to guarded and less enthusiastic, when she and her family put themselves forward to foster children. The cause of the change in attitude was the discovery that this woman had been in care as a child.

'When we decided to foster children they were like, really keen... couldn't have been nicer... made me feel like royalty or something... but when they found out I'd been in care they sort of backed off a bit. You know...it was a bit like ...hang on a minute...we need to think about this.' (from transcript D1)

The family (the woman in particular) had viewed the experience of being in care as a positive attribute for a foster carer to have and had not expected it to cause problems. The family were approved to foster (and are still fostering some ten years later) but in comparing their assessment process with others she feels that the issue of her history was viewed negatively until she and her family had proved themselves able. The in-care history is now viewed as an asset to fostered children and to fostering, providing insight and empathy for both the children and their families, rather than being seen as a disadvantageous and disabling experience. The meaning of 'being in care' has been reconstructed to fit the family and the status they occupy, by those who have the power to redefine its meaning, namely in this case, the local social services department.

The evidence from this study seems to suggest that the feeling of being different and of being treated differently to others started when the women were children and continues into their adult lives. As children they were made to feel different to other children, to their peers at school, for example, because they were in care and were responded to separately and differently by those around them in ways which reinforces a subordinate sense of being different. This perceived difference is felt and received as negative, as something to be surmounted, to be compensated for, in direct contrast to the need all children have to feel different, unique and 'special' through the eyes of their carers.

'I know I was only little but I remember thinking that I had been taken to a different country. Everything was different ... people talked in a different way, even though I could understand what was being said... there was different smells, sounds and the way they did things was different. It wasn't like home at all... you had to learn a whole new way of life... that was probably the hardest part... trying to remember things like washing your hands before meals, trying to be good so you wouldn't get into more trouble...

(CL) More trouble?

Well...yeah. I thought I was already in trouble for having to go there. I didn't know what would happen if I wasn't good... would they take me to another strange place? It was a long time before I stopped being frightened. Once I'd settled and accepted it wasn't just for a short time...you know ...realised I wasn't going home...then I knew I was not like everybody else.' (from transcript K7)



'Nothing was ever normal like it is for my kids. You didn't go to other people's houses to play because it was just too complicated even if you got asked, which was usually 'cos somebody felt sorry for you. You went to the doctors for checks when you weren't sick, everybody knew all about you....school, teachers, all of them.'
(from transcript D8)

'My foster parents were really good. They gave me space and privacy and let me be me. They told me when I got there that they didn't care about what my file said. It was up to me, they said to let them know what I was like. I just couldn't believe it... everyone else I had come across had expected me to behave in a certain way...they'd assessed me hadn't they? My foster parents treated me like their own kids and accepted that even normal kids could be naughty. It was such a relief that they thought I was just like any other kid. They seemed to like me from the start... they didn't wait until they had 'assessed' me.' (from transcript D12)

There are many factors that contribute to this sense of alienation, not least the surveillance that local authorities engaged (and continue to engage) in as a public parent. Local authorities are under more pressure than ever to justify the standards of its own 'parenting' and its rationale for removing children. It would be all too easy to surmise that as living standards for the majority of the population have improved, the expectations on parents and parenting have also risen, as a way of explaining the growth in surveillance by a number of state organisations concerned with children and young people. But this fails to explain why women are still the primary targets for state intervention despite the changes and advances in their status in society. Although conditions have improved the pecking order remains the same with women still holding the major responsibilities within the domestic sphere and the heterosexual family as it has been constructed, dominating social policy on both or all sides of the political divide. If theories of oppression cannot explain or shed light on this phenomenon, then what can?

A particularly significant reference point in the interviews was about the lack of ownership and confidentiality of information and the intrusion of the system into what would otherwise be considered to be personal matters. This is further supported by the implication from the interviews that the agencies worked together, shared information and information gathering and supported each other in their objectives of child rescue and social control. The contrast between child rescue motives and the well-documented disadvantage created by care careers would suggest there is something more important at stake, particularly when the motives for removal are perceived as moral rather than pragmatic, as was the case for the majority of women who were interviewed. Where the reasons for their removal were felt to be unclear, this merely strengthened the mystique of the authorities and contributed to the acceptance of the power and rights of social workers and others, to both intervene in their lives and take actions, as they saw fit. Again, it was clear that feminist theories which talked globally of women's oppression lacked a 'fit' with the information given by the women and furthermore, could give little in terms of explaining how the women perceived the events in their lives and the choices they had made.

The theories which form the so-called 'knowledge base' of social work, are selected and used according to the political value in maintaining the status quo, in perpetuating gendered roles in a patriarchal system. Ironically, while one of the criticisms levelled at feminism has been that there cannot be a theory for all women, psychological and social theories about mothers who have been in care abound and dominate. These concepts exert a strong influence in social work and the social policy that underpins it, as do many theories which exclude and fail to recognise difference and diversity. It is this selective and erroneous use of theory that constructs the category of mothers who have been in care: excluded as a group from being 'good mothers', they are therefore included in the category 'bad mothers'. The absence of categories to explain or describe competence in parenting in men confirms the political power of the icon of the 'good mother', clearly locating responsibility for the production and care of children primarily with women.

The myth that women who have been in care make poor parents may, itself, contribute to poor parenting by discouraging women from seeking help when they need it. The reluctance shown by the women to work with and trust child care agencies, in health and social services, means that their access to preventative advice and support is restricted and means that intervention is frequently, therefore, a response to crisis. The fear of intervention becomes a self-fulfilling prophesy for some, where the ex-care history is assessed as a risk factor in terms of child protection assessments and procedures. This is not to say that women who have been in care might not need or want help or support, but that those interviewed felt that the nature of the intervention would be influenced heavily by negative interpretation of their care histories.

These examples provide some evidence that the care system supports the social processing of women into gendered roles, acting as a process in itself and reinforcing constructions of 'good mothering' and the consequences for those who do not comply. There are implications for social work practice arising from this finding, because despite the changes and progress in child care practice, assessment and care practices may still be perpetuating these state functions and supporting the status quo. The *Conclusions* section at the end of this thesis considers all the implications for social work practice further.

While it may be clear that the care system and the experience of being in care can have some significance for both boys and girls in the care system, this study has specifically focussed on its impact on women and on their role as parents. Feminist ideas were incorporated into the methodology for the main study and further reading in feminist theory, in research and various disciplines strongly influenced the data analysis process. Adopting a feminist perspective for this study has brought to the surface specific issues about the way that the care system impacts on their sense of themselves growing up, becoming adults and being parents in a patriarchal society. This conceptual framework has enabled a number of important themes to be identified from the study

which would almost certainly have not come to light had there been no feminist perspectives. This approach renders visible the way that the state, via the care system, exerts a particular influence in defining how various gendered roles are fulfilled and maintained, e.g. mothering.

Interviewing only women meant that the issue of gender could be explored by the women themselves, as women, not just as individuals who had been in care. It was also important to the women that the research was carried out by a woman and that the outcome would have been qualitatively different had there been any men involved in the interviewing. The interviews were the result of a particular set of dynamics and interactions between participants, followed by analysis using a set of analytical tools that evolved in response to the messages, the information that was given freely and enthusiastically by all. The validity, therefore, of employing feminist concepts in carrying out this particular study is borne out by the insight it provides into the lives of a heterogeneous group of women, whose common experience of being in care as children renders them less important and less powerful than others as citizens. The experiences of the women have, nevertheless, been subject to various dominant discourses, psychological, sociological and political, which impose meaning without consultation or reference to them and which this research seeks to challenge by valuing and publicising the lived experience over theoretical constructs.

Is feminism not also a theoretical construct? Although feminist theorising has become acceptable to the academy, it has to be viewed, as all theory does, as political. While its purpose and intention may be to challenge classic (male) ways of generating and publicising knowledge, and indeed, to question the significance of such knowledge in making visible and accessible to others, the knowledge of those not represented by the academy. Jane Ribbens and Rosalind Edwards (1998) discuss the issues arising from the attempt to make public the daily lives and experiences of *'both men's and women's lives in industrialised Western societies'* in their editorial for *Feminist Dilemmas in Qualitative Research*:

'The central dilemma for us as researchers is that we are seeking to explore such privately based knowledges and personal understandings, but to then reconstitute them within publicly based disciplinary knowledge. In doing so, are we extending the dominance of publicly based knowledge and expertise, and colluding in its intrusion into every nook and cranny of social life?' (Ribbens and Edwards, 1998: p.13)¹⁷

The issue for this thesis was the extent to which the messages from the women are changed, transformed by the data analysis process: whether or not the feminist discourse silences the women. In justifying the use of this approach to this particular study it is crucial to understand that no conceptual framework should be applied without question, without constant vigilance and attention to the 'fit' needed between the material and the analytical tools. It is also important to identify where concepts fail to explain and to make public the contradictions between the data and the framework,

because it is only through such explorations that the inadequacies of existing theory can be exposed and new theories developed. There are serious shortcomings in using feminist perspectives to create order around the knowledge of these women, not least the lack of consistency in feminist thinking around state intervention in family life and the role of social work in our society.

'Within feminism itself there is a debate about the role of the state in family life. While feminists have viewed the state welfare practices as oppressive to women, reinforcing their traditional responsibility for caring, others, particularly in relation to men's violence to women and children, have called for stronger state control of family relationships.' (Parton and Parton, 1988: p.40)¹⁸

Feminist theories fail in explaining how this group of women have developed unique and individual strategies in response to their experiences, how one social system (the care system) can impact in such diverse, if not unique, ways upon its subjects. While theories of women's oppression can readily be applied to gain some understanding of the care system within modern, or capitalist or male dominated societies the resulting analysis cannot tell us how it works and continues to work or how women might break away from its collective consequences. The theory of patriarchy, a cornerstone of feminist thinking, while framing the social world that we occupy, is problematic when utilised as the only explanation, for a number of reasons. To begin with, the way that the women in this study have made sense of their experiences is through events, relationships and reflection, not through the application of theory, the analysis is personal and not in any way abstract in the way that theory has a stand alone quality outside of lived experiences. Their analysis was not a purely intellectual enterprise bereft of emotion and feeling and consideration but all of those things and more, which is why no single theoretical framework can or should be appropriate to contain, to frame their messages.

Although the feminist ethical position has always tried to be inclusive of all women and has driven forward consciousness raising as a form of resistance, the academic study of feminism has rendered feminist theory inaccessible to many women. The language used to generate theory excludes many outside the academy, as do the political and procedural structures that privilege those who can engage with theory and research. Writing up a thesis requires use of a specific type of language which makes it acceptable to the academy but which excludes others from participating in the debate and the dialogue. Several feminist researchers (and others) have identified this tension between making research accessible to participants and to the academy (Smith, 1998¹⁹ and Standing, 1998). The researcher is faced with seemingly competing demands of producing a thesis worthy of doctoral status and recognition, while remaining 'true' to those who gave their knowledge and commitment to the project.

The two aims can be reconciled in part by referring back to participants, as happened in this case, when the interviews were transcribed. It has also been essential for me to respect and maintain a clear boundary between what was said and what is said about what was said: in other words the analysis has to do justice to what the women know and also to the way in which I, as the researcher, made sense of what they know. This dilemma is not a new one, as I have subsequently discovered but each researcher has to address the issue in ways that are relevant to their own research project and for me the solution was based on the need to give primacy to the women, not to the research or the researcher. Again, the theoretical framework had to measure up to the material, not the other way round, if the knowledge of the women was to be paramount. The technical difficulties of the researcher are not the women's problem and perhaps at times we have to accept that existing theories can be fallible or inappropriate when the 'fit' causes problems. In this study to do otherwise would have meant I had adopted a position of superiority, of 'expertise' over the women and would be interpreting their knowledge, making it fit the framework, which does not sit well, methodologically or ethically, with the position I had chosen in relation to both the research process and to the women.

The issue of language is further compounded when the researcher is (as I was) from a working-class background which has to be 'given up' in order to pursue an academic career. I identify very strongly with the sentiments of Kay Standing (1998) when she states,

'The dilemma of language is particularly acute for feminist researchers who, like myself, are from working-class backgrounds. In order to succeed in higher education, working-class students have to surrender part of their working-class identity (hooks, 1994; Lynch and O'Neill, 1994). Working-class knowledge, language and culture do not 'fit' into traditional academic conventions.' (Standing, 1998: p.197) ²⁰

I would, however, have to challenge her idea that this is only a concern for feminist researchers or even one solely for women. My experience of being in higher education for the past ten years as a lecturer would suggest that language and status problems exist for working-class and/or non-white men, as well as women, even while they have the advantage of portraying the dominant gender characteristics. Both post-modernism and post-structuralism offer further analysis of power structures, language and knowledge which are helpful in moving the current debate onward and are specifically considered in the next chapter which examines the main themes arising from analysis of the interviews by repeated listening.

There are many feminisms, as was stated earlier, and this often presents its own problems in terms of this research for two main reasons. Firstly, because of the conflicting range of perspectives being currently examined and developed under the aegis of feminism, and secondly, the connection between feminism as a political project and feminist theories. As a comparatively newly established academic discipline, whose very existence is now contested from various sources, including from

within its own ranks, so to speak, the speed of its development and its diversification may have contributed to what is described by Naomi Wolf (1993) as an 'ideological hardline' where,

'the definition of feminism has become ideologically overloaded. Instead of offering a mighty yes to all women's individual wishes to forge their own definition, it has been disastrously redefined in the popular imagination as a massive no to everything outside a narrow set of endorsements.'
(Wolf, 1993, cited in Gamble 1999: p.49) ²¹

This image of feminism, as a fixed and inflexible academic discipline, coupled with political activism, proved something of a stumbling block both personally for me and in terms (as I have already mentioned) of attributing to the women an awareness of the ongoing feminist debate. There are clear differences between feminist theories, which I was willing to try out, and being a 'feminist researcher'. I have resisted this label and the application of 'feminist research' to my work because both limit the scope of possibilities to be found, and locate the findings within a particular political body, i.e. feminism. The women I worked with did not seek to locate themselves within any specific conceptual or political framework and for me to do so would have felt like an injustice to their clear-minded and open-mindedness. How is 'feminist research' defined? What creates a feminist researcher? Liz Stanley and Sue Wise (1993: p.231) ²² describe the aims of feminist research as '*...enhanced political engagement, rather than a preoccupation with textuality and intertextuality for its own sake*' and '*a feminist engagement within academic life itself; we are here to change it*'. Although motivated by a sense of injustice on behalf of the women I interviewed, it would be erroneous to say the research was intended to be a crusade, or that I felt that I represented or was part of any political group seeking change. In the same way that the women did not specifically locate themselves as 'subjects of patriarchy' I did not and do not carry a feminist banner. In fact, as we have already seen, class also plays a major role in constructing the lives of these women but remains largely distinct and separate from feminist theory and working class women have largely been excluded in recent years from feminist developments.

There are many new theoretical perspectives now, which have been developed during the lifetime of this thesis and feminist research and thinking has been a major contributor to these in one way or another. The debate about feminism/post feminism and the challenge by post-modernist writers to the notion of grand overarching theory have all provided useful ways of understanding which have helped me in this project. These ideas have enabled me to develop the themes identified in this research in ways which reflect more authentically the sense the women have made of their lives and experiences and have enabled me to understand my role as a researcher, the nature and purpose of research and academic activity as well as issues about the ownership and creation and generation of knowledge. In the next chapters these topics will be explored using a range of theoretical positions which were not accessible or available to me when I first embarked on this project. In places it can be

seen that the theme does not easily slot into an existing conceptual framework, and from this a new tentative understanding, based on the direct messages from the interviews has been discussed. There are also examples where this has not been possible and the words of the women have been left to speak for themselves without further explanation or analysis.

It would have been very easy to abandon the women to the cause of feminism and to have made their contribution fit the existing framework for the sake of neatness, academic aptitude and sheer simplicity, but my own belief in the women I worked with made me push on beyond the difficulties presented. This is not to devalue the contribution and originality of feminist thinking and I have been encouraged to think about the knowledge women have and their rights to that knowledge by authors such as Sandra Harding²³, Liz Stanley and Sue Wise²⁴ among others, and to question the idea that a single theory can be made to fit all eventualities. The next stage in my thinking was prompted by reading a paper by Sandra Lee Bartky(1997)²⁵, which talks about the disciplining of women's bodies, but also expounded a new (to me) idea embracing the notion of discipline and women and which expanded the choices I had in theorising about this group of women.

'Why aren't all women feminists? In modern industrialised societies, women are not kept in line by fear of retaliatory male violence; their victimisation is not that of the South African Black. Nor will it suffice to say that a false consciousness engendered in women by patriarchal ideology is at the basis of female subordination. This is not to deny the fact that women are often subjected to gross male violence or that women and men alike are mystified by the dominant gender arrangements. What I wish to suggest instead is that an adequate understanding of women's oppression will require an appreciation of the extent to which not only women's lives but their very subjectivities are structured within an ensemble of systematically duplicitous practices. The feminine discipline of the body is a case in point: The practices which construct this body have an overt aim and character far removed, indeed radically distinct, from their covert function.'
(Bartky, 1997: p.103)²⁶

Chapter 6: The social and historical context

Introduction

This chapter explores the historical and social context of the 1960s and 1970s, when the women who were interviewed were in care and onwards to the present day and provides the backcloth to understanding that the interviews expressed the views and experiences of the women, at a particular moment in time and in a particular context. It is this particular context, temporally, socially and historically, which sets the scene for the events and experiences that they relate, describe and reflect upon retrospectively. It is this 'view from a distance' which has permitted the research to build on their knowledge, to apply it to wider concerns and contexts, and enabled the participants to contribute to contemporary thinking and practice.

Exploring the context experienced by the women has enabled the project to return to some of the originating ideas about power, social work practice and the care system, to move the analysis beyond classic feminism and on to post modern theories, particularly the concepts of identity, practice and discipline. In some ways, the search for explanation follows the development of feminist theory into post-modernism, in that key ideas from the research were around diversity (viewing each woman's contribution as unique), the construction of meaning and power (how does theory, or at least *some* theory construct practice) and the enduring nature of differential powers, in social work practice, in wider society and in the research process. These issues motivated the original project and although the research process has refined them, they remain relevant and significant, in framing my understanding of the themes arising from the interviews. This chapter marks a shift from analysing the content of the interviews and developing the themes, to a stage of reflecting on the ideas they contain, while trying to stay 'true' to the women's accounts. In this way, it signifies a departure from the text of the interviews and toward the themes in themselves, as they are seen in contemporary thinking and practice.

Particular attention is, therefore, given here to social work practice in childcare, the theoretical frameworks that have underpinned the practice, and contributed to the ideological constructs of 'mother' and 'child'. This is the starting point in developing a theoretical understanding of the impact of being in care on the women in this study, one which can create new knowledge about the care system, without devaluing the knowledge and experiences of the women. Post-modern concepts have thus been used in a way that provides a better 'fit' with the research material.

Applying these ideas to social work or to women is not new and others, like Judith Butler (1990)¹ and Sandra Lee Bartky (1997)² have used post-modern concepts to expand our understanding of power,

gender and women's bodies. Both writers focus on the physical body as the locus for disciplinary practices, as Foucault³ defines them. Sandra Lee Bartky is interested in how 'feminine bodily discipline' renders women 'docile and compliant companions of men' through diet, exercise, body language and the cosmetics industry. Judith Butler seeks to examine how gendered behaviour is 'performative', where the presentation of the body can be seen as 'a signifying practice within a cultural field of gender hierarchy and compulsory heterosexuality'. Sandra Lee Bartky identifies her use of the concepts in defining what she calls the 'dual character of discipline' as, firstly, the institutionally bound imposition of discipline and secondly, 'internalisation' linked with the voluntary acquisition of skills which are practised. In her analysis, women become self-policing subjects and engage in the disciplinary project of femininity because it feels 'voluntary and natural' but is, in her view, the product of 'institutionalised heterosexuality'.

'In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: they stand perpetually before his gaze and under his judgement.' (Bartky, 1999: p.101)

Although the idea of a single gaze could be contestable, (a point which is discussed in the concluding section of this chapter), the way that behaviours can be 'owned', perceived as 'voluntary and natural' is crucial for understanding what is meant by identity: the way that disciplinary practices become naturalised, rather than internalised is the main topic of concern when the theme of 'identity' is discussed in the next chapter.

Historical and social context

In analysing the specific social and historical context which locates this group of women, significant events in the development of feminism, in child care practice and social work have already been highlighted, but in order to gain a more cohesive understanding, the convergence of a number of other events needs to be included. Sandra Lee Bartky (1997) describes '*individualism and heightened self-consciousness*' (p.95),⁴ as 'the hallmarks of modern times' and this particularly so in the seventies and eighties in this country. It was a time characterised on the one hand, by the election of the first UK woman prime minister, (Margaret Thatcher), providing something of a role model for other women and demonstrating that women could achieve high political status. On the other hand, Margaret Thatcher was also the woman who epitomised the cult of the 'individual' in her policies and in her statement that 'there is no such thing as society'.

At the same time, the women in this study witnessed the growth of women's liberation, accompanied by the introduction of more reliable forms of contraception, simpler divorce laws and an emerging equal opportunities agenda which promised freedom and choice in education and employment. The promise of 'individualism', the right to be whatever one chooses was an illusory one, however, since

access to the means 'to be yourself' was neither equal nor consistent. Contraception, the new 'pill' for example, was not widely available; its medicalisation⁵ and distribution through clinics and doctors limited its accessibility, as did the common policy of prescribing only to married women or those in relationships approved as 'stable'. Despite the efforts of the Women's Liberation Movement and the rhetoric of equal opportunities, better education and employment prospects were also not yet forthcoming for this generation of women, especially those who spent their childhood years in local authority care. Not only was access a major problem, but the changes failed to challenge prevailing ideologies, especially those around femininity and motherhood, supported and promoted as they were by the media and by the infiltration into the public domain of psychology, proffering advice on child development and good mothering. This group of women were caught in a time period where great changes were on the horizon and theoretically possible, but where the reality of controlling aspects of one's own life, e.g. work, finances, fertility, was much more difficult to achieve for some.

Opportunities to escape from the traditional gendered patterns and to redefine 'women' were slow to emerge, countered by 'new' knowledges in the fields of psychology and sociology, which were utilised to reinforce women's place in the domestic sphere and to discourage ambition outside the home. While society pronounced that women had freedom of choice, the media emphasised a whole range of idealised 'women', including the good mother, the 'feminine embodied woman' (as analysed by Sandra Lee Bartky) and the professional woman, among others. On the surface, the portrayal of 'different' sorts of women implied that women (all women) could make choices about their own personae, the ways in which they wanted to present themselves to the world. In actuality, not only was choice limited by material conditions but also by the false nature of these fantasy images, which proved to be as fictitious as any Disney cartoon. The effect was a constraining one for most women because the fantasy was, for all sorts of reasons, unachievable. In the lives of ordinary women (and no less so for growing teenagers as per the women in this study), the absence of real alternatives to challenge these prevailing images in the ever growing media, e.g. television, radio and an increasing market of women's magazines, the promise of freedom must have seemed an empty one. The images promoted by the media were set to become a form of escapism for some, away from everyday life, but were not perceived as opportunities for many women, linked as they were to wealth, class, education and careers.

*'As modern industrial societies change and as women themselves offer resistance to patriarchy, older forms of domination are eroded. But new forms arise, spread and become consolidated. Women are no longer required to be chaste or modest, to restrict their sphere of activity to the home, or even to realise their properly feminine destiny in maternity' (Bartky, 1997: p.107)*⁶

For many women of this generation, the opportunity to knowingly 'offer resistance to patriarchy' was not an option or a priority. Those who were privileged in their access to this particular discourse, who

knew about patriarchy and its influence on their lives, were not the majority of women, who were trying, as best they could, to get on with their lives. The notion of 'false consciousness' developed by some in the feminist movement, is inadequate in explaining the paradox here of opportunities but not choices.

'We also feel that the terms 'false consciousness' and 'feminist consciousness' imply a unity of experience which doesn't exist. Within each of these 'states' is an infinite variety of interpretation and understanding which is simply glossed over by using such terms. Stand in any local shop anywhere and listen to 'falsely conscious' women knowing and talking about the fact that they live in a man's world, and that they're badly done to. To call such women 'falsely conscious' is to write-off them and their awareness in a quite unjustifiable way. Feminists need to go back into the women's experiences and explore such complexities, not ignore them.' (Stanley and Wise, 1993: p.123)⁷

Sandra Lee Bartky's explanation, that all women have 'internalised the male gaze', falls into a similar trap in identifying a single dominant discourse in women's lives, (that of patriarchy) as represented by the 'panoptical male connoisseur'. In trying to communicate the meanings that the women have developed in the interviews it would be wrong to use patriarchy as the sole attribution, because it is an oversimplification that denies the complexity of their lives.

'The word 'feminist' refers directly only to one part of a person's identity – that based on sex and gender: her 'race', class, sexuality, age and ability are not covered by the term. Whilst some would argue that to be a feminist implicitly involves a commitment to liberation from all oppressive forces, the artificial separation of gendered identity and relations from other constructs has led to a situation where the most optimistic outcome at the level of both theoretical frameworks and practice is in effect the mere addition of other identities involved in unequal power dynamics.' (Nasir, 1996: p.18)⁸

The need to search for a more adequate explanation beyond (but not necessarily excluding) patriarchy is driven, therefore, by the need to identify the many competing discourses that have influenced the lives of these women. Therefore, the search for relevant theory which 'fits' begins with an exploration of the social work context, particularly, in child care.

Child care social work

The majority of women in this study came into care as children from 1963 onwards, leaving the system as late as 1979, so the period which we are focussing on is the sixties and seventies. This was a time of great change not only for women in the United Kingdom, as has already been mentioned previously, (see *Chapter 5: Feminist Perspectives*) but also for social work and the childcare system. This analysis has the benefit of hindsight in that the work and views of prominent experts in the field have been utilised to provide an interpretation of the events of this time. Most notably, I am

particularly grateful for the analysis provided in several older texts by researcher Jean Packman,⁹ for whom the study of child care in this country has proved to be a lifetime's work. Her studies provided well-balanced and wide-ranging reviews of the child care system, including details, such as in-care statistics that are no longer available or easily accessible. In spite of the widespread evidence of increases in the child care population in the seventies, attempts to gain an accurate statistical picture of the numbers of children in care during this time period through the Department of Health and other sources has proved exceedingly difficult. This was partly, because the United Kingdom statistics, which had been collected by the former Department of Health and Social Security and also the Home Office (which held responsibility for some residential provision) have been 'adapted' to provide separate statistics for England, Wales and Scotland in line with the devolution agenda. Barbara Kahan (1993) highlighted this very same problem when she reported that,

'Information is incomplete because statistics are not collected or they are collected in different forms and at different times in England, Scotland, Wales and Northern Ireland.' (Kahan, 1993, in Pugh (ed): p.238)¹⁰

These difficulties are further compounded by a neglect of procedures for recording of details about reasons for reception into care, the legal status and the lengths of time they spent in the care system. Listening to the women in this study confirms this lack of information: few of them knew what their legal status had been and, in the absence of clear explanation of the reasons for being (and perhaps more importantly staying) in care, they sought family and anecdotal versions of their histories. There is ample evidence of the interpretation and effects of this record-keeping on the women in the interviews: examples of this can be seen in previous chapters and in the next chapter, which focuses on the themes emerging from the research and is strongly led by the women's dialogue. It has to be said however, that the lack of accurate records does not prevent the women from feeling that they were watched and judged throughout. This feeling merely served to increase the women's sense of 'being seen' rather than detracting from it, because they cannot access the 'truth' about their own circumstances. They, nevertheless remain convinced that others 'know', because of the extent of data gathering and sharing which characterised their careers.

Jean Packman describes this time as one of '*benevolent maternalism*'¹¹ where the intervention of state services was not questioned or challenged in any way or by anyone. It was seen very much as an extension of the provisions for the care of deprived or abandoned children, set up by the state as part of the welfare system which came into being in the post-war years. The implementation of the Children Act 1948 led to the setting up of a unified child care service whose prime task was to:

'see that all deprived children have an upbringing likely to make them sound and happy citizens and that they have all the chances, educational and vocational, of making a good start in life that are open to children in normal homes' (Curtis Committee, 1946: para.435)¹².

This legal and social policy framework remained in operation, underpinning childcare work through to the sixties and beyond. Later legislation (The Children and Young Persons Acts, 1963 and 1969) was primarily concerned with addressing the needs and treatment of young offenders and of preventing the need for receiving and keeping children in care, rather than the care system itself. All of these factors shaped the childcare agencies and social services of the time when the women in this study were children and in its turn, the legal framework created the right climate for all this to take place.

A number of trends in the sixties and seventies influenced social work practice and in particular, the child care services that the women in this study experienced, which were unique to this particular period and therefore contributed to the contextual picture at that point in time. For example, in addition to growth of social work as a profession, the sixties were highly influenced by the emergence of psychology and sociology as bodies of knowledge informing policy and practice. D.W. Winnicott, John Bowlby and Michael Rutter were prominent in the child development field and gained both academic and general public attention throughout this period. The way that some theories and not others become dominant in terms of informing practice at the expense of others which are ignored, the way that some selected theories become part of the public domain and not others is a topic worthy of further consideration, as is the time-scales within which dominant theories operate. Why did Bowlby's theories about maternal separation gain such an important and influential place in this society? How is it that most women can actively converse about his theories but feel less informed about theories of patriarchy and oppression? The answers to these questions are not simple ones, but it is clear that dominant theories become ideologies, which assures widespread consumption, not just by academics and researchers, but by the public as a whole. Complex developmental theory is made accessible to the public through extensive public dissemination. In this distillation, the information it contains, becomes simpler (if not simplistic) in its presentation, and consequently, more difficult to critique, moving as it inevitably does, away from the original research findings and context.

'Central to the boundary between family privacy and state intervention is conformity to normative definitions of acceptable family organisation and relations which, although conducted by social workers, draw upon developmental psychology as an academic resource which then gets recycled into common-sense norms about what proper parenting and families are like'. (Burman, 1994: p.72)¹³

The concept of normality and abnormality was one of the major themes arising from the interviews

and gives a very personal and individual picture of the way that 'common sense norms' are used and the effect on the women's lives. Many tens of years have passed by since Bowlby's work and the context for his research has changed beyond recognition, yet there are still echoes of his influence at a practice and policy level in social work and in other public services. His work has helped to define the nature, qualities and expectations of the 'child', the 'family' and especially the 'mother' in modern day western society in ways which are unwarranted by the original research. His work has also been the subject of much criticism from a number of different directions, e.g. Rutter (1982)¹⁴ and Tizard (1991)¹⁵ and yet the ideas originated by his work still dominate the social work agenda.

The legislative and policy frameworks which structured and organised child care services in the 1960s and 1970s were the subject of substantial changes, more so than any period in their history in the United Kingdom, before or after this time. The majority of women in this study would probably have been received into care under the 1948 Children Act, which was instrumental in the establishment of Children's Departments in local authorities, for example, in response to the Curtis Committee Report (1946).¹⁶ This Act made the Home Office responsible for a 'new service' which was to simplify and unify the administrative structures which had hitherto managed child care, in its different settings, and which had included health, education and public assistance departments. Like much legislation relating to social work, and child care in particular, both the report and the new Act were reactions to tragedies in public care, and sought to bring about considerable improvement in the regulation and standards of child care. Children would enter the system by one of the two routes: the first, known as informal or 'voluntary' care and based loosely on the former Public Assistance Act, gave local authorities a 'duty to receive into its care any child under seventeen who was without proper care, through parental loss, abandonment, illness, incapacity or any other circumstances' where the parents agreed. The second route, formal or 'compulsory' care, could only be arranged following a court hearing, where a Fit Person Order would be made for children where it could be proved that the child was 'in need of care and protection, through neglect or cruelty on the part of parents... or through being in moral danger or truanting from school, or guilty of a serious offence'¹⁷, which meant that the child could be committed to care by a juvenile court. It is not possible to provide specific details about the routes into care that were used for the women in this study, but it would be true to say that although entry could be either way, the care was the same in that the same resources and practices were used for all children in local authority care.

In spite of this 'new legislation', the standard of care in residential establishments and in fostering continued to be a cause for concern from the time of its implementation through to the present day. Child development theorists like Bowlby and Winnicott had a huge influence on the policy of placing children in foster care rather than institutional care in the 1960s, but the growth in the numbers of foster carers could not keep pace with the numbers of children coming into care at this time and so

many children found themselves in children's homes, where their individual needs could often not be met. The new Children's Departments expanded rapidly in response to further legislation, which tried to divert children away from the care system by offering family support and alternative methods to tackle the growing problem of juvenile delinquency. The Children and Young Persons Act of 1963 aimed to provide services to families that would prevent the need for reception into care, and stated that:

'It shall be the duty of the local authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive into care or to keep them in care, or to bring children before a juvenile court; and any provisions made by a local authority under this section, may, if the local authority thinks fit, include provision in kind, or in exceptional circumstances, in cash.'

(Packman, 1975: p.67)¹⁸

This legislation expanded the work of the Children's Departments into preventative work which aimed to reduce the number of children in care, but, in fact, it made little impact on overall numbers and the aim, set out in the Curtis Report, to place more children in foster care (because it was considered better for them) was never achieved. Like many of the women in this study, children in care were placed in children's homes for long periods of time with little chance of finding a substitute family. Further legislation was enacted in 1969 (Children and Young Persons Act, 1969) but this too had little impact on the experience of those in care, as it focussed primarily on juvenile offenders and the need to divert them away from juvenile courts and also from custody and care. While this Act had no direct impact on children's care, the publication of the Seebohm Report in 1968 signalled one of the most important pieces of legislation so far, which was to lead to one of the biggest changes in service delivery that social work had ever experienced, namely, the reorganisation and integration of various local authority departments into the 'personal social services'. Child care officers joined the new group of generic social workers and found themselves dealing with a wider range of social need and while, in general, the changes to the service had been welcomed, criticism of the speed of change and the lack of transitional plans came from a variety of sources.

'The Local Authority Social Services Act was eventually passed and came into effect on 1 April 1975. In integrating previously separate local authority departments it followed the bare bones of the report faithfully, but it lacked most of its flesh. Recommendations about methods of work, forms of organisation, about research and intelligence requirements, about community involvement and -most importantly- about the need for more resources were untouched by legislation.' (Packman, 1975: p.162)

In spite of the major legislative and policy shifts in the wider context of child care social work, the practice in children's homes felt little impact until the late seventies, when the policy of placing children in foster care as a better alternative began to take effect, along with the policy (strongly promoted by the Home Office) of closing large children's homes in favour of smaller 'group homes'.

The intention of the legislative and policy framework outlined here, to stem the tide of children being cared for by local authorities, was never achieved, and as the figures attest, the numbers of children coming into care continue to rise throughout the 1960s and 1970s (*see Appendix 1 for Department of Health statistics*). The standards of care in many children's homes received little attention and remained poor, since the consistent emphasis throughout this period, was to work toward their closure and to reduce the in-care population. It is difficult to account for the growth in numbers in strict social policy terms, or on demographic grounds alone.

'...in the expansion of the in-care population during the 1970's for example - growth in provision cannot straightforwardly be related to changes in the amount of need, and explanations must be sought in the changing roles and practices of agencies rather than the changing nature of the client population. There does not seem to be very much to be gained from an attempt to relate the history of institutional care, control and education to variation in the amount of 'need' for such provision overall, in terms of poverty, ignorance, crime, sickness or abuse.' (Gooch, 1996: p.22)¹⁹

If the circumstances that the women in this study cannot be explained through an analysis of need, then perhaps the reason for this is to do with '*the roles and practices of agencies*' and in particular the role that gender plays in defining 'need' and the response of agencies to it. Social policy and specifically, social services, has been the focus of a variety of feminist critiques (*e.g. Ungerson, 1983*²⁰; *Hallett, 1989*²¹; *Hanmer and Statham, 1988*),²² which have been successful in bringing to wider attention the role women play as both users and providers of services to others.

In exploring the social work context of the time the women in this research were in care it has been helpful to identify the key policies and structures that governed the care system and to consider how the context might have impacted on their experiences. Analysis of the care system has provided some clues about the location of the care system and the women within it, but fails to encompass in a meaningful way, the diversity of their perceptions and experiences, to conceptualise adequately, about their lives as children and adults. The feminist analysis has been valuable in illuminating the role of women in the family and in understanding the construct of 'women' which operates in a welfare state, but here, as elsewhere, some feminist critiques fail to include the voices of the women and have often concentrated on the global focus, rather than on individual experience. This study has maintained a stance, throughout, of making theory fit the research findings and of searching for an appropriate conceptual framework, which will encompass the 'situatedness' of the women's experiences and here, postmodernist thinking, with its rejection of the grand narrative and of universalist theorising needs to be considered further. The next section moves the discussion further by exploring the way that 'women' 'mothers' and 'children' were constructed during this period.

Women, mothers and children

The birth of the Children's Rights Movement and the discovery (through radiology) of the 'battered baby syndrome', a term first used in the U.K. by Griffiths and Moynihan²³ in an article in the British Medical Journal, are events of the 1960s and 1970s which signalled the start of intense social and political activity taking place around the concept of the 'child'. This activity not only located the 'child' in a particular legal and moral position, with rights of its own outside the family, but also served to validate child care social work as an emerging professional arm of the state, and a distinct and separate discipline and set of disciplinary practices. In effect, this was to locate it as a central and leading profession in public services, to reinforce the power of state intervention into family life and to create a social working discourse about children and families. In one sense, the idea that the state exerted control through institutions (law courts, local authorities and other state agencies) over the bodies of children by removing them physically from their homes seems plausible. The law in the United Kingdom reflects the inequalities of our society, particularly when privileging the rights of men above those of women and children.

'It is hard to avoid in law the stereotypical image of women as the property of men, economically and emotionally dependent, with primary responsibility for child rearing. This is despite the reality of the experience of women, the majority of whom return to the labour market after having children, making vital contributions to the domestic economy and often not maintained at all.'
(Smart, 1990, cited in Braye and Preston-Shoot, 1997: p.38)²⁴

This hierarchy of importance (of men, women and children) has been challenged through law reform but the changes have tended to render the categories of women and children as interchangeable. Women continue to be infantilized by the law, having few rights outside of their links with men, which has resulted in even greater surveillance of the way they carry out their allotted roles as caregivers to men, children and other dependants. This is especially the case in health and social care, where child development activities and child care away from home has laid the responsibility for standards clearly on women, not men and not men and women. The development of child care services in the sixties was predicated on these ideologies and this is demonstrated tangibly in the interviews in this research.

*'In a social system where the validated norms are white, able-bodied, male, competent and responsible, negative images of deviations from these norms are powerful influences, both within the law itself and in the decision-making of those who implement it'. (Braye and Preston-Shoot, 1997: p.42)*²⁵

In terms of the women in this study, their 'deviation from the norm' (or that of their own mothers in 'failing' to parent) led to removal from home, often in a very traumatised state, and being taken to

children's homes. The experience confirms that not only have they failed to meet the 'norm' but have also entered that dualism which is normality versus abnormality, which was one of the main themes arising from analysis of the interviews. Patriarchy, as a conceptual tool, helps to explain the distribution of power in society across a binary, which is men/ women, where men have power and women do not. It does not however, address the issue of more subtle power differentials like those between women, or between men, for instance, where the inequality of power is created by class, 'race', sexuality or any of a number of other factors. In the case of this research, it is difficult to conceptualise the differences between women using feminist perspectives, to explain how being 'different' can be constructed as 'abnormal', as has been demonstrated in this project, whether the difference is situated with 'woman', 'mother' or 'child'. The evidence from this group of women would suggest that their experiences and the choices they make are dynamic ones, which move and change in response to the circumstances at any particular point in time. Gender is not the only oppressive factor for this group of women; lack of support, the feeling of being cut off from their families as children was held to be one of the most limiting of experiences, consequent to being in care. It can also be said that while the interviews appear to demonstrate a sense of wholeness and continuity over time, their actions can be seen at times as proactive and at others reactive and adaptive. This dynamism is a consequence of having to utilise the many disciplinary practices (which are also responsive to change) in order to remain inconspicuous: patriarchy is but one of the cultural markers which define the priority at any point in time.

To understand this as a case of 'false consciousness' or of 'internalisation' is an evasion in trying to understand the complexity of women's lives and in this case, of the women in this study. For women at this historical point in time, a whole range of images of 'woman' are presented, packaged by the media as accessible and positive. But the images are all incongruous with every day life, they are idealised, performative and subject to change in popularity, in fashion, one might say. Not only are these images fictional but they are also portrayed as aspirational: some images are held to be more valuable, more worthy than others and many are unattainable for material and other reasons for many women. Returning to the earlier comment about patriarchy, it may indeed have been possible to be, (despite the implied criticism) in Sandra Lee Bartky's words, '*chaste and modest*' and to '*realise their properly feminine destiny in maternity*'²⁶ (see p. 116) as well as to have a career and a professional identity, etc. Each of these practices is as false or as real as any other, in the sense that they are rule bound: there are specific ways of being chaste and modest, of demonstrating these qualities and these ways are historically and culturally specific, as are the ways of portraying professionalism or maternity.

Some of the responsibility for the production and perpetuation of this series of images has been laid by poststructural feminists firmly at the door of the ever-growing (in terms of power) media.

Correspondingly, the concept of patriarchy has been abandoned by some feminists, as a social theory, and replaced by an understanding that multiple discourses shape the identities of women through practice. Each discourse exerts a particular influence at different points in our lives and under different socially constructed conditions and we are each constantly juggling to be 'competent' at a multitude of disciplinary practices at the same time.

*'The material existence of women is seen to be borne through different, often competing discursive strategies which in naming, classifying or speaking the truth of women, also bring her into being. Power is conceptualised as highly dispersed rather than concentrated in identifiable places or groups'.
(Fenton, in Gamble, 1999: p.109)²⁷*

We not only struggle with media created versions of 'reality' but with another, perhaps even more important, phenomenon in everyday life: that of accommodating panopticism. Living in a 'state of permanent and conscious visibility' presents us with a need to make decisions about whether to 'be seen' or to seek inconspicuousness. Whether to adopt those disciplinary practices and identities which are deemed 'irregular' and therefore draw attention to the individual or to try to sink into the 'wallpaper' which might mean displaying those practices, engaging in those dominant discourses which render us less visible, even if the visibility is, as Foucault (1991) maintains, '*an automatic function of power*' (p.201). The ability to 'express oneself as an individual' is strongly countered by the panopticism of modern society, as individuals struggle to avoid 'being seen', to become inconspicuous in the face of constant change and the relentless disciplinary practices which shape both images and identities. Discourses and disciplinary practices are neither static nor universal, they are historically and socially specific, which is why it has been crucial to make sense of the specific context which was occupied by the women in this study.

Postmodern approaches

The culture of individualism and self-consciousness identified earlier resonates with the analysis of modern times provided by Foucault, where these characteristics demonstrate a shift in:

'...the mechanisms of power that frame the everyday lives of individuals; an adaptation and a refinement of the machinery that assumes responsibility for and places under surveillance their everyday behaviour, their identity, their activity, their apparently unimportant gestures; another policy for that multiplicity of bodies and forces that constitutes a population.' (Foucault, 1991: p.77)²⁸

Within Foucault's historical analysis there are a number of important characteristics of modern society which contribute or lead inexorably to the establishment of a new strategy for punishment, for the power to punish. In his view, the secularisation and commercialisation of modern society are

accompanied by the higher moral and judicial value attached to property and wealth. The powers to control and to punish are no longer invested in the Crown or the Church and modern day crime requires new ways of maintaining social order and punishing irregularities.

'...to make of the punishment and repression of illegalities a regular function, coextensive with society; not to punish less, but to punish better; to punish with an attenuated severity perhaps, but in order to punish with more universality and necessity; to insert the power to punish more deeply into the social body.'
(Foucault, 1991: p.82)

He found 'disciplinary practices', which were designed to control the physical movements of inmates and thereby produce 'docile bodies' (p.139). The disciplinary practices he identified, however, extend beyond the institutions and into everyday life, just as the carceral system extends beyond the prison. Foucault charts several changes over time, which are thematically important in arriving at the present strategy for the distribution of power that shapes the lives of individuals in modern day society. These themes include the concepts of training, supervision and observation and the resulting development of a body of knowledge based upon the observations of everyday behaviour, utilised as a 'scientific' way of identifying the normal from the deviant. All of these mechanisms can be identified to some extent throughout this study, but the most striking image, in terms of understanding the themes arising from the interviews with the women, is the metaphor of the Panopticon. Foucault's description of the design of this building is both visual and powerful, communicating as it does to the reader the symbolic nature of his interpretation of Bentham's architectural model as a representation of the changing power dynamics and distribution. In the following statement we see the real power of the Panopticon, as described by Foucault himself.

'But the Panopticon must not be understood as a dream building: it is the diagram of a mechanism of power reduced to its ideal form; its functioning, abstracted from any obstacle, resistance or friction, must be represented as a pure architectural and optical system: it is in fact a figure of political technology that may and must be detached from any specific use.'

'It is polyvalent in its applications; it serves to reform prisoners, but also to treat patients, to instruct schoolchildren, to confine the insane, to put beggars and idlers to work. It is a type of location of bodies in space, of distribution of individuals in relation to one another, of hierarchical organisation, of disposition of centres and channels of power, of definition of the instruments and modes of power, which can be implemented in hospitals, workshops, schools, prisons. Whenever one is dealing with a multiplicity of individuals on whom a task or a particular form of behaviour must be imposed, the panoptic schema may be used.'
(Foucault, 1991, p.205)

The concept of panopticism, of being watched and thereby modifying one's behaviour, makes it possible to relate the feelings expressed in the interviews of being 'different' with being watched and

observed, and wanting to be 'normal'. These have all been communicated in extracts given already in this thesis, but so far, a conceptual framework which reflects these feelings and tells us something also, about the 'mechanisms of power' that construct 'being in care', as one identity, to be practised and regulated in order to fit in, has proved elusive. Panopticism bridges the gap between context and the individual, where the care system is representative of the disciplinary regime which enables power to be invisible, vested in 'free choice', except free choice is the choice to be rendered less visible, to ourselves and others. The state of 'conscious and permanent visibility', created by the panoptical mechanisms of modern society, produces women who police their own behaviour, practice 'being' women, 'being' mothers and a variety of other identities and identifications, where the way of 'being' is dynamic and changes, according to the context and the disciplinary requirements of each context. The care system acts as a disciplinary regime, structuring behaviour and identities in order govern it, not through the making of laws and prescription but by making each individual responsible for their own actions and the consequences of them.

Foucault examined the modern day disciplinary practices, including the use of 'enclosure and partitioning' (the distribution of individuals in space), characteristically to be found in many institutions, which are in turn defined by the extent to which they are seen as separate and closed in upon themselves. The simplest and most obvious way to test this idea in relation to this research, is to examine the emergence of the children's home as a 'place of correction'. In Foucauldian terms, the removal of children from their families is synonymous with the mechanisms of 'enclosure and partitioning', of the segregation of children who needed protection and discipline in order to be turned into citizens. Foucault shows that there is historical evidence to support this and in researching the child care field of the sixties and seventies, it has been demonstrated that children were 'separated' from their families and segregated from society at large and particularly, what might be termed 'normal family life' during their formative years.

The historical development of children's services has many of the same characteristics of disciplinary power which were identified by Foucault in his genealogy of the prison. In this study he also accounts for the growth in 'corrective' institutions and of the creation of knowledge to shape the disciplinary techniques used to 'normalise' the behaviour, '*the conduct of the undisciplined*' (p.295). This '*policy of coercions*' was not confined to institutions however; since the very essence of this policy was that its influence should pervade and invade the whole of society. In the previous chapter, for example, it was demonstrated that the women in this study viewed reception into care as 'punishment', as the state exerting its power on them in response to poor parenting, but this conclusion does not go far enough.

What needs to be accounted for is the sense of intrusion, the record keeping, and the feeling of being watched and assessed which is portrayed in the interviews and which has been shown to influence how they feel about themselves, even into adult life. It is this aspect of being in care that links with Foucault's idea that observation is the mechanism that enables discipline to function as an invisible force. The observation and study of children in children's homes serves many functions in the new economy of power. It makes visible to all outside the everyday activities of those it watches, and it provides data for the development of new knowledges, which can be utilised to 'inform' the practices both in and outside institutions. According to Foucault, theories become pervasive when they become 'power-knowledges', that is, when they become the mechanisms by which discipline can be administered. Bowlby's work has thus become part of not only the disciplinary practice of child care, but also has the power to justify the surveillance and assessment of children and their families, and to perpetuate the power of the discipline to shape the behaviour and actions of individuals, outside the care system. The deeper into the public domain the theory is absorbed, the more powerful and individualised it becomes. The need for imposed discipline is transformed by the action of individuals becoming self-disciplining: the individual has thus no need for a professional to judge her performance or behaviour since they can now judge themselves.

'Disciplinary power, on the other hand, is exercised through its invisibility; at the same time it imposes on those whom it subjects a principle of compulsory visibility. In discipline, it is the subjects who have to be seen. Their visibility assures the hold of the power that is exercised over them. It is the fact of being constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection.'
(Foucault, 1991: p.186)

Observation, examination and data collection as practices, carry the power to control lives, but the power remains invisible. The mechanisms of power are contained in the very act of observing, in knowing that one is being observed and examined and that records are being kept. In the experience of the women in this study, this process, which began before they came into care continues throughout their adult lives and constructs their relationships with child care and other agencies and beyond. The feeling communicated by the women, that knowledge about them as individuals is 'public' and widespread, is consistent with Foucault's idea that individuals only have to believe that they are being observed and monitored for it to be an effective disciplinary practice: the idea itself is strong enough to control behaviour and to produce the panoptical effect.

'The judges of normality are everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements. The carceral network, in its compact or disseminated forms, with its systems of

insertion, distribution, surveillance, observation, has been the greatest support, in modern society, of the normalizing power. ' (Foucault, 1991: p.304)²⁹

The expansion in both the numbers of children coming into care and in children's homes during the seventies signals the emergence of what Foucault described as the '*carceral archipelago*', that is, a continuum of institutions and disciplinary practices which start with public assistance and proceeds to prisons, the aims of each progressing, from '*the correction of irregularities to the punishment of crime*' (1991:p.299). In analysing the child care system at the time, many of the characteristics identified by Foucault are made visible: the documenting of observed behaviour, the development of knowledge bases in psychology, sociology and child development, based upon observations and assessment, the physical and emotional separation and control of children are all elements of the care system which have been identified as significant in this research.

The application of these ideas therefore offers possibilities for understanding the '*mechanics of power*' that function in society and the care system and also the effects of disciplinary practices on the individual. The development of these disciplinary practices (social work practice) enabled individuals to be controlled while maintaining the source of the power, the anonymity of the state. The development of the welfare state in the United Kingdom, which promised to provide services from cradle to grave is exemplary of this continuum of disciplinary practices, which both serve as the resources for welfare in a civilised society and the mechanism for power over the social body. Panopticism provides a better 'fit' to the range of experiences encompassed in this research than the grand narrative of 'patriarchy', which gives an explanation of the context that women occupy but fails to explain why and how they occupy this place in society, in the unique and individual ways that have been demonstrated here. Panopticism also offers some hope of agency, albeit, speculatively, for this group of women, in that change and adaptation in the disciplinary rules which govern the practice of 'identities' is both inevitable, in order that governance can be maintained in a continuously changing world, and offers potential for changes which arise both from within each identity and in the intersections between identities. 'Being in care' is an identity which is prescribed and which needs to be practised, it is a site for disciplinary control, but it also competes in individuals with other identities, and the possibility for choice for the individual, is between competing identities and at the intersections between them. Morwenna Griffith's metaphor of the 'web of identity' is useful here in explaining how the self can, and indeed, does manage a multiplicity of identities, within the constraints and the possibility for change that social construction and the disciplinary practices shaped by it allow.

'The metaphor of a web can throw light on the idea of the self and its politics. It, too, is made of nearly invisible, very strong threads attached to the circumstances of its making and under the control of the maker. It,

too, is made to suit the purposes of its maker, but the circumstances of the making are not under her control. It, too, can be thought of as fragments in a conglomeration, or as a unitary whole; though whether it is a whole, or which whole it is depends on the viewer as much as on its own constitution. ' (Griffiths, 1995: p. 2)³⁰

Feminisms and postmodern ideas have had something of an uneasy alliance, with some feminist scholars being wary of the loss of the grand narrative to explain women's oppression and the erasure, therefore, of the category 'women'. Others have been concerned that postmodernism could signal the abandonment of the feminist political project. Linda Nicholson (1990) provides a detailed exploration of the links and overlaps between post modernism and feminism, as well as looking at the potential pitfalls that might be anticipated. Her book includes contributions from feminist writers who have adopted postmodernist ideas and also from those who have rejected them.

In this project the move from feminist ideas to post modernism has not felt like a change in direction, it has been more of a progression, where the findings from the interviews and the themes which have emerged from the data analysis have driven the search for an adequate conceptual framework. The initial ethical and methodological concerns were resolved by feminist thinking and have not needed to be replaced or abandoned throughout this project, because they continue to be sound ways of organising the research process and have also informed my own understanding of knowledge and knowledge making. The centrality of experience to knowledge finds resonance in both feminist thought and in postmodernism, and this has also been a major force in directing this research, as has the need for reflection and reflexivity in the researcher. There are no simple, straight forward conclusions to be drawn from this piece of research, as the project has grown in both scale and direction since its inception years ago and I have also not remained the same. The final chapter is an attempt to summarise this experience and to draw conclusions about the research process and about the implications for social work practice. It should not be viewed, though, as the definitive article that includes everything that could possibly be said, because the learning continues as time goes on and in some ways, will never be finished.

Chapter 7: Conclusions.

General summary

This final chapter summarises the main conclusions to be drawn from this research project and includes thoughts and ideas about my own learning from engaging in research, as well as considering the findings and their implications for social work and research practice. It is intended to cover the main points from my own personal perspective, at this specific point in the research process and is, therefore, a 'situated' view, which highlights the priorities as they appear to me at this point in time. It is intended to reflect the 'doing' as well as the outcomes of the research because both have been instrumental to the learning process and to development of ideas that this project has initiated. This chapter will, therefore include areas where I think further work is, in my opinion, either valuable, possible or necessary.

This leads, perhaps to the first general conclusion to be drawn from this piece of work, which is that the thesis as it is presented here, represents only a small part of the work that has been generated by the project and the thinking it has inspired. Contrary to my prior expectations, I am now aware that research can have an immense impact on the researcher and that the development of ideas, the revealing of 'further implications' continues for a long time after the so-called 'end' of the project. This has in itself created enormous difficulties for writing up the project because everything that is heard, read, seen or thought, has relevance to the project and to the conclusions which might be drawn. The concluding stage can be described as trying to capture the image shown in a kaleidoscope, where the very act of trying to fix it causes it to change and shift. What follows is therefore, an attempt to share the view before it changes or grows yet again, recognising that this project will continue in my mind, if not in this written thesis, for some time to come.

The main conclusion to be drawn is about the impact of being in care on this group of women, who were also, and not only, mothers. This follows closely the originating research question, albeit, refined and developed by the research process and significantly, by the pilot study, which radically changed the way that parenting had been constructed in the original proposal. The main finding, briefly put, is that the experience of 'being in care' influences how the women perceive themselves as whole people, because an identity and point of identification is created. The identity, 'being in care' has no name, unlike other identities, but is nevertheless political, in the same way that gender, sexuality, 'race' and class are political: that is, 'being in care' can be a mode of oppression, a controlling and defining mechanism because it strikes at the heart of the self. Identifying this main theme would not have been possible through using the original methodology and methods, because the focus was clearly directed at parenting, at 'being a mother' as a single category. It treated mothering as only an aspect of the 'self', which assumed that identities could be regarded as separate,

distinct and independent of one another, and moreover, assumed that these other parts were irrelevant. Allowing the women to determine the focus, by giving them the freedom to talk about what was relevant for them, meant they responded, not with just parts of themselves, but as whole persons. Each woman had a personal account to share about her experience and respecting the uniqueness and differences in these accounts (and the women) made data analysis a difficult and arduous process, concerned as it was, with finding commonalities, and not differences. However, certain ideas were communicated in the interviews, as important in their everyday experience, even though the presentation and way of ordering them might have differed from one woman to another, and from this themes began to emerge, where there was some convergence of experience and views from the women.

The identification of the themes also gave some clues about the '*mechanisms of power*'¹ how the practices of the care system led to the women feeling 'different' as girls and women, as mothers and persons through defining normality and subjecting them as children to processes such as observation, 'being watched', being recorded and measured, and being rendered not only conspicuous in the eyes of society but also self-conscious. The work of feminist writers, including Griffiths (1995)², Hekman (2000)³ and Stanley and Wise (1993)⁴ and their concept of 'fractured foundationalism', supported the women's view that the 'self' is indeed, alive and well, and contrary to post modernist thinking, not 'under erasure'. Feminist ideas had also helped to critique the methodology and the methods used in the pilot study, and consequently, to inform the structure and ethical stance for the main set of interviews, which allowed the themes to emerge. The application of feminist theories to try to explain this combination of findings, however proved not only inadequate in terms of framing the women's experience, but also on ethical and methodological grounds. This deserves further discussion (see later in this chapter) because of the decision to look beyond feminisms for possible explanation, and because of the conflicts it created for me, the researcher, about 'theorising' the women's experience.

The search for theory which would bring some coherence to thinking about the way the themes were linked together, which would reflect the seamless way that the women had talked about them in the interviews, thus moved away from feminism. There were difficulties in finding a perspective which would allow for the uniqueness of the individual while at the same time reveal how these themes functioned or were a function of the society we live in and experience every day. Patriarchy explains the structural oppression of women in a male dominated society but takes no account of how multiple oppressions work together, or how other parts of 'women' are constructed in society, except in relation to men. Many feminists (see Bordo, 1990) have argued against this 'grand narrative' and for a more inclusive view:

'These proposals for a more adequate approaches to identity begin from the invaluable insight that gender forms only one axis of a complex, heterogeneous construction, constantly interpenetrating, in historically specific ways, with multiple other axes of identity'. (Bordo, 1990: p.139)⁵

The notion of synthesis was also of crucial importance in many ways, although it could not be described as a theme emerging from the data, but arising from the interviews in terms of process, how the women used the interview situation not just as an opportunity to impart information, but also to synthesise their experiences, to bring it together, to make connections between them. There is of course, the other meaning of synthesis, as making something, and of the association between 'synthetic' and artificial, 'man-made'. In the case of this research the creative use of the interviews needed to be protected and respected, by finding a conceptual framework which would support their contribution and not turn it into something 'artificial'. Ironically, while postmodernist thinking could not support the women's perspective on the 'self' and identity, other ideas provided a better 'fit' to the themes. The ideas also respected the individuality of the women who were interviewed and included an acceptance that there could be no one 'overarching' theory which would frame or explain the women's experiences and therefore, the context they had occupied, their 'situatedness' needed to be examined more closely. This led to an exploration of the child care system, Foucault's analysis of modern day society and its techniques for control, and a consideration of the relevance of feminism, as an academic discipline and a political project, to the lives of this group of women.

This leads to the next general conclusion to be drawn: what is expressed in this thesis about the view that the women had of the feminist project, in all its forms, is an interpretation, in some ways an assertion with little foundation in terms of 'real' evidence from the women. The analysis given is based on my understanding of the accessibility of feminism to women at this point in time, supported by its omission in the interviews. This is a cause for concern for me, constituting as it does, an apparent departure from the previous stance of not 'putting words into their mouths' but, in my defence, its purpose was to justify using feminism as the basis for this project and to resolve the uncomfortable issue of whether it was 'ethical' to impose a theoretical framework on the women that was not 'owned' by them, or me, for that matter. This dilemma remains unresolved to some extent, because, *any* theoretical framework, can be seen to be an imposition on their experience.

I remain convinced that feminist thinking which gives priority to women's experience, (as different to men's), to the idea that the knowledge they have is theirs, and because it is based on experience this takes precedence over theory and theorising, but remain unclear about the boundary between experience and the creation of knowledge. It is my assertion still, that any learning from this project, for the women, for me, or others, has been grounded in *their* 'knowledge' and no one else's, since they are the ones who have experienced being in care, in the context of their own unique lives. The

tension between knowledge and experience has been evident from the start of this thesis and is an area that would benefit from further consideration. Maintaining the tension, and not allowing it to be overlooked, to be side stepped, has helped to keep the project and especially the data analysis, centred on their experiences as revealed in the interviews, and not allow the theorising to become an 'added extra', a bonus that puts the women in second place. This is another area where, unfortunately, feminist literature has proved unhelpful, embracing as it does within its academic ranks, a range of epistemological and ontological positions and contestations, wrapped up in a language divorced from the lives of women and understood only by 'feminists' in the academy.

If, as Stanley and Wise (2000)⁶ have recently recommended, there is to be a debate 'from below' about feminist theory, much work will need to be done to make feminist thinking accessible, not just to other theorists, or even to other feminists, but to women: all sorts of women. This project has, for me, highlighted a number of questions in relation to feminism as a political project, as an academic discipline and as a philosophy, as practice. For instance, what is a 'feminist' (does using feminist theory as in this project, make me a 'feminist'? I think not). Should academic scholars who are not feminists be using feminist theories? Can we apply these theories to women who do not call themselves 'feminists' and if we draw any conclusions, having done so, are they feminist ones? It has been a paradox of this research that in 'keeping faith' with the women has meant rejecting theory which has proved inadequate and the discovery of theoretical 'vacuums' where feminism has nothing really to add to the debate, but where the themes have emerged from a distinctly 'feminist' methodology. If feminism can no longer speak to different 'women' who does it speak to? The words of Stanley and Wise (2000)⁷ again, put this succinctly:

'If mass sexual terrorism, genocide, vastly increased patterns of economic, familial and other subservience, and continent-wide disappropriation in the lives of millions of women worldwide are not central topics for feminist theory, then 'something is amiss in the state of feminism' which needs to be confronted'. (Stanley and Wise, 2000: p.270)

The next section in this chapter considers the implications arising from this research for social work practice and highlights some of the changes which have been made since the 1960s and 1970s to policy and practice in working with Looked After Children.

Implications for social work practice.

There are a number of issues in relation to current social work practice which would benefit from further consideration, in the light of the findings from this project, including the professionalisation of care, the relationship between research, theory and practice and child care practice. The difficulties of generalizing from a project of this nature notwithstanding, one of its originating purposes, especially

considering the identities and the concerns that the researcher brought to bear on it, was to learn from the first-hand experience of women who had been in care what it was like and from this reflect on current practice and where possible, make suggestions for improving practice. Drawing some conclusions about these areas is therefore, a first step and most will need further, fuller enquiry before definitive action can be contemplated. These considerations are intended to be the beginning of debate on those issues that this project has identified and not a final and absolute statement, which would be impossible in these circumstances.

The child care system provided the context for this research and it is within this field, particularly the residential care of children where, although there has been considerable change in both the care and the constituency of this group of children and young people, practice has continued to be a cause for concern, evidenced by the number of reviews, abuse enquiries and changes in regulation over the past thirty or so years. Kahan (1994)⁸ provides a more detailed analysis than is possible within the constraints of this thesis. In addition, the child care system has been shaped by a number of major legislative changes which include the Children Act 1989 and the United Nations Convention on the Rights of the Child (ratified, with reservations, in the U.K. 1991). There have also been a number of research reports about residential care which have influenced the legislative framework, or led to policy and procedural changes in the care of children and young people. It is beyond the scope of this thesis (although it would, undoubtedly be a valuable contribution to the literature in child care) to give a comprehensive history of the child care system to date, or to consider the influence of each of the reports, inquiries and research projects on the quality of care provided for children and young people in care. There are, however, a number of trends which can be identified as important, in relation to the themes in this research. The exposure of abusive practices (e.g. Wagner, 1988⁹: 'Pindown', 1991¹⁰) within residential care has brought the existence and plight of this group of people to the attention of the wider population and to the media, as well as to central government. This has meant that the general public, who formerly had little direct awareness of the issues involved, have both contributed to the ongoing debates, and have raised the status of this group through demanding public accountability. Another trend, although not directly attributable to the aforementioned events and reports, has been the growth in both numbers and power of users groups like NAYPIC (*National Association of Young People in Care*), and the increased commitment to consulting these groups about policy and practice. Both of these trends have led to improvements in standards of practice and in enabling the voices of those in care to be heard and listened to. The Children Act 1989 enshrines this principle, according to Kahan (1994):

'Within a general framework of parental responsibility, the Children Act 1989 gives children and young people who are looked after by a local authority have a right to have their wishes and feelings considered and taken into account when plans are being made for their future. The principle that children and

young people have a right to be listened to can, and should, be extended to every residential setting and should include everyday life as well as plans and reviews.’ Kahan, 1994: p.65) ¹¹

This step has to be applauded, not just from the perspective of empowering individuals, but also in terms of recognising that children were not being listened to before and that without regulation and guidance from the relevant government departments, it was unlikely to happen. This research has shown examples of the powerlessness felt by those in care and the effects of this on an individual's sense of self. The commitment to listening includes an implicit recognition of this and also to the fact that children and young people are individuals with their own opinions, views and unique perspectives, which is also strongly reflected by this research. The question to be posed, however, is whether this extends far enough, to counter the effects of 'being in care' described in this research. Again, further work in this is necessary, although the Department of Health, in recognising the disadvantage posed by being in care, in terms of health, education and employment and other areas has produced both guidance and materials to monitor these aspects. In addition, local authorities have been required to set up targets for improvement in educational attainment and access to further and higher education, better health and development outcomes, among others, for children in care. While again, this represents an improvement in the circumstances for this group of people, its effects are being judged in terms of 'outcomes', that is, results for whole populations, and on aspects of the individual, e.g. health, rather than whole people.

The significant activity outlined here is a demonstration of another phenomenon which was an important theme arising from this research, namely, the professionalisation of care, a subject which has been at the centre of much attention, especially as a feminist issue. While feminist research has done much to highlight the gender implications of caring in families and in the community, paid and unpaid, (e.g. Ungerson, 1985¹²; Ann Davis, 1996¹³; Finch and Groves, 1980¹⁴) this research has identified the professionalisation of care as an issue because of the effects of professionalisation on relationships and day to day living. The women in this research perceived the staff as distant, concerned with maintaining the children and meeting physical needs, but there is little portrayed about the staff being able or available to respond emotionally. There are examples where the women show understanding of the 'job', its demands and the difficulties of staff having separate lives (and often, families) 'outside' the residential units. This prevents the development of what has been identified from the research as a need for reciprocity, for relationships to be reciprocal, for children to feel a sense of belonging and value and for staff to be able to facilitate this. Unfortunately, for many of the women in this study, this experience was lacking and it could be speculated that the professionalisation of these roles, with the emphasis on training and education in child development, psychological theories and on procedures has in some way, directed staff away from being close, from

forming the sorts of relationships that the women would have liked. Joan Orme points out that being cared for, in general, is not always a positive experience in itself:

Examining the changes brought about by the marketisation of the welfare state, and the arrangements for community care that have reduced care to a commodity, has highlighted that care can be reduced to a form of technical surveillance, whoever provides it. Finally, care can be oppressive because of the denial of reciprocity of the caring relationship, whoever provides it. At its worst, caring requires a passive subject, someone who is prepared to be cared for, and in this sense, the feminine ethic of care can be just as oppressive as the rational ethic of justice.' (Orme, 200: p.123)¹⁵

Of course, the incidence of abusive relationships and practices has also had an impact on 'professional' behaviour, in that procedures and practices are now centred around trying to draw boundaries between healthy and unhealthy contact, providing approved methods of restraint and in the protection of staff, as well as children, in group living circumstances. Again, further work on the impact of the professionalisation of residential care, to test out these speculations would be of great value to both those children and young people in the care system, and also staff and managers.

The professionalisation of social work has been supported by the development of a body of knowledge and theory to inform practice as well as the production of ethics and values that have paved the way for anti-oppressive and anti-racist practice. The final conclusion in this section concerns what has been learned from this project about the need for research, for a review of theory and the links between practice, research and theory. Social work practice is informed by a wide variety of theories, from a number of different, sometimes competing disciplinary perspectives, where the choice of theories and methods is often dictated by the particular role of the social worker, the agencies they work in and the legislative and policy frameworks that shape service delivery. Child care work thus tends to be dominated by psychological theories, at the expense of others, as would be mental health work (psychiatry), and this research poses two questions in terms of social work theory: are the theories which inform practice relevant and based upon recent, relevant research? Secondly, can social work theories and methods benefit from a postmodern perspective, which would not only question the validity of some of the meta-theory which informs practice and policy in social work? This research has highlighted the way that theory can be viewed as a disciplinary mechanism, leading to the creation of 'self-policing' individuals (or 'self-determined service-users') and the relationship between observation and surveillance as methods of social control, exerted not over a group, but over each individual.

I would argue that social work should develop its own body of theory, using its ethical framework to frame research and to test existing theory and that social work practitioners would bring a variety of

useful skills and attributes to this process. Although social work research has always been a presence, it has largely been confined to academics in universities where the funding for such research is forthcoming, and has not been practitioner-led or user-led. Social work research has contributed to the development of research strategies in other disciplines, but has never been able to carry out research on the same scale as other social sciences disciplines. For this reason, as well as for ethical ones, it makes sense for practitioners and also for service-users to be seen as part of its research community. My own learning from this project has caused me to question not only social work practice in the wider sense, but also my own past practice and importantly, the content and value of my teaching in social work, which is integral to my role as a Senior Lecturer in a university delivering social work courses. It has made me question the usefulness and validity of much of the material which informs my teaching and the knowledge-claims within some of this material. There is however another dilemma for social work educators and that is to do with the pragmatic task of equipping new social workers with the skills, knowledge and values they need to provide good services in an increasingly complex and also fragmented profession. Susan White (1997)¹⁶ acknowledges a similar issue when she talks about theoretical constructions in social work. She advocates the following strategy:

‘This does not mean that these constructions have to be rejected wholesale, simply that workers should be explicitly aware of the need to consider the consequences of their analyses and formulations...’
(White, 1997: p.748)

While the experience of becoming ‘ungrounded’ in my own thinking has been a valuable one, in terms of this research, and has allowed me to interrogate my own situatedness, social work also needs to be informed in its practice and reflective in the way it utilises theory and knowledges (including its own) to set the parameters of its professional identity.

Practitioner research would not only broaden the workforce engaged in research and so increase our capacity to sustain our own body of knowledge, but it would be a body of knowledge based on the experience, of service-users and practitioners, rather than theory as ‘abstractions, abstractly related’.¹⁷ The perspective that social work can bring to research to inform its practice is indeed, a valuable one but it needs to be declared and included in the way that I have tried to be aware, in this research, of the way that my various identities, as a social worker, woman, mother, have influenced the research process. Improving our research strategy will improve practice and will counter the current drive in social work to find out ‘what works?’ The need for research and for more effective ways of working has led to the promotion by central government of a particular research model, ‘evidence-based research’,¹⁸ which is positivist, ‘objective’, ‘reliable’ and ‘valid’. My experience in this research would challenge these assertions and also the need for such prescription and restriction in methods and methodologies. Susan White (1997) argues that social workers should be reflective practitioners,

aware of the ‘*dominant professional constructions influencing practice*’ and that the research should reflect the interpretive nature of the work they undertake. Evidence-based research offers little opportunity to challenge the hierarchy of knowledge that informs social work, or to examine the subjective experiences of those on the ‘receiving end’, in anything but a superficial manner, as pivotal to its defining of ‘what works’ is the assumption that some social work methods are difficult to measure and should therefore be excluded from evaluation.

Research is necessary for social work so that we can have faith in the theories and methods we espouse, and in order that the voices of those we work with can be listened to, as experts in their own right. The current repertoire of methods and theories would benefit from further analysis and review, plotting their genealogy as well as their utility. Practitioners need to see research as integral to their professional activities, since they are mutually beneficial activities and new theories should be created from authentic knowledge, not the view from a distance of the ‘expert’ theorist or academic. Theories based on such thinking have been, by implication, strongly criticised on ethical and methodological grounds. This research emphasises the value of experience for social work practice, as a practitioner and a service-user and points out that we are never just a service-user or a practitioner, or a researcher: we all manage a range of identities in the course of our daily lives.

Implications for research practice

The interconnectedness of research and practice in social work has already been reflected upon, in the previous section and so, in this section I shall concentrate, finally and briefly, on the implications, based on my experience of completing this research, for research practice. This final contribution to the thesis is, therefore, a personal view of my experience in this research and is not intended to make generalising claims about all of research practice, it is more a final reflection at the end of a learning curve. This has much in common with Maxine Birch’s idea of ‘being here’ where she describes her position as a writer preparing the thesis in the following way:

So here I tell of my journey into this research process, from the theoretical exploration at the outset, going there, and the participation in the field, being there, to the final stages of data analysis and writing up, being here. I argue that this final stage of ‘being here’ becomes a personal, private space even though I seek to create a more publicly acceptable story for my sociological audience.’
(Birch, 1998: p.172)¹⁹

My involvement in research was, initially, triggered by curiosity, by questions that could not be answered from my experience and knowledge and therefore, would require the involvement others in a process of seeking those answers. There was much I did not know then, about the process of research, that I later found out by making mistakes (sometimes big ones – the pilot study, for

example) or that could only be learned by experience, through doing research and being open to whatever might happen. In reflecting back on this particular research experience, there are several conclusions to be drawn which may have implications for others engaging in research or for my own future research practice.

The first of the conclusions I want to put forward here, is that the research has not been a static activity, by which, I mean that each stage has been dependent on the last, and has influenced the next. The change in direction following the pilot interviews, was initiated by my personal concern for the participants, who displayed their fears and anxieties about the research and its purpose and which I needed to respond to. The identification of the themes is yet another example, because it demanded a better understanding from me of the themes and therefore led to further reading and reflection. This research has been a developmental process, which has steadily built up momentum and my learning, as I have proceeded, has influenced what I have done. It is my hope that this developmental aspect has been communicated in this thesis, in spite of the constraints around structure and prioritising the information it contains. Arising from involvement in this changing landscape, which is the research process is the need for vigilance, the need to check back to the aims of the project and the ethical and methodological framework and where necessary, to re-work it, in the light of the new circumstance, as was required in this project on several occasions, including the data analysis stage, where it was necessary to re-state that the women's knowledge, as communicated in the interviews, was to be the priority and that the use of life story, psychological constructs and other tools was the 'social worker' assessing, and not a researcher. This process of reflecting, of self- analysis, has also been a key feature in the research process in order to include those aspects in analysis that were my responses and my actions, rather than those of the women.

If we contest the so-called 'scientific objectivity' view of research by choosing to undertake, as in this instance, a qualitative study which focuses on the meanings that individuals construct to explain or understand their lived experience, then our own understanding, or construction of those meanings becomes part of the data to be interpreted and analysed, and that requires reflexivity:

'G.H.Mead (1962) described reflexivity as a turning-back of one's experience upon oneself. ...We are talking about a circular process, in which reflexivity is the guiding relationship allowing for circularity. This looping back may...unfold as a spiralling, if we allow for multiple perspectives, and acknowledge that the 'same self' may be different as a result of its own self-pointing. '(Steier, 1991: p.2)

In some ways, reflexivity is one of the abilities that social workers develop and can take, almost without realising it, into the research process. It is then often confused with lack of 'objectivity' or detachment, when in fact, detachment and objectivity, even if they were definable and achievable,

have no place in this type of research, or in any kind of research which aims to find out what others think, feel and experience. Reflexivity is what enables me to identify which aspect of my self is interacting with the research, or the research participants, to pick out those times when the social worker in me is operating. It is also that which tells me that there is no separate me, outside of these identities, since this is the way my 'self' is also constructed.

This dynamic quality in research was not anticipated at the start of this project, since I had at first, assumed that the women would be strangers to me, and vice versa, and that somehow that would make the interview process a static one, starting afresh with each new interview. But the women did not feel like strangers, and each interview, although different to the others provided evidence and learning that was taken by me into the next. The interviews were an interactive part of the research, not a one-way traffic in information, because they were busily 'making sense' of me, working out whether I could be trusted, for instance, with sensitive information, what 'sort' of woman I was, bringing these meanings to the interview and the research process.

I also did not anticipate the women having an impact on me, the researcher, and was taken by surprise to find that I liked them, admired them and in some ways, looked up to them, in valuing the sharing of their expertise about the care system and their knowledge with me. This point was demonstrated when I started to write up this thesis, and realised how protective I had become about them. Writing up the thesis involved putting their words and feelings on paper, where, even though their identities were secure, they would nevertheless be exposed to others, not just me, when I had assured them of confidentiality. Striking a balance between valuing their contribution and wanting it to be heard by a wider audience was a difficult issue for me, until I decided that they had committed themselves to the research process in order to be 'heard', collectively and as individuals, and I therefore had a duty to put these feelings in perspective.

Completing this research has provided convincing evidence that getting the methodology right and consequently, the methods, is crucial to a successful outcome and process. In this case, the methodology was not thought through sufficiently in the initial stages to prevent the methods from becoming ethically flawed and therefore, unsuitable. The methodology for the main part of the study was researched much more carefully, to provide congruence with the research questions and to enable the women to be full participants in the research enterprise. Their knowledge has stayed with them, and I have tried to avoid making claims on their behalf and to let their accounts be heard, through all the tensions and the doubts experienced on the way. Their contribution, their knowledge and the generosity they showed in participating in this project should be acknowledged here: the doubts and tensions, were always mine, not theirs.

I would like to make some final comments about the ‘messiness’ of the research process: an issue often not revealed in the writing up stage or in the final thesis, but nevertheless, and important aspect and one which needs to be recognised and not hidden from view. My experience of engaging in research with people has consistently challenged the impression, given in many of the texts on methods, that research can be organised and carried out in a logical and ‘sanitised’ manner (there are echoes here of Oakley’s notion of ‘hygienic’ research, see Oakley, 1981²⁰ in Roberts [1995]) and that this process is reflected in the traditional mode of presenting research in theses or dissertations. I have grown to realise that this ‘messiness’ is unrelated to the quality or validity of the final research, in fact, the tension between producing a neat and clean thesis and viewing research as a journey of discovery and exploration can potentially lead to an avoidance of risk-taking, of shaping data to ‘fit’ conceptual and methodological frameworks and of ignoring data which conflicts with the general direction of the thesis. Research is not *‘like it is presented and prescribed in those texts. It is infinitely more complex, messy, various and much more interesting.’*, as Bell and Newby (eds.)(1978)²¹ admit, and as researchers in social work our writing and discussions need to reflect this reality, if we are to make use of research to improve practice and services.

There are many reasons and explanations for the ‘messiness’ of research, some of which I would like to explore further here with suggestions for future practice, based on my experiences in completing this particular study. Firstly, as has been pointed out in a previous chapter, most social work research fits within the boundaries of what has come to be known as ‘sensitive topics’, which have been defined as such because of the potential consequences of and for research, for participants and researchers alike:

‘A sensitive topic is one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or researched the collection, holding, and/or dissemination of research data.’ (Renzetti and Lee, 1993: p.4)

Social work research involving oppressed groups is sensitive for many other reasons than these, because research gives them some power to ‘answer back’, to be critical about services and relationships and to present a perspective which may have been excluded or marginalised. This means that social work research is often not just a ‘sensitive topic’ needing to be handled with care, but also politically challenging and often unorthodox in its conclusions and process, since these are influenced by users and other stakeholders as well as researchers. This, in itself, can render research as ‘messy’, but it is a crucial value position which must be respected and implemented if the research is to have validity. However, messiness is not to be confused with sloppy or badly planned and executed research: the complexity of the agenda in social work research demands that research practice is well

implemented and also articulated and this is what feels 'messy' when trying to conduct research of this nature.

The subjects of research in social work are often complex and dynamic ones which can make the research process feel like an attempt to capture a moving target, take for example, the phenomenon of child abuse: is it a single event, a 'syndrome', a socially constructed phenomenon or a provable fact? How the topic is perceived has bearing on its complexity and the methods directed at its study, on the interpretation of any findings and importantly, on the way it might be disseminated. Researchers need to be sensitive and anticipate the impact of research findings for the group involved and for future policy. The difficulty here, is that good research often produces the unpredictable and sometimes the unpalatable and can be threatening not just for researchers and the researched but also for politicians, policy makers and others with the power to create (or to block) change.

'Social phenomena lack the underlying regularities and orderliness of physical and biological phenomena (Popper, 1968). It is virtually impossible to specify the necessary and sufficient conditions for any human behavior using our current theories and methods: and even if it were possible to fully control and shape human behavior, as in a physics experiment, it may be unethical to do so' (Bowser and Sieber, in Renzetti and Lee, 1993: p.163)²²

Finally, qualitative research shares with social work research and practice the need to be reflective and reflexive about the process engaged in and the subject matter. How much simpler and cleaner research would be if there was no requirement to site the researcher on the same critical plane as the researched, or to avoid the continuous monitoring of one's own interactions, thoughts and development! All of these and more are requirements for good research practice and also for the development, in my view, of good researchers and informed practitioners. The *raison d'être* for social work research is ultimately to change policy and practice and improve the quality of life for those we work with. This would be impossible without academic and ethical rigour and reflective practice. Research is an iterative and unfolding process which must be approached with a sense of adventure, a willingness to learn and a capacity to cope with the unknown and the unexpected. Anyone who wishes to 'do' unmessy research might be well advised to stick to those disciplines and topics that exclude human beings and issues of humanity.

Children in care/looked after by local authorities at 31 March, 1966-1999

England

Numbers and Percentages

Year ending 31 March	Total number of children in care/looked after at 31 March (=100%)	<u>Boarded out / fostered</u>		<u>Residential Accommodation</u>		<u>Others</u>	
		Numbers	Percentages	Numbers	Percentages	Numbers	Percentages
1966	65900	30200	46	23800	36	11900	18
1967	66200	33000	45	23600	37	12600	19
1968	66300	29500	44	24000	36	12700	19
1969	67200	29000	43	24900	37	13200	20
1970	68300	28900	42	25000	37	14200	21
1971	83700	29000	35	27200	32	27500	33
1972	86500	28500	33	27600	32	30400	35
1973	88800	28400	32	28300	32	32100	36
1974	91300	29400	32	37400	41	24500	27
1975	94200	30400	32	37600	40	26200	28
1976	95800	31500	33	38000	40	26300	27
1977	94600	32100	34	35400	37	27200	29
1978	95800	33200	35	34500	36	28100	29
1979	95100	34200	36	32900	35	28000	29
1980	95300	35200	37	32500	34	27600	29
1981	92300	35700	39	29800	32	26800	29
1982	88700	36900	42	26400	30	25400	29
1983	82200	36500	44	22100	27	23500	29
1984	74800	36100	48	18200	24	20600	28
1985	69600	35000	50	16300	23	18300	26
1986	67300	35100	52	15100	22	17100	25
1987	65800	35000	53	14500	22	16200	25
1988	64400	34900	54	13300	21	16100	25
1989	62100	34200	55	12000	19	16000	26
1990	60500	34500	57	11500	19	14500	24
1991	59800	34800	58	10600	18	14500	24
1992	55500	32400	58	8500	15	14600	26
1993	51600	31400	61	7500	15	12600	24
1994	49100	31300	64	6600	14	11200	23
1995	49500	32000	65	6300	13	11200	23
1996	50500	33000	65	5700	11	11800	23
1997	51100	33400	65	5600	11	12100	24
1998	53300	35000	66	5400	10	12900	24
1999	55300	36200	65	5300	10	13800	25

NOTES: All numbers of children have been rounded to the nearest hundred.

Figures for children looked after in this table exclude children accommodated under agreed series of short-term placements.

The "residential accommodation" category consists of children accommodated in community homes and voluntary homes & hostels.

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If these figures are quoted the source must be acknowledged.

CL/ Stats

Children in Care/Looked After by Local Authorities at 31 March, England, 1966 - 1999

Notes on table

1 Figures for the years 1966-1970 were collected under the provisions of the Children Act 1948; from 1971 to 1980 under the provisions of the Children and young Persons Act 1969; from 1981 to 1991 under the provisions of the Child Care Act 1980. Figures from 1992 onwards have been collected under the provisions of the Children Act 1989, which was implemented on 14 October 1991.

2 Figures published for the years 1966-1970 consisted of aggregated figures for children in both England and Wales. The figures in the attached table have been reached by removing estimates for Wales from the published totals.

3 The numbers of children in care increased significantly between 1970 and 1971. As a consequence of the implementation on 1 January 1971 of certain provisions of the Children and Young Persons Act 1969, the numbers of children in care following that date are not directly comparable with those of previous years. Under the relevant provisions:-

(a) the power of the court to commit to approved school or to the care of a fit person was replaced by a power to commit to the care of a local authority;

(b) the power of the court to commit to a remand home on remand was replaced by a power to remand to care or to commit to care under an interim care order; and

(c) all children and young persons under the age of 19 who on 1 January 1971 were subject to approved school orders or to supervision following release from approved school were from that date deemed to be subject to orders committing them to the care of a local authority.

4 Figures provided for residential accommodation consist of :

1966 - 1970: children in local authority children's homes, and voluntary homes;

1971 onwards: children in community homes, and voluntary homes and hostels.

5 Figures since 1991 exclude children looked after under an agreed series of short- term placements (recorded for the first time from 1991, and excluded from previous statistics).

TRANSCRIPT 1

Transcript of interview K6, taken during initial pilot stage

Introduction to interview

This interview was held in the family home of the interviewer at her request, and followed the basic structure given in Appendix 3: Questionnaire for mothers who have been in care.

Where the text is attributed to 'CL' the interviewer is speaking.

The name of the interviewee, and others, has been changed in the text, to protect the identities of those involved and to maintain confidentiality. Her speech is given in italics.

Interview

CL: So, are you okay about this? Are you ready to start?

Yes, it's fine. I'm not sure Ill be able to answer all the questions you left me but I'll have a bash at it.

CL: I've put your name and address down already to save time, but no one but me will see that bit. Its just so that I can tell which is which when I read through them all later. Is that okay with you?

Nods in agreement.

CL: Well, first part is about your children, how many have you got?

I've got three now with the baby, two boys and a girl.

CL: And you're married?

Yes.

CL: How long have you had a social worker? Must sound a bit of a silly question really, but its important for me to know.

I've had a social worker since we were kids, since we were in care.

CL: How long have you known this one?

She started coming after I went to tell the social I was pregnant again...must have been about a year ago now... and she came straight out to see me. Up till then I didn't have one all the time, only if there was like a problem or something.

CL: So, on and off, you've had contact with social services since you were a child, is that right?

Yeah, I've had lots of them over the years. Men and women.

CL: And why have you got one now?

She helps me sort out the money and stuff and you know... if the kids are getting to be a bit of a handful...she's sort of a friend...but she's also got a job to do.

CL: Do you get on with her well?

She's nice... she brought me a present in hospital when I had the baby...some chocolates and a dressing gown... she didn't have to...she just did. And if I ring the office she comes out to see me and she understands how hard it is.

CL: What did you mean about 'she's got a job to do'? What do you think her job is in relation to you?

Well, because I've been in care they keep an eye on you, don't they? You would know that, seeing as you was a social worker. I think they just keep visiting because of that really, but this one's understanding as well. You know her, don't you, Sheila her name is... she told me you used to work together in the same office or something.

CL: That's right, I used to work with Sheila when I was in Tunbridge Wells, but that's five years ago. I'm not a social worker any more.

When she asked me if it'd be alright, you know, you coming round to talk to me and that, I asked her about you 'cos I wanted to know why you were coming and she said that you were trying to find out about being in children's homes and that, I didn't think you'd want to know about now.

CL: Well. I suppose I'm interested in both really. Shall we go on to the next bit?

Nods in agreement.

CL: Can you tell me something about your time in care? You were in a children's home and then you went to a foster family, you told me, didn't you?

I don't remember telling you that. Maybe Sheila told you, or you might have read it in my file or something.

CL: I didn't read anybody's file. I'm more interested in how you see things.

But you could have if you'd wanted to 'cos you work for social services.

CL: Well, I didn't have any reason to and files are confidential so they are not just there for anyone to pick up and read. I think you told me yourself when I came last week to talk to you about my research and what I was trying to do. Do you remember?

I think so.

CL: Okay, are you happy about me asking you questions like this or would you rather do it another time?

No, its alright, I'm sorry, its just you never can be sure who will find out and people have asked me things before and then Ive got into bother 'cos my social worker didn't agree with what I'd said, even though she knew I was going to be asked questions.

CL: Well, I can tell you now that your social worker or anyone else for that matter won't see or hear what you've said to me and when its all done you can even have the tape back. Its your interview and when I write it up I'll change your name so that nobody will know who it is. Is that okay?

Yes, okay. But you can understand why I worry, can't you?

CL: Yes, I do. It must be very strange talking to someone you've never met before about things that are personal to you. I'm sure I would be just the same. But doing this research means that we can make things better for other people and what you have to say is really important. I wasn't in care as a child so I don't know what that feels like, I also don't know what its like to have children when you've been in care yourself. You can tell me things that no one else knows about but those who have been there. Its really important.

I know and I'm sorry, I suppose I'm just suspicious. So it won't get put on my file, then?

CL: No, why should it? It isn't anything to do with your social worker or social services, its between you and me. Now, what I'm really interested in finding out is what its like to be in care, what happened, why could you not stay with your family and all that stuff. Can you tell me about those things?

Where do you want me start? I was in care for a long time, I don't really remember being at home when I was little.

CL: How old were you when you left your family?

I think I was about two or three, not much more. There was four of us kids and I was next to the youngest. I've got two big brothers and a baby brother, he was only about three months old when we got took away... he went to a family though, cos he was so small and we went to Greyfields.

CL: Why did you go into care?

I don't really know. I think my mother got ill after she had Brian and she couldn't cope with us. That's what I think anyway.

CL: Was there anyone else who could have looked after you?

Well, I had an aunt, my mother's sister but she had kids of her own and anyway she lived in London. She couldn't have taken us on.

CL: What about your father?

(Laughs) Well, he's worse than useless even now. He was lorry driver and worked away a lot. I see more of him now than I ever did when I was a kid. But they split up, when I was about ten I think, and she's been on her own since then. No, there wasn't anywhere else we could've gone really.

CL: So, your mother had a new baby and she was ill and your father couldn't look after you. What happened then?

Don't remember exactly what happened 'cos I was too small but according to what everybody else says, she was taken into hospital and we had to go to Greyfields, my brothers and me, but not the little one, he went to a family and stayed with them until he left school. They tried to get us all fostered but no one wanted all of us...I think they thought we'd be a bit of a handful, three of us together.

CL: Did you all stay together?

Well, until they found a foster place for me. The two boys went to stay with a family miles away and I went to another when I started school.

CL: What was the children's home like?

It was a very big place... I remember somebody telling me it had about 40 kids, all sizes and all ages... somebody told me it'd been a hospital or a workhouse or something, before the council turned it into a home.

CL: What was it like to live there?

Well, the first thing was like you weren't allowed to stay in your family group. The first few nights I remember missing my brothers but girls and boys were in separate parts of the building and we only really came together at meal times and even then I had to sit with girls and they sat with boys their own years. I remember thinking later, that I would have settled a lot better if they'd let us stay together... the boys as well... but no... the place was run on like military rules... they were friendly but we had these routines and the whole day was divided up and organised. We were kept busy to keep us out of trouble I suppose.

CL: How long did you stay there?

I moved to the Longmans when I started school so I must have been in the home about two years, I think. I was the last to get moved, my brothers went off after about a year.

CL: Did you not see them when they moved? Did you ever get to visit them?

Not until later. When I got to stay with the Longmans, they would take me over to see them and their family brought them to see me but not in the children's home. It didn't really come up. They wrote a couple of letters that the staff read out to me and I kept, I've still got them even now, silly isn't it? But I really missed them. As if it wasn't bad enough to be missing my mum... my brothers were the only thing I could call my own and then they went away. It was good for them though, because they stayed together. They were almost like adopted, they were settled there and they both did well. My brother Jack's a builder and Brian's got a good job in the pub. Malcolm was a bit of a devil when he was young but he's fine now, settled with a family, lives just round the corner. We meet up all together and it didn't stop us being a family really. Just took us awhile to get sorted out.

CL: Sounds like you're really proud of them. What about you?

Me? No, I never had a job... well... not a proper one... I worked at a hotel on Margate sea front over the summer when I left school but then I met Barry (husband) and we got married when I was seventeen.

CL: No, what I mean is...are you proud of yourself, do you feel you've achieved anything in your life?

I'm proud of my kids...we've got two boys and a girl...Sara's six and David's eight...he was my first and Terry, the baby's fourteen months. They can be hard work sometimes but they will do better than me, don't you worry. I'll be there for them as long as they need me.

CL: I can see they mean a lot to you and your brothers as well.

I am very lucky really, I've got Barry and he works hard for us and we get on well...we're very settled and kids need that... they need to know that. Sometimes I remember all the times in that place when all I wanted was for someone to like me and give me a cuddle...there wasn't a lot of time for that...I'm always cuddling my lot...but you was just one of a group... they looked after us alright but if you were quiet you were left alone... the ones with problems, who played up, kept them all busy and it was very lonely sometimes. Can you turn that off for a bit?

(At this point Christine was very upset and tearful. I turned off the tape and grabbed a tissue for her. When I moved to be nearer to her she composed herself and offered to make tea – I think it gave her an excuse to be on her own in the kitchen . She came back after a few minutes with two cups of tea.)

Sorry about that. I'm okay now, just got a bit emotional thinking about things.

CL: You don't need to apologize for what you're feeling, its important. Do you want to carry on?

Yeah, I think so, but I tell you what, they'd have been better off if they'd forgotten to check if we'd cleaned our teeth or whatever and just sat down with us now and again. I suppose there was just too many kids and not enough time in the day but you got the feeling that nobody really knew what was happening. When Brian and Malcolm went off to their foster family, I waved them off and then went to play outside with the others, but nobody thought to come and find me, I didn't cry but I wanted to... if somebody had just, you know come and given me a hug... it wouldn't have been so bad...I was only four...they didn't even seem to realise I was upset.

CL: Did you see your own parents when you were in care?

Not much. My mum came to the children's home with the social worker a couple of times but she was in and out of hospital a lot, she still suffers with depression now. When I moved to the Longmans I didn't hear a thing from her.

CL: They were your foster parents, weren't they?

Yeah, well, they was the first family I stayed with and I was there the longest. They were nice...made me feel important and part of the family. I stayed with them till I was thirteen and then the social moved me to another family.

CL: Why? It sounds like you were really settled there.

I was. I thought it would be like my brothers, you know that I'd stay there until I was ready to leave home, that they would be like, a proper family for me. I think they really loved me like I love my own kids... you know ...accepted me, they seemed to really like me.

CL: What happened? Why did they move you?

He hit me.

CL: What?

There was a row and he punched me in the face, made my nose bleed and blacked my eye. When I went to school the next day, they phoned the social and I was moved out the same day. Funny really, cos' the argument was about going to school... if they'd let me stay off maybe we'd have got over it and I could've stayed. He didn't mean to hit me, he just lost his temper because I kept skipping school and he found out. He was just upset... and I didn't help by answering him back that just got him even more upset.

CL: Well, violence like that can't really be ignored, can it?

Well, it was like a one-off, he'd never laid a finger on me before and I don't think he ever would have done again 'cos he was so sorry for what he'd done. He wasn't what you would call violent.

CL: You're not suggesting that what he did was right are you? What would you think if Barry did that to Sara when she's bigger?

He wouldn't cos she's his kid and I don't think she'd skip school or get bolshy like I did.

CL: What do you mean by 'bolshy'?

Well, you know, answer for everything and mostly it was 'no'! (laughs) I think I was just a bit rebellious and it went too far. They stopped them fostering again and moved me out. I think that was over the top, really, 'cos he was a good man. They let me call them mum and dad even though I wasn't theirs, and they looked after me really well, apart from this.

CL: Do you think you should've been left there?

Too right I do. He only did it 'cos I pushed him to the limit and at least he cared enough about me to get cross with me. I think if I'd behaved, it wouldn't have happened. As it was, my next family weren't as nice and although I calmed down and behaved, it wasn't the same. The Longmans liked me as a person, got to know me, accepted me. I think I was past it when I left them, like too old to settle again. I stayed until I was sixteen and left without looking back. Haven't seen them since.

CL: did you see anything of the Longmans after you left?

Yes, but you mustn't let on to my social worker because I don't really know how they'd take it and I don't want to get them in trouble. We stay in touch and they pop in from time to time. The kids think they're another set of granny and grandad cos they always bring presents and things! Its not that often, really, just birthdays and Christmas... that sort of thing.

CL: I think that's really nice, but I'm not sure if social services can just let grown men go around punching kids.

No, I suppose not. But I often think how different things might have been if I'd stayed there. At least he showed he cared about me, which is more than I can say for my own dad or the staff in the home, and I think that's what all kids need, they need to know that somebody, hopefully, their mum and dad is committed and cares for them, will be there through thick and thin. Barry thinks the same but that doesn't mean that you don't lose your rag or that kids don't wind you up. Anyone who says different is either a liar or has never had kids.

CL: Have you talked about the Longmans with your social worker? What does she think?
Waste of time, she never knew them and as you said, social services had to move me and so, it was like, end of subject. None of my social workers mentioned it again, I think it was a bit of an embarrassment for them.

CL: It sounds as if you liked being at the Longman's and you had a good experience there, apart from getting thumped.

Yes, they were lovely to me... still are really.

CL: Do you think that's helped you with your own kids?

I think the same way they do, I think. Barry does as well. He gets on really well with them now. And we've got his family as well, they've been a big help, especially his mother when the kids were smaller... I don't know what I'd have done without her when I had Brian, I was only a kid myself really, but she came round, showed me how to keep on top of things. You know she gave me one piece of advice that I've never forgotten, that you can't look after others if you don't look after yourself first. I thought she meant be selfish but you need a lot of energy for your kids so you have to eat properly and get enough sleep and all that. It was good advice and I've said it to other mums. Common sense really.

CL: Is there anything else you think I should know about when you were in care?

Don't think so. The children's home wasn't so good but I suppose we couldn't stay at home and every body went there to start with, so they could sort out what was best. I was lucky with my fostering really, I know some kids who stayed in children's homes all the time and never got fostered and they do have problems now. That didn't happen to us, we all struck lucky really.

CL: Do you think it was really just luck?

No, we weren't disturbed like some of the other kids. That's why nobody wanted to foster them I think.

CL: Well, if you think of anything you can always ring me. Now are you clear about what happens now?

Yes, I think so. You're going to listen to the tape and type it all up and then I'll get the tape back. When will that be, do you think?

CL: Not for a while because I've got to do lots more interviews before I get them typed. Shall I send it to you in the post when I've finished with it?

Okay, but you won't let anyone else get their mitts on it, will you?

CL: No, I'll look after it for you. Is there anything else you want to ask me?

Don't think so. Its been nice talking to you. I must admit I was a bit nervous this morning, even though we'd spoken last week. I wasn't sure what to expect, really, you might have been an old battle axe or something!

CL: Thanks a bunch !

No you're not! I didn't mean that! (laughs) Its just that I never expected to talk so much. I've remembered things that I thought I'd forgotten and some I wish I had. Its been nice to talk about it really, 'cos its not something you gossip about, if you know what I mean.

CL: Well, thank you, Ive enjoyed talking to you as well, and I hope it wasn't too upsetting for you.

No, I'll get over it I expect.

CL: Well, thanks again for all your help with my project and I'll be in touch about the tape.

Bye for now.

Bye, thanks for coming.

End of interview.

Transcript 2

Transcript of interview D1, from the main study

N.B. This transcript is a written version of the interview which was held, with the agreement of the interviewee, in her own home.

This transcript is D1 and names and any other identifying content has been changed to protect her identity.

CL: The tape's on now, so we can start whenever you're ready.

D1: Don't really know where to start... there's so much to say, really... I thought about what you said last time, about it being up to me... and I thought at first what a copout! (laughs) That's right, pass the buck... only joking... no... but when I sat down to think about it all sorts of things came up...so I've made a bit of a list... you don't, mind do you?

CL: No, I don't mind and don't worry, we've got lots of time so you can slow down a bit.

D1: That's alright then. Where shall I start? Well, maybe I'll start with me, shall I? That might be easiest. Oh. Do you know I'm really nervous about this.

CL: Does the tape bother you? Do you want some more time to think?

D1: Oh, no, it's fine, it's not the tape, it's me. I don't really mean I'm nervous scared, I'm more excited really. Nobody's been interested in wanting to know about me before...well... I mean about me being in care... that's what I mean...

CL: If its any help, I'm a bit nervous as well so we're both in the same boat.

D1: What have you got to be nervous about? (laughs) You're not the one doing the talking...and what I'm saying isn't making that much sense! Okay, Janie, (talking to herself) calm yourself... start again... this time... right... here goes... well, I'm Janie and I am 36 and married... to Jeff... been married for...ooh...let me see...18 years now... childhood sweethearts we were! (laughs) No, not really...we met when I was 17 and got married the next year, followed quickly by Paul, our first.

CL: Sounds like you've had a busy life! How many kids have you got? Is it three?

D1: You've got a good memory! Yes, three. Our kids are everything at the moment, they have to be, until they can manage on their own and I don't have any regrets about having them so early... it just seemed logical really... I'd left school with no qualifications....so I wasn't too surprised to find out I was expecting. In fact, I was really excited ...first thing I'd done on my own really...

CL: Hardly on your own, how was Jeff about kids?

D1: Oh, he was dotty about 'em! One of the things I first liked about him... he comes from a big family... he's got four brothers and two sisters and he always wanted a big family... that's why we went in to fostering, really, as ours got bigger, he'd got nobody to play with! (laughs)... did I tell you we're foster parents? We haven't got anyone with us at the moment... having a bit of a break 'cos Gemma's got exams this year... maybe next year...

CL: How long have you been fostering?

D1: About five or six years now. I wanted to do it 'cos of me... you know ...being in care when I was little... I went to foster parents when I was nine and they were wonderful... they were the first people who asked about my real family and they got in touch with them... if it wasn't for them, I'd never have made things up with my mum, they got us back together really. Anyway, Jeff loves kids and I wanted to help, to share what we've got and the kids were really keen, we wouldn't have done it if we didn't think it was right for them... mind you... you'd think we were trying to set up a child labour camp, judging by all the palaver we had to go through!

CL: What do you mean?

D1: Just that I hadn't considered for one minute that my having been in care would worry them... well... at first I don't think they caught on. When we decided to foster children they were like, really keen... couldn't have been nicer... made me feel like royalty or something ...but when they found out I'd been in care they sort of backed off a bit. You know... it was a bit like ... hang on a minute, we've got to think about this.

CL: How do you know it was because of being in care?

D1: They told us. We didn't hide it or anything, we just didn't think it mattered, so they were annoyed that we hadn't told them... the fostering officer mumbled something about 'withholding information'...you wouldn't believe it would you? Anyway, I told 'em I thought the experience would come in handy, at least we'd know what the poor devils might be going through and eventually we got registered. From that day on, to just recently, we've not had a gap, so we can't have been that bad...no, actually, it's been really good... but we wanted a break for a while.

CL: I'm not surprised, three kids of your own and fostering as well.

D1: I suppose we are a busy family, always doing something, Jeff's just started working at the youth club, you know and I've been thinking of going to college to do something. The kids are always up to something, going out, needing to be picked up, I'll be glad when Paul passes his driving test then we'll buy him a little car and then maybe we'll get some peace.

CL: What do you want to do at college? Have you thought?

D1: Well, they do like this social care course that runs in the evenings and it means you can go onto a social work course after, if you've got the right sort of experience. Don't know if I would get on, but it's something I'd be interested in.

CL: What is it that interests you about social work, is that related to being in care?

D1: No, not really, I've always been interested in people and I would like to learn. I didn't do very well at school but that's not because I was thick, you just didn't get much encouragement if you know what I mean. In the children's home it was a big achievement just to get to school. Most of the other kids in there were teenagers and the staff spent most of their time making sure they weren't skiving so the smaller ones didn't get much support or encouragement. When you're little you need that, don't you? Someone who's interested in you so you don't just feel like one of the crowd, which is what we were really.

CL: Is that how it made you feel? Like you were just one of a crowd?

D1: A bit I suppose. I remember feeling very alone sometimes, like on my own... everything was strange... that's what it felt like... but everybody else seemed to be alright, to understand it... so maybe it was me that was strange... Come to think about it, Jeff's always saying I'm peculiar! (nervous laugh) So it probably is me! (laughs again)

CL: You don't seem strange to me. What do you mean, about it being strange?

D1: Well, it was strange at first, you know, not familiar, very different from what I was used to... it felt like being in a foreign country... when I came to thinking back... you know after we spoke last time... I sat down and thought about what I wanted to say... and the only thing I could think of that felt the same, was when we first went to Greece on holiday and I remembered getting off the plane and thinking 'this is a foreign country'... you know... people were talking different, the different smells and the food was different... when you go away on holiday all that's part of the excitement... the fun... you know, the unknown... but when you're little it's frightening. I was very scared, couldn't get my bearings...

CL: How old were you then? When you went into care.

D1: I'd have been about two, I think... yes, no older than that. My sister was about four. We were only going away for a short time ... so they said... huh, didn't get home until I left school at sixteen.

CL: What? Why was that? Why did you go into care in the first place?

D1: Don't really know all the details, because my mum still doesn't like to talk about it, but from what's been said over the years I think our dad... not my mum's husband now... she got married again after... when we were about ... urm... I think I would have been about ten... eleven... they told us after... we didn't go to the wedding 'cos we were fostered by then. Any way... I keep going off the point don't I? What was it you said? Oh, yes, why did we go into care... that's it... yes... well, from what I can make out we were living with my granny... that's my mum's mother... she's gone now... dead, I mean... we were living with her and the council said we were overcrowded and that we had to go into care because it was technical homelessness and we couldn't all stay there because the house wasn't big enough... but I think there was more to it... that was the 'official version.

CL: What's the unofficial version, then?

D1: Well, that's what they told my sister when they took us away... but it doesn't make sense, does it? Why didn't they just give us a council house, why did it mean we had to be taken away? Must be more to it than that, surely, besides... I think it was because of our dad... why were we there in the first place and where was he? Well, I know the answer to that one, he'd left us, hadn't he? Left my mum, just up and went... still don't know why to this day 'cos she won't say... that's why we'd gone to granny's and that's where we were when it happened. They took us to (children's home), they said it was only for a little while until mum sorted herself out... you know ... found somewhere

for us all to live and that... but I wonder sometimes if he had been violent or something... or if there'd been some other crisis. She won't say... she just says it was the worst time in her life and she doesn't want to think about it... I get the impression that it's probably too painful... she doesn't usually hide things...just this one thing and we've both had a go... cos it still must bother her...but...no...she won't budge and it's not worth upsetting her over it now.

CL: So, you're in touch with her, now, your mum?

D1: Oh, yes. She just lives in (street) so we see her a lot.

CL: You must get on well with each other, even though you were in care.

D1: We get on really well, now, because we're closer than before, more involved in each other's lives.

CL: Is that because you've grown up, do you think?

D1: No, I don't think I'll be anything but a kid in her eyes, same as mine... (laughs) but because we didn't have much time with each other when I was growing up... you know... I missed that part of growing up, having somebody, the staff had their own kids to go home to, to worry about. I'm glad I've got her and I'm sure she feels the same about me. It's good for the kids as well, they love their gran, she spoils them!

CL: It must have been hard work building a relationship again after all that time away.

D1: Not really, she'd send us letters and presents...for birthdays and Christmas and that... we always thought we'd be going home soon. It was only when we left the children's home to go to foster parents that we realised that it might not happen. And they were really good, they helped us to stay in touch... seems ridiculous now, the children's home was only about seven miles away and then we were even nearer when we went to stay with the Scott's, we were in the next village ...about six miles away...but we might as well have been in... I don't know...in Wales or something. I do think that's important... oh yes...there it is...on my list of things to tell you about... I think access is really important for kids in care...whenever we take on a new child it's one of the first things we ask... what's the access arrangements... even if they've been abused... they still need to see their family... I'm sure we'd have settled a lot easier if she'd been allowed to visit. We wouldn't have felt so cut off... and we wouldn't have worried about my mum as much... we spent a lot of time wondering if she was alright, if she still loved us...you know... I thought I'd been naughty and that's why they'd taken us off her...thank God I had my sister with me... we helped each other I think.

CL: Did the staff not talk to you about your mum?

D1: Not really, I got the impression they hadn't a clue why we were there, we were just another two kids to look after and they spent most of their time trying to keep us fed and teach us the routine. They couldn't tell us anything really.

CL: What about the social worker? Did she not explain things to you?

D1: No, we didn't see her for weeks. The only reason she came back was for meetings to discuss our progress. Laughable! Progress? What was it that was supposed to be progressing? We didn't have a clue what they were on about. It's only since we've been fostering that I know about reviews, you know, like it's a law that they have to review things from time to time. Didn't know then, though.

CL: You must have felt, well, I dunno, cut off.

D1: Well, both of us did, really... but at least there was both of us... I mean the two of us together... and we stayed together, all through... we never got separated like some kids... probably 'cos there was only two of us... there was this other family... you know in the children's home... there was four of them and they got split up, boys in one end with the others and the girl on her own. Then she was fostered first, and then the lads...split up... I suppose they couldn't get a family that could take them all... I'm just glad we stayed together.

CL: You must be close to your sister.

D1: We are close. When my lot start arguing I give them my 'when I was in the children's home speech'...that's what Jeff calls it... it's a bit of a joke now... here she goes... her in care speech! But, no, I think its made us appreciate each other and we've always got on, so...its good. Jenny's got three kids, same as us, she lives in (street) and we're always getting together, in fact it was Steve, her husband who got Jeff into the Youth Club thing...he runs the (Youth club) and they play football together on Saturdays, so we're close as families as well. Their kids come here and ours go there and we've always helped each other out. It's nice.

CL: You're beginning to sound like the Waltons!

D1: (Laughs) I suppose we do, don't we? I'm sorry, you're not here to listen to me drivel on about my lot... its just... you know...

CL: No, don't worry, its nice to hear about it. Really it is. That just slipped out. Sorry, I shouldn't have said that. Carry on, I'll be quiet. You're proud of them, of course you want to talk about them. I would too.

D1: Well, you know yourself that mothers could talk for England about their kids... you must feel the same about yours. What have you got?

CL: Two girls, Jessica and Amy. Jessica's seven and Amy's two. Now you've got me at it! I'm not here to talk about me or my kids, its your time, really.

D1: Sorry, I'll try to stick to the subject.

CL: It's alright. Anyway, I don't remember telling you I've got kids.

D1: I'm sure you did... or maybe not... now I think back, I don't remember either... anyway I knew you did, don't ask me how... I just did. Anyway, back to it... shall I make us a drink? What would you like?

Tape turned off while coffee was made.

D1: Back to it then, let me look at my bit of paper...where were we?

CL: Talking about your family. ? Your foster parents, what about them? How long were you there?

D1: The Scott's. They were nice people, looked after us well. Still send them Christmas cards and that. They've kept in touch... I'll always be grateful to them because they're the ones who helped us with my mum. I think without that we'd have been strangers... you know ...they never took over... they were always respectful about her...never criticised her...she was always our mum and they didn't try to change that or to take over. In fact, just the opposite... I think we were so relieved because they didn't want us to turn into their kids...they use to say they were looking after us for my mum...which made it feel much more like...normal and we didn't have to explain to everybody why we were in care. When I think... they handled it really well...and I learned a lot from them...for fostering, if you see what I mean...they were really good at sussing out exactly what we needed and giving it to us...and that's what counts in fostering... the kids come first... and with your own kids too. What I want, more than anything for my children is that they grow up normal. They do all the everyday things that normal kids do and that they don't grow up looking over their shoulders wondering who's watching them. There I go again, talking about my kids.

CL: Yes, but its okay because its helping you tell me things as well, its triggering ideas in your mind and that's fine. What did you mean about being watched?

D1: Well, what I mean is when you're in care...you've got so many different people looking after you one way or another... it's not like...you know you've got two parents who know all about you and it's private...nothing's private when you're in care because so many people need to know things about you to do their jobs...the staff in the children's homes talk about you to other social workers, to the doctors, they have to tell fostering people about you. So you feel like no one knows you properly ... no one knows everything but lots of people know bits of you. No wonder you feel like...shared out...but the worst bit is the lack of privacy... you can't keep anything to yourself and in the end I think you wonder who the hell you are. Are you the one your social worker knows... or the staff or foster parents... there's no way of getting a grip on it, finding out who you are because what gets fed back is different with each person.

CL: How is that different to your mum knowing you better than your dad, or your teacher thinking you're angelic, when your family know you can be a pain in the neck?

D1: It's because of so many different people. And procedures...oh, yes...that's just reminded me of something...when you're in care you have so many check ups, you know for your health, I was always skinny so they worried about whether I was eating...but it was the same for Jenny, never a month went by without something. We had eye checks, weight checks, dental checks, all sorts of reports were written about us, but we wouldn't know what they said. One of these days I want to go and read my files...there was about three thick files when I left care... my social worker showed me them... not what was in them, of course. You can ask to see your files now, can't you?

CL: Yes, I think it's law now.

D1: I'd love to read what they said about me... probably says I was a nutter or something!

CL: Why do you think that?

D1: I think they all thought I was disturbed, whatever that means. I wouldn't be surprised to find it says all manner of outrageous things...

CL: What makes you say that?

D1: It was things like going off on my own...you know... I would go and sit in the garden...or escape to another room, pretend I was reading a book or something, then they'd come and find me and they'd look at me all weird and ask me if I was feeling alright like it weren't normal to want to be on your own or something. I used to do it to get out of playing games, they liked us to be doing something all the time, kept us out of trouble, I suppose. I did it to get some space, to be on my own, you don't always want to be with the other kids do you? Or with the staff, for that matter, but they would panic if they couldn't keep an eye on you, you had to be supervised at all times, and I would just want to be by myself, or just with Jenny, and it didn't go down well at all. I think that's what I meant before about not being watched.

CL: Was it like that with your foster family?

D1: Not as bad. But you couldn't do ordinary things like sleepovers or going home with friends, not that I had many, you know...after school and weekends, that sort of thing, like kids do. If you wanted to go somewhere else they'd have to check on it... it was embarrassing, I suppose, and you'd need to plan for it, you couldn't do it on the spur of the moment...in the end its just too much hassle so you don't bother...and then the kids at school think you're weird as well! This all sounds a bit negative, doesn't it? It wasn't really, it wasn't too bad at all, it's just the things you remember, the parts that stick out are the ones that are different to... living at home with your family...just being at home.

CL: What would you say were the good bits, then?

D1: (pause) The material bits were fine. We got well fed, the house was nice, posh, really and we were well looked after as far as the physical things were concerned and there was some staff that I got fond of...you know... who I got on with and who liked me and that made life much better. Trouble is...in the children's home at least...you had to share the staff... they couldn't just spend time with just one of us, partly because there was never enough staff on, but also 'cos... I don't know...unless you were throwing a wobbly or had had some bad news... I don't know really...it didn't happen.

They don't take as much interest in what you're doing. I go to parents Evenings at all my kids schools and they go to Brownies and other clubs and after school things, we encourage them to get out and be sociable and it gives them a lot of confidence as well as fun. Those are the sorts of things that didn't happen when I was a child, in care. They didn't seem all that bothered about individual interest and hobbies and things. They didn't give you chance to be yourself really.

CL: Did you get attached to your foster parents? Did they give you more time?

D1: Oh, yes, they were wonderful...always had time to talk...to just be with us, gave us lots of praise and made us both feel special. It wasn't all a bed of roses for them, either, we did fight when we first got there.

CL: You and Jenny?

D1: Oh, yes, too right, we had physical fights! She hit me in the face with a table tennis bat, one day. Oh we were awful!

CL: Kids often fight though.

D1: Yes, I know... but this wasn't normal squabbles, this was like...full-blooded sibling rivalry and it was mutual... we hated each other for a while... I think we were both jealous of the attention the other one was getting from Derek and Betty and worried that they couldn't like both of us...we both wanted to be liked...we didn't want to have to go back, like some kids, and we were in competition with each other for a while.

CL: How did it turn out? What happened?

D1: Betty just got hold of us one day and picked us up, we were rolling on the floor pulling hair kicking each other and yelling and she just scooped us up, one on each arm and said it had to stop, that they loved us both and we'd hurt each other if we kept on...it worked anyway...we didn't fight any more... didn't seem much point.

CL: So it was quite good with them?

D1: Oh, yes, we were really happy there, once we'd got settled in, we did normal family things there, or at least more normal than in the children's home...and we got to see our mum again. They did that... I don't think the social workers were that fussed, but Betty was really keen on us getting back together...she said that your mother was your mother for all of your life and it's true you know... the best thing that happened to us when we were in care was that and without Betty it wouldn't have happened. She really understood how important it would be. I can't imagine what it would have been like if we hadn't got back together again...I mean...she was there when I got married...when I had the kids...I dread to think what it would have been without her...

CL: What about Betty? Would she have done all those things, if you hadn't...

D1: No, it's different...don't get me wrong...Betty was like a mother to us but she wasn't our mother, and she knew that, never wanted to take her place and that's where some foster parents go wrong, even now, they go in for it for all the wrong reasons and want to be mum and dad...and then they wonder why it doesn't work... you can't put kids under that sort of pressure.

CL: Well, that's something positive about being in care.

D1: Yes. It probably wasn't as bad as I'm making it seem. We had some good times there and at the children's home. Some of the Christmases were nice...some kids would go home...or off to relatives or foster homes or whatever, so the ones that were left ...there'd only be a few of us would have a lovely time... the staff were more relaxed, you know...almost like they were off duty and I remember having much more attention and time with them then. They worked really long hours,

you know...I guess they were always short-staffed 'cos they were always covering for each other, if somebody was ill, or they wanted to swap shifts or something...Christmastime would come and the pressure seemed to be off them...they would stay longer then as well, I think that helped because they weren't chopping and changing...they would work for, like two days at a time so you had more chance of getting to know them, of spending time with them. Don't get me wrong, I liked most of the staff there, they were doing the best they could, I see that now I've got my own kids.

CL: It's not the same though, is it? Having your own kids, that's not the same as working in a children's home.

D1: No, of course not, What I meant was I realise it's a tough job. When you're a parent you're not doing it on someone else's behalf like when kids are in care. You don't belong to anybody when you're in care.

CL: Do you think that kids in care could feel like they belong?

D1: It's funny really, because I did feel it with Betty and Derek, so maybe you can if you're fostered...but its more than where you are... we belonged at Betty's because of the way they accepted us...and our mum...we didn't feel like they were only fostering a part of us...and they made us feel like we belonged and that they belonged with us...don't ask me how...I haven't worked that one out...I think it was like...the interest they showed...that they did normal things with us...they worked hard to find out what we liked, to do, to eat and after the children's home, where everybody was treated the same...same food...same bedtimes according to your age...all that stuff...well...It made you feel special...valued. Like what you wanted was really important and it was OK to be different...in a nice way...oh, I don't know what I'm saying really...I'm no child psychiatrist...it just felt right, if you know what I mean.

CL: You 've explained it really well, it's how it seemed to you that's important for me, not what a psychiatrist might say. If I'd wanted that I'd have asked a psychiatrist, but as far as I'm concerned, you're the expert here.

D1: Oh, that's really nice of you. I hope its what you wanted, it's really good, what you're doing because...like being in care's a bit of a taboo subject...you don't hear about it unless it's bad...unless it's a criminal pleading that he did what he did because he was deprived as a child ...or whatever...you know what I mean...and I think people need to know...from the horse's mouth.

CL: Exactly, and without your help, I wouldn't even be doing this, all of you, the others as well.

D1: What will you do with all this? That is, assuming it makes any sense when you play it back!

CL: When all the interviews are done I'll need to type them up and look at them and draw some conclusions about them that might help to making being in care, or whatever, a better experience.

D1: I'm really pleased to be part of it. My sister...I told her about you...I hope that was alright...oops...have I put my foot in it? Was it supposed to be secret?

CL: whatever you say to me is secret, yes, but you can talk about it if you want, that's entirely up to you. You haven't put your foot in it as far as I'm concerned.

D1: That's alright then. Anyway what I was saying was I was telling her about this, that you were doing this research and she'd like to be interviewed as well, if you want her. I'll tell you why. When I was talking to her we both realised that we don't talk about this with anybody else really, and I think it's helped me put a lot of things in perspective, you've done me a big favour, because having to think about it and talking to you has helped, I've really got a lot from it, even if it is complete nonsense on the tape.

CL: I'm sure it won't be.

D1: Well, she will probably tell you some of the same things as me but I think it would be really good for her. She thinks that as well.

CL: Why don't you wait a bit and if after today you think she'd still like to do it, ask her to ring me. I'd be happy to talk to her and to hear what she's got to say. You've got my number haven't you?

D1: I think so, yes, its on my bit of paper. That's not been much help has it?

CL: is there anything on there that you've missed?

D1: Don't think so...no...probably said a lot more than I'd wrote down here! It's been brilliant, tahnk you.

CL: Is there anything you've not said, that you want to add?

D1: only what we had for tea last night, sorry, no, I don't think so. I'll probably think of lots of things later, now that you've set me off. I remembered a lot once you asked me to think about it, but no, I don't think I want to say any more.

CL: Okay, if you're sure. Shall I turn the tape off then?

D1: Yep. I think so.

Interview ended here.

Mr. D

Ext.:

Principal Social Worker

Ask for: Carol Lewis

Children and Families Team

County Council Social Services Department

House

Road

Dear

I am completing some research on behalf of Leicester University on the subject of **mothers who have been in care**. In particular, I am interested in looking at the effects of being in care on parenting skills and would like to talk to a number of current clients and their social workers to this end.

I am hoping to interview a sample of ten clients and ten corresponding social workers and would therefore be grateful if you could discuss this in your team, and let me know, as soon as possible, of suitable mothers who meet this criteria, and the names of the social workers.

The research will be done through questionnaire and informal interview and the confidentiality of all concerned will be securely maintained. I am not aiming to produce earth-shattering conclusions in my research, merely to shed some light on this particular area of work. I have a tight time schedule response. Should you have any further questions, please do not hesitate to contact me.

Yours sincerely

Carol Lewis

(Leicester University)

Questionnaire to social workers

N.B. This questionnaire is not the property of Social Services and your responses will be used (anonymously) only for the purposes of research for Leicester University. Please answer as fully and honestly as possible.

Name: (This will not be revealed to anyone in Social Services)

Team:

Position:

Sex:

No. of years in practice:

Area of Work: (e.g. child abuse, etc.)

Yourself These questions relate to your practice overall.

1. How many clients have you known who have been in care?
2. What does the term 'in care' mean to you?
3. What do you see as the positive aspects of being 'in care'?
4. What are the negative aspects, in your opinion?
5. How many children have you received into care? Give details of length of time in care, reasons for use of care and any other points you feel are relevant.

Nominated client: Please give details following consent from client.

Name:

Address:

Age:

No. of children:

1. How long have you known this client?
2. What is the reason for social work support at this time?
3. How did you discover this client had been in care?
(e.g. Records, self-disclosure etc.)
4. How in your opinion has this client been affected by her in-care experience? Give positive and negative views where necessary.
5. Are there specific effects on her ability as a parent? If so, explain.
6. How would you describe your relationship with your client?

Thank you for your time and consideration in completing this questionnaire. Please return in envelope provided to: **Carol Lewis,**

Questionnaire for mothers who have been in care

Please note;

This questionnaire is not the property of Social Services and will only be used for the purposes of research for Leicester University. It will not be seen by your social worker and details you disclose will not be given to anyone outside the purposes of this research.

Name:

Address:

Age:

No of children:

Marital status:

1. How long have you been receiving support/advice from Social Services?

2. Who is your social worker and how long have you know him/her?

3. When were you in care, for how long and what sort? e.g. foster home, children's home, etc.

4. How has this affected you? Please tell me about positive as well as negative aspects.

5. How has this experience affected your relationship with social workers?

6. How has this affected your relationship with your family, e.g. parents, brothers and sisters?

7. How has this affected you and your children?

8. How do you get on with your current social worker?

Thank you for the time and consideration you have given to complete this questionnaire. Please return, in the envelope given to **Carol Lewis**

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