Exploring Child Welfare Practice with Parents who use Substances from an Epistemic Injustice Perspective

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Abstract

Child welfare practice in the UK takes place with some of the poorest and most marginalised people within our society. The impacts of poverty and inequalities are a readily used lens in research relating to child welfare. Since the publication of the 'Hidden Harm' report in 2003 there has been a focus on parental substance misuse and its impact on children within the child welfare system. Until recently, the research and evidence base largely connected parents use of drugs and/or alcohol with harm for their children. A more critical narrative is emerging questioning the accepted discourse that runs through research, policy and practice in light of the knowledge we now possess around structural factors such as political agendas, poverty and inequalities. It is this gap this research aims to address.

This thesis uses data from a three-month ethnography based in a local authority in Wales. Time was spent between two children's services teams and additional interviews with social workers from adult services and parents who were involved with child welfare services were undertaken. This research adopts the novel theoretical approach of epistemic injustice to explore how social workers practice with families who have been identified as using substances. Three main themes emerged from the data. Firstly, this study revealed how the credibility of families' voices were reduced through distortion, smothering or silencing. Secondly, families' experiences were defined by significant disadvantages through the knowledge and systems of intervention that shaped social work practice. Finally, findings around the intersectionality of disadvantage with epistemic injustice are highlighted. This research argues that for child welfare practice to be considered just, it needs to be informed by epistemic injustice. This research calls for future research, policy and practice to focus on the different ways that marginalised families can experience harm through epistemically flawed knowledge, practices and structures.

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Acknowledgements

Introduction

This study was funded as a result of the Child Welfare Inequalities Project that took place between 2014 and 2019. It contributes to the literature that aims to establish child welfare inequalities at the core of policy making, practice and research (Bywaters et al., 2020).

Poverty and inequality are growing worldwide, accelerated by a series of events over recent years such as the pandemic, Russia's invasion of Ukraine and the subsequent cost of living crisis, sparked by rocketing energy and fuel prices. Poverty in the UK is a cause for much concern with more than 22% of the population living in poverty and evidence that poverty in deepening (JRF, 2024). Income inequality within the UK is notably higher than other developed countries. The richest fifth of the population have an income more than twelve times that of the amount earned by the poorest fifth (ONS, 2023). Within the population some groups of people face disproportionately high levels of poverty and inequality, including larger families, minority ethnic groups, disabled people, part-time workers or families not in work, people living in rented accommodation and families receiving income-related benefits (JRF, 2024). Children constitute the highest population group of those living in poverty, estimated at 28% of the population in 2022 (Welsh Government, 2023).

Poverty in the UK needs to be contextualised within a political system that has a long history of individualising its cause, considering it a result of personal failing rather than structural (Glennerster et al., 2014). The dominant discourse in the UK since the late 1970s has been one of individualisation and neoliberalism which has masked the social and structural problems faced by the most vulnerable members of our society (Gupta, 2017). Wales has endeavoured to operate a more compassionate political system, underpinned by ambitious strategies and policies to protect the most vulnerable, and protecting services such as social care as far as possible in the environment of swinging cuts set by central government (Clapham, 2014). However, its ability to deliver is seriously impeded by its lack of control over welfare benefits and key taxation policies, which are dictated by central government (Clapham, 2014).

Child welfare practice takes place with some of the poorest and most marginalised people within our society. A family's chances of being assessed or subject to child welfare interventions are profoundly unequal within the UK, with a child from the most deprived 10% of small neighbourhoods 10 times more likely to be in foster care or on a child protection plan than a child in the least deprived 10% of small neighbourhoods (Bywater's et al., 2022). This

contravenes the Convention on the Rights of the Child, which operates on principles of social justice and human rights. Social problems are much more prevalent within the most deprived communities in our society, which negatively impacts on children's physical and mental well-being (RCPCH, 2022, Visser et al., 2021). While the child welfare system aims to ameliorate some of these negative impacts the outcomes for families are often poor, with long lasting consequences and trauma (Murray et al., 2020).

Within the four nations of the UK, Wales has the second highest rates of children looked after and children on child protection plans. The numbers of child welfare referrals have grown considerably across the UK in the last couple of decades, however the substantiation of abuse or provision of support to families has not reflected this growth (Featherstone et al, 2018, Bilson and Martin 2016). While plausible explanations for this growth have been proffered such as media attention and public awareness, austerity, the rise in early intervention initiatives and variations in professional practice, it is unlikely that they provide the full explanation (Hodges and Scourfield, 2023, Macleod et al., 2010).

Within the population of families that come to the attention, and are involved with, the child welfare system there is a sizable sub population of families where parental substance misuse is identified as a parental factor of concern. Parental substance misuse was recorded as a factor in 31% of all children receiving care and support through the child welfare system in Wales in 2022. This rose to 39% of children looked after and 43% on the child protection register but dropping significantly to 20% of children receiving care and support, but not looked after, and not on the child protection register (Welsh Government, 2023b). This indicates that parental substance misuse is disproportionally represented at the most serious end of child welfare interventions, a phenomenon noted in research and mirrored in the other UK nations (Whittaker et al., 2020, Forrester et al., 2006).

Substance misuse has gained considerable public, political and academic attention since the early 1990s following a rise in the numbers of people identified as problematic users of alcohol and drugs and the associated health and social repercussions (Chatwin, 2008). The children of people using illicit substances remained relatively under the radar until the publication of the Advisory Council for the Misuse of Drugs report *'Hidden Harm'* over a decade later, in 2003 (Craig, 2009). The report triggered a swell in academic and political attention, underpinned by its core messages, associating parents' use of drugs and/or alcohol with harm for their children (Flacks, 2018). According to subsequent research, the risks and harms that children face

because of parental substance misuse track across all areas of their lives, physically, emotionally and socially (Velleman and Templeton, 2016). Targeted interventions for parental substance misuse have become common within the child welfare system, usually specialist and high cost, for example the Intensive Family Support model in Wales or the Family Drug and Alcohol Court in England.

A more critical narrative is starting to emerge in academia around the unquestioned links between parental substance misuse and harm to children, questioning the accepted discourse that runs through research, policy and practice (Saar-Heiman et al., 2023 Roy, 2022, Whittaker et al. 2020). The emerging research calls the narrative underpinning parental substance misuse into question in light of the knowledge we now possess around structural factors such as political agendas, poverty and inequalities. The research also shows emerging themes of over-intervention and disproportionate reactions and interventions within the child welfare system to parental substance misuse.

Poverty and inequalities are now readily used lenses in relation to child welfare research. While I have been sensitised by, and intend to build on this base, I have chosen to use an epistemic injustice lens to examine the inequalities in credibility and knowledge production experienced by families that are subject to assessment and intervention. As social justice is claimed to lie at the heart of social work practice, the conceptual framework provided through epistemic injustice is especially congruent to looking at how the everyday intricacies of practice are influenced by power and dominant discourse.

Impetus and aims of the research

I arrived at the starting point of this doctoral process from over seven years practice as a social worker, preceded by over a decade working within social care. I was lucky to find a role in an adult statutory social work team working with adults who were vulnerable and using drugs and/or alcohol, where I was surrounded by a team who were supported and allowed to identify and try to address the structural causes of poverty and inequality as the starting point of practice. This was in stark contrast to the environment that I watched my child welfare colleagues operate in. I worked almost exclusively with the parents of children who were involved with the child welfare system, witnessing how severely outcomes for families were impacted by knowledge and power. I saw how highly stigmatised substance use was, and how that stigma tracked people across every aspect of their lives. I seized upon emerging knowledge

and embraced one new intervention after the next, believing that it would create a more just environment to support families, but sadly that did not transpire. I left social work practice because I, like many that came before and after me, was burnt out by the secondary trauma of trying to help vulnerable families at the fringes of society whose daily lives were rarely improved by the child welfare system.

The subjects of childhood inequality and its impacts on child welfare have been established as a serious concern within the world of social work academia (Bywaters., 2022) however this has yet to extend to the interplay of inequality, parental substance misuse and social work practice. Given the high levels of parental substance misuse within child welfare cases it is crucial that we identify the unique inequalities that are associated with substance misuse and how these interact and possibly compound the existing inequalities faced by families involved with child welfare interventions.

While alternative paradigms of practice are being proposed to combat the negative impacts of inequality and poverty within child welfare practice (Krumer-Nevo, 2020), they are not informed by qualitative accounts of specific practice with this large sub-population of families involved with services. Without knowing the issues and problems it is unlikely that they will be addressed satisfactorily. It is this gap in knowledge that this piece of research seeks to start to fill, harmonising with the call for a social model of protecting children (Featherstone et al., 2018).

The research is guided by two overarching questions:

- How do social workers practice with families who have been identified as using substances and what guides this practice?

- How do families experience social work practice when substance use is identified as a risk factor in their case?

Outline of the thesis

Chapter 1 is a literature review which summarises the data, existing research, and gaps within the literature that form the backdrop for this study. I start with an overview of poverty and inequality in the UK. I then move on to look at alcohol and drug use in the UK, exploring

prevalence rates, and consider the links with inequality. Child welfare will then be considered, with a focus on social work within the context of poverty and inequality. Finally, I will consider parental substance use, its prevalence, evidence base and related social work interventions. Where possible I will consider data and literature at a Welsh level, to provide a clear picture of the landscape of where my study takes place.

Chapter 2 will provide an overview of epistemic injustice, the theoretical framing for this piece of research. A brief introduction to epistemic injustice and its origins will be provided, followed by a more detailed look at testimonial injustice and hermeneutical injustice. The chapter will end with an outline of an emerging area of focus within current scholarship, epistemic injustice and intersectionality. I will endeavour to link related social work research that considers epistemic injustice throughout this chapter in order to locate my research within this field.

Chapter 3 provides details on the research design and methods. I will consider my positionality and the choice of research design. Within this I will explore the philosophical underpinnings of the research. I will discuss the use of ethnography and the methods of participant observation employed during data collection. Considerations of how the research site was chosen will be discussed and details of the local authority considered including the specifics of teams observed and interviewed. I will discuss the impacts of COVID-19 on the project and the decision to use remote interviews to supplement the ethnographic data. The validity and reliability of the study will be considered, alongside ethics.

Chapter 4 is the first of four findings chapters. This chapter will consider how credibility judgements are made in child welfare practice. I will track social work practice across its different locations, such as within offices, home visits and formal meetings. I will look at instances of testimonial injustice where families' testimony is degraded, and examine the mechanisms at play beneath the occurrences.

Chapter 5 will build on the findings of the previous chapter using testimonial injustice to look at how families' voices are distorted within the child welfare system. It will look at how the testimonies of families are effectively silenced by the everyday workings of the child welfare system and how at times, families choose to smother their knowledge due to perceptions that their testimony will not be understood or accepted in the vein that it is offered. I will also consider the tools that can be used within the child welfare system to coerce or silence

knowledge such as families fear of child removal, the pathologizing of parents as a compliance mechanism and the use of damaged knowledge.

Chapter 6 will focus of hermeneutical injustice within my data. It will look at what specific hermeneutical resources were utilised when working with families who were identified as using substances in the local authority that I undertook my study in. It will look at the concepts and tools that make up these resources such as *'parental substance misuse'*, *'hidden harm'* and *'drug and alcohol hair strand testing'*. I will consider how these concepts and tools appear in the narrative and practice of social workers and also attend to how they are experienced by the families subjected to them.

Chapter 7 contains the final findings of the study in relation to epistemic injustice and intersectionality. It will explore how embedded intersectionality is within the social work practice I observed and how this connects to epistemic injustice. The concept of *'good enough parenting'* is used to examine how parents' intersecting identity categories are considered and treated within practice. Data from observations and interviews with parents are used to explore how a lack of intersectionality and epistemic injustice can lead to feelings of othering, typecasting and invisibility.

Chapter 8 briefly revisits the research aims before moving to a discussion of the finding chapters under three themes; distorted voices, lenses of interpretation and complex identities. It will consider the limitations and strengths of the study and provide recommendations for future research, policy and practice.

Chapter 1 - Literature review

1.1 Introduction

While research relating to child welfare inequalities is expanding and gaining momentum there is relatively little attention paid to the topic of parental substance misuse in the context of inequalities. The unique impacts of inequality on this sizeable sub-group of parents involved in child welfare services receive little attention, and the realities of their lived experience and the services they receive are largely absent from both qualitative and quantitative research.

This chapter seeks to provide an overview of poverty and inequality in the UK and more specifically Wales. It will also consider the political framing of poverty and inequality. The prevalence of drugs and alcohol use will be outlined with consideration of how inequality interacts with their use. The interplay of the political and cultural context of substance misuse will also be considered. The last section of the chapter will look at child welfare services in the UK and more specifically Wales. It will look at the impacts of poverty and inequality on social work practice within child welfare services. It will also consider the impacts of parental substance misuse on child welfare and give an overview of child welfare social work with parental substance misuse.

1.2 Poverty and inequality

Poverty and inequality in the UK have increasingly become the focus of everyday discourse in both the worlds of media and academic research. Poverty has been the focus of social and political agendas for many centuries and its systematic study can be traced back to the late 19th century following the introduction of the 1834 Poor Law Amendment Act (Glennerster et al., 2004, Rose 1990). Charles Booth and Seebohm Rowntree laid the foundations for activities that continue today such as mapping and quantifying poverty and identifying poverty lines (Yang, 2017).

When considering poverty within the UK it is easy to become lost in semantics. There are various definitions and measures which are often contested. Relative and absolute poverty are the most commonplace terms which frame poverty within social and material deprivation.

Poverty and deprivation are often seen as synonymous concepts however there are nuanced differences. The most common definition of poverty comes from Townsend (1979:31):

> *'Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary patterns, customs and activities.'*

Traditionally within the UK, the most frequent definition of poverty has been households whose incomes fall below 60% of median income (Child Poverty Act, 2010). Deprivation differs from poverty as it is not solely a measure of income, it focuses on the consequences of a lack of income combined with other resources such as recreation or education opportunities. Deprivation is a relative concept to poverty and often changes in response to general livings standards, above and beyond rates of inflation (Yang, 2017). It focuses on the way people live in the context of accepted norms within their society, considering elements such as income levels and resources including clothing, housing conditions, education and recreation facilities (Townsend, 1979).

The UK lacks an official measure of poverty, instead four different measures of 'below average income' are used:

- households whose equivalised net income for the relevant financial year is less than 60% of median equivalised net household income for that financial year;

- households whose equivalised net income for the relevant financial year is less than 70% of median equivalised net household income for that financial year, and who experience material deprivation;

- households whose equivalised net income for the relevant financial year is less than 60% of median equivalised net household income for the financial year beginning 1 April 2010, adjusted to take account of changes in the value of money since that financial year;

- households whose equivalised net income has been less than 60% of median equivalised net household income in at least 3 of the last 4 survey periods. (DWP, 2018:5)

The use of interchangeable categories by the Government has led to substantial criticisms centred on using different measures to show falling child poverty rates and the individualistic nature of the measures causing stigma for people effected by poverty (Alston, 2018, Main and Bradshaw, 2014). When looking at poverty, absolute measures tend to provide a better instrument to examine short term trends whereas relative measures provide more accurate representations of overall trends (Hood et al., 2016, Cribb et al., 2017). Looking at rates of absolute and relative child poverty in the UK (after housing costs) provides a good example of this. Figure 1 and 2 display child poverty trends in the UK from the mid 1990s to 2021/22 (data for absolute poverty stops at 2018/2019 due to data collection problems associated with COVID-19) and paint very different pictures. Figure 1 shows relative poverty and is roughly at the same level with some dips and increases whereas Figure 2 shows us that absolute child poverty has halved over a similar time period.

Figure 1: Relative child poverty

Percentage of children in relative low income
Great Britain (1997/98-2001/02) and UK (2002/03 onwards)
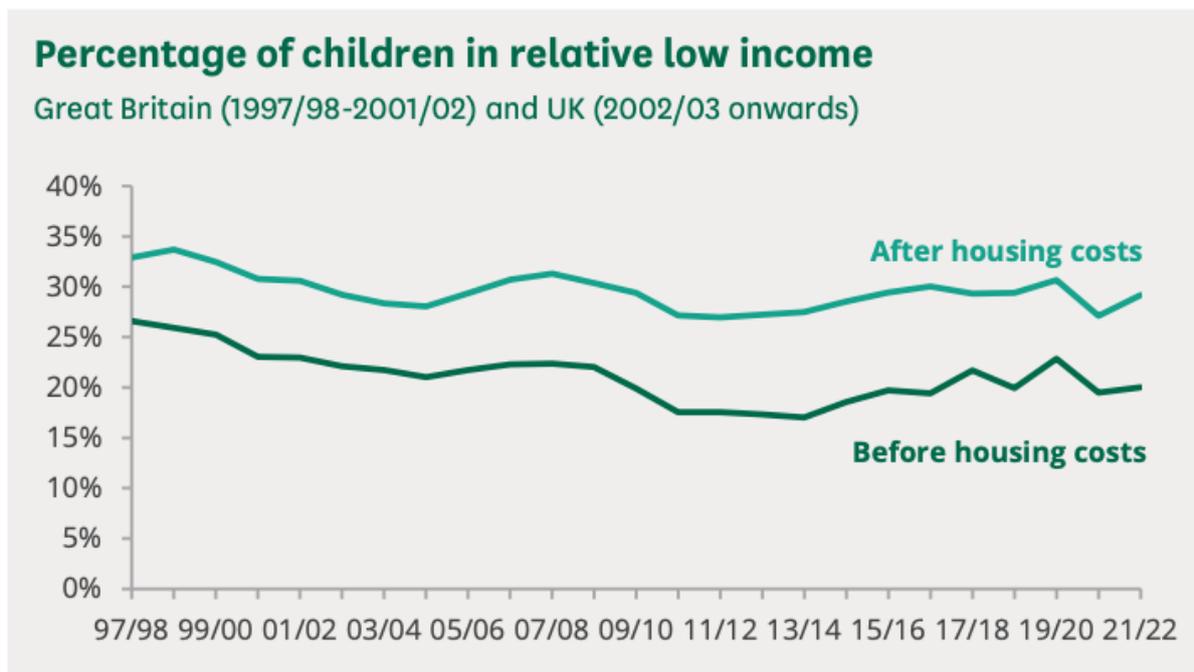
Source: DWP, Households Below Average Income, 2021/22, Table 1.4a

Figure 2: Absolute child poverty

Percentage of children in absolute low income
Great Britain (1997/98-2001/02) and UK (2002/03 onwards)
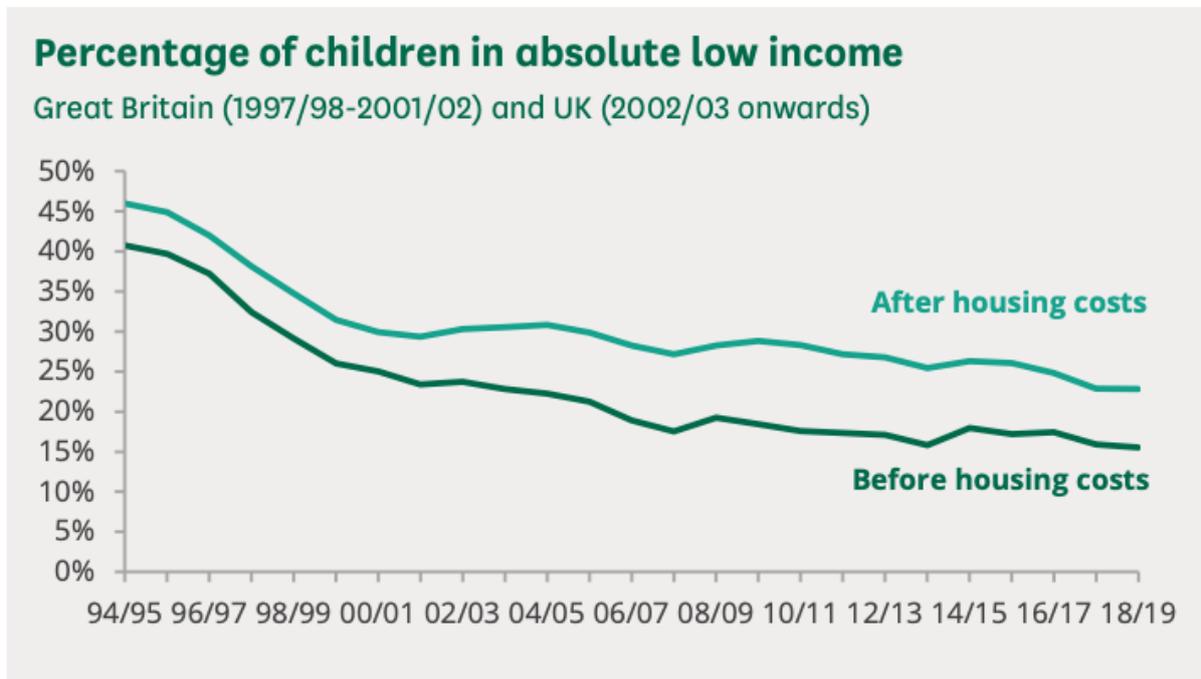
Source: DWP, Households Below Average Income, 2021/22, Table 1.4a

It has been argued over recent years that neither of these measures truly reflect poverty within the UK and the Social Metrics Commission released 'The New Poverty Measure' in 2018 in an attempt to remedy this. They created a measure that reflected the movement away from traditional material-centric measurement to wider concepts such as experience and capability shifting the focus from people's individual ability to more realistic measurements of the opportunities they are afforded within their social position (Hick, 2016). The inclusion of rough sleepers and accounting for people in overcrowded housing has added two populations that have previously been missing from official statistics. These also look at families instead of individuals which captures the tendency for families to share resources which has been raised as a concern in relation to the measurement of income benefits (Bradshaw, 2018). Using this measure the Social Metrics Commission found that in 2017/18 22% of adults and 34% of children were in poverty and 49% of people in poverty were in persistent poverty (people who met criteria for poverty in at least two of the previous three years). The DWP cancelled the project in March 2022 however in March 2023 it declared that work would resume in developing experimental statistics using the Social Metrics Commissions work.

Poverty rates in the UK initially rose after the financial crash of 2007/08 however resumed falling as the economy recovered. There was however, clear evidence that they had begun to rise before COVID-19 (Francis-Devine et al., 2019). COVID-19 impacted statistical analysis of poverty in the UK from 2020 to 2022 due to reliability issues in data collection, and the cost of living crisis that followed has made tracking child poverty since 2020 difficult. While it is likely that relative poverty rates will fall in the short term due to the impact of inflation on the base measurement used to calculate rates, it is expected that relative child poverty will return to its upward trend, with the Resolution Foundation forecasting it to be at its highest level since the late 1990s in 2027/2028 (Brewer et al., 2023).

It is worth situating the above information within the general picture of the UK economy. Generally, countries' economies are measured in terms of gross domestic product. The UK is the sixth richest country in the world in terms of total gross domestic product and 21st richest country in relation to gross domestic product per capita (PricewaterhouseCooper, 2023). Recent criticisms of the current government have emphasised this point, questioning how a country of this wealth can explain the proportion of its children living in relative poverty (Alston, 2018). This leads us to the one of the underpinning themes of this thesis, inequality.

Inequality is a result of hierarchies within societies such as class, race and gender which link to the unequal distribution of resources and rights and are inextricably linked with social stratification (Yang, 2017). Traditionally, inequality has focused on income and wealth with a narrow view on economic resources and outcomes. This view has expanded in recent times to match the multidimensional nature of poverty, acknowledging that it is necessary to look beyond the dichotomous poverty thresholds at dimensions that deal with well-being (Burchardt and Hick, 2017). Traditional measures such as income, housing costs and the costs of material goods and services remain important, however the introduction of concepts such as the capability approach by Sen in the 1980s and social exclusion by Lenoir in the 1970s have allowed for a more holistic understanding of how inequality effects people's functioning and how they participate in their society (Yang, 2017).

The capability approach is particularly pertinent when we consider inequality and childhood (Kjellberg and Jansson, 2022, Gupta et al., 2015). It allows us to consider more than what people are provided with within a narrow, outcome orientated system, also encompassing the more complex social attainments such as taking part in community life or 'being able to appear in public without shame' (Sen, 1995:15). These social attainments depend on equality of

opportunity rather than economic fairness, for example in wealthier countries people can be relatively income poor but this can translate to absolute poverty in some important capabilities. Yang (2017) uses the example of capability for employment in wealthier countries often requiring many years of further education which is often an opportunity not afforded to people from poorer 'classes' in society.

Another concept that is relevant to the consideration of inequality for this research is social exclusion. This concept emerged in the 1970s in France through the work of Lenoir, who focused on populations singled out by the welfare state as being unworthy and not 'fitting' into society (Lenoir, 1974). Burchardt et al. (1999) identified that a person was socially excluded if they resided in a society but could not participate for reasons beyond their control, despite wanting to, in the normal activities of that society. This concept was adopted as a joint indicator by the EU under their 'at risk of poverty or social exclusion' measure in the Europe 2020 strategy. New Labour placed eradicating social exclusion at the heart of their reforms and policies during their time in government, between 1997 and 2010, however subsequent Conservative led governments have moved away from this specific focus.

One of the difficulties encountered when engaging with literature around poverty for the purpose of this research is the tendency for literature to segment the subject. As this research looks at both childhood inequality and parental use of drugs and alcohol, it needs to draw from literature that looks at the causes and effects of poverty on children, and parents who use drugs and alcohol. This becomes fragmented further to categories such as food poverty, fuel poverty, bed poverty and so on. Crossley et al. voice concerns that as

> *"the notions of poverty becomes increasingly fragmented, wider*
> *determinants of the distribution of resources remain unproblematised and*
> *the scope to challenge them is therefore diminished" (2019:1).*

The tendency to categorise based on the symptoms of poverty can feed in to the associated stigma and shame, reinforcing the rhetoric of hierarchies of deservedness. In doing this, inequality and injustice are both amplified and concealed (Crossley, 2019). This reflects a common theme in social work, where divides such as children and adult services and the further divisions based on presenting needs often see tensions about how the needs of families are met, who at the point of child protection intervention, will often have numerous issues (Gibson, 2015).

In summary, for the purposes of this research, poverty refers to lack of economic resources. Deprivation is the lack of both economic and social resources relative to the rest of society. Inequality refers to the unequal distribution of both resources and rights based on hierarchies of class, race and gender.

1.3 Poverty and inequality in Wales

Wales has the second highest relative poverty rate in the UK with 21% of the population living in relative poverty (Welsh Government, 2023). Although the government's focus on increasing employment has seen a drop in unemployment this has not translated to a decrease in poverty, conversely "in-work" poverty is a key issue in poverty in Wales and has worsened over the last 20 years (Cartier, 2022).

Of the people living in poverty, children are the highest population group, with estimates standing at 28% in 2022 (Welsh Government, 2023). Future predictions are a huge area of concern due to the high overall rates of poverty and deprivation in Wales, meaning it will likely see some of the worst impacts of the changes to the welfare system in the UK (Hood and Waters, 2017), the pandemic, Brexit and the cost of living crisis (Cartier, 2022). The percentage of children living in material deprivation and low-income households from 2020 to 2022 was 13% (Welsh government, 2023b). This figure has steadily been increasing over past years and is the highest of the UK nations.

Statistics from the Welsh Index of Multiple Deprivation in 2019 illustrate the inequality for children in Wales, with 49% of young children living in income deprivation in the most deprived 20% of local super output areas (Welsh Government, 2021). Rates of child welfare intervention have been linked with poverty, deprivation and inequality which will be discussed in more detail in section 1.18.

1.4 Positioning poverty and inequality within politics

To engage with the concepts of poverty and inequality and how they impact on our society is impossible without considering the political context. Lengthy discussions on world politics or histories and how they have shaped understandings of poverty within different countries or societies are beyond the scope of this research, however a brief look at the UK's recent history provides a useful framework.

The UK political system has an extensive history of individualising poverty, deeming it a result of personal deficiencies rather than structural failings (Glennerster et al., 2004). There has been an ebb and flow of policies reinforcing this individualisation depending on the governing party's position on the political spectrum, however it has persisted as the main rhetoric over time.

Since the late 1970s the dominant discourse of individualisation and neoliberalism has masked the social and structural problems faced by the most vulnerable members of our society (Gupta, 2017). The 1990s saw a brief reprieve under the New Labour government with a move to a political belief of fairness of opportunity rather than outcome (Cummins, 2018). However, this was accompanied by further commitment to privatisation and deregulation (Cummins, 2018). By the late 1990s child poverty rates dropped alongside general deprivation within the population. This was achieved at a policy level through commitment to raising employment amongst some of the most vulnerable populations such as lone parents (Joyce, 2014). Fiscal redistribution however, was the most influential player in lowering child poverty during this decade, with means-tested cash injections for vulnerable families through welfare benefits such as working tax credits (Joyce, 2014).

The late 2000s saw the combination of a financial crash and a change in ruling government to a Conservative/Liberal Democrat coalition, setting the stage for over a decade of ruthless cuts to the welfare system and public sector in the name of austerity (Joyce, 2014). These ruthless cuts and austerity have persisted through successive Conservative wins in 2015, 2017 and 2019 in general elections. The Child Poverty Act 2012 was dropped in 2016 by the current government who replaced it with the Welfare Reform and Work Act (2016), which rescinded large amounts of the Child Poverty Act, shifting the focus onto social mobility. While employment statistics have shown a drop in unemployment there has been a coinciding rise of in-work poverty with 71% of children in poverty recorded as living in a household with a working parent in 2022 (Francis-Devine, 2023).

With the current government's policies showing little real change in addressing the roots or impacts of child poverty, the narrative of the poor as a 'feckless underclass' continues (Warner, 2013:218). The rise of child poverty and the lack of political will to protect the most vulnerable in our society was deemed *'not just a disgrace, but a social calamity and an economic disaster'* by Alston's report in his capacity as the United Nations Special Rapporteur on Extreme Poverty and Human Rights (2018:1).

1.5 Political context in Wales

The political landscape of Wales differs from the rest of the UK due to its partial devolution. Wales has had a Labour-led government since devolution, with periods of coalition with Plaid Cymru or the Liberal Democrats. Policies in relation to poverty have diverged considerably from those in England, and Wales has had a focus on regeneration (Clapham, 2014). Wales has resisted the market-based public services reforms that England have embraced and have protected public services such as children's services from the force of austerity budget cuts. This has become increasingly difficult due to the prolonged nature of central budget cuts.

Initiatives such as Communities First, Cymorth and Flying Start were created by the Welsh government to tackle poverty through regeneration and have been underpinned by aims of creating healthier and prosperous communities (Clapham, 2014). The approach in Wales is one of progressive universalism using the Welsh index of multiple deprivation to target the most deprived areas. The Child Poverty Strategy (2015) in Wales had five key aims including a reduction of workless households, raising the skills in families, reduction of health inequalities, a focus on education and economic outcomes and a stronger economy which supports families to raise income (Welsh Government, 2015). The strategy included the target to eradicate child poverty by 2020. As already discussed this aim was certainly not achieved, with the current climate influenced by the pandemic, the UK's exit from the European Union and the cost of living crisis meaning poverty within Wales remains one of the government's biggest issues, heavily influenced by their lack of control over welfare benefits and key taxation policies, which continue to be dictated by central government (Clapham, 2014). The Welsh Government have recently launched their new Child Poverty Strategy (2024), and while eradicating child poverty is still at its core there is a substantial shift to focusing on addressing inequalities.

1.6 Drugs and alcohol

The use of psychoactive substances by humans can be found in our earliest historical records (Crocq, 2007). Over time they have been used for religious, medicinal or social purposes. Detrimental use has been identified as early as classical Antiquity, with concepts of addiction appearing in the 17th century (Crocq, 2007). In a similar vein to poverty and inequality the topic of drug and alcohol use is a complex and multifaceted subject which can become blurred

by semantics, especially as it crosses boundaries from many different research areas such as medical, criminology and social sciences.

The most commonly used term within both adult and children social services teams in relation to the use of alcohol and drugs is 'substance misuse'. This is mirrored within health services and at policy levels in government, however the term 'substance abuse' is used interchangeably with substance misuse in health services and policies in the UK. Large amounts of research have been undertaken and it is the subject of many governmental policies, however concrete definitions of what is meant by substance misuse are rare, and when found they tend to differ (Chatwin, 2008). This is further complicated by a significant amount of research and policy differentiating between drug misuse and alcohol misuse (Forrester and Harwin, 2007). However, this differentiation is often necessary as the nature of a substance can cause very different concerns or harms, for example alcohol use is much more common within our society and has a higher correlation with aggressive or violent behaviour than illicit drugs (Forrester and Harwin, 2007, Bancroft et al., 2004). The illicit nature of drugs such as heroin or cocaine bring a natural engagement with criminality and a tendency for stigma and secrecy (Chatwin, 2008).

For the purposes of this literature review the word 'substance misuse' will refer to the use of alcohol, illicit drugs and/or misused prescribed medications, leading to social, physical and/or psychological harm. This definition and its parameters do not reflect the complexity of the language within this research area, as at the most basic level the word 'misuse' is highly problematic as it is subjective to the standards and understandings of the person or body that use it. This is problematic as what constitutes misuse for one person can often be seen as acceptable social use for another and this is often dictated by the context within which the substance is used. The working definition is chosen in the first instance to allow a review of the literature that is not constantly interrupted by the complexity of defining what we are talking about. A more detailed discussion on the problems that surround the language that is used in this area is woven through this section and the discussion on parental substance misuse in sections 1.15-1.18.

1.7 Prevalence of alcohol and drug use in the UK

Data for the use of alcohol and drug use in the UK are collected separately which will be reflected in this section. There will be further discussion on prevalence of alcohol and drug

related death and hospital admissions in section 1.10, as they are considered within the context of inequality.

1.8 Alcohol

The UK collects data on alcohol use from many different sources including general population surveys, sales data and public health data. Data in relation to alcohol use are problematic due to issues such as under-reporting bias, choice of survey instruments and missing populations such as homeless people, students and prisoners (Nugawela et al, 2016). Boniface and Shelton (2013) found that the General Lifestyle Survey in 2008 underestimated alcohol consumption by 40% when matched to sales data. The information provided within this section such be considered within this context.

Prior to the pandemic there was a decline in alcohol consumed in the UK since 2005 and its associated harms. This decline has not held and while detailed data is not available from 2020 the Health Survey for England in 2021 found 57% of adults drinking at lower risk levels and 21% drinking at high risk levels (NHS, 2022). Alcohol misuse has been identified as the biggest risk factor for death, ill-health and disability of the 15-49 year old age bracket and the fifth biggest factor across the whole population (Burton et al., 2017). Rates of people in alcohol treatment, emergency admissions for liver disease, and alcohol specific deaths have increased substantially since pre-pandemic rates and continue to rise (Boniface, 2023). Since 2000 there has been an increase in alcohol being purchased from off-licenced retailers rather than in pubs, nightclubs and hotels, with two-thirds of purchased alcohol now linked to off-licence trade (The British Beer and Pub Association, 2019).

1.9 Illicit drug use

Like alcohol use there are various sources of data for drug use in the UK such as household surveys, crime surveys and public health data, drug seizures and drug related offences. There are similar concerns in relation to the reliability of the data which are further amplified by the illicit nature of drug use (Davies-Kershaw et al., 2018). Due to illicit drugs not having a market that can be monitored, there is no reliable way of acquiring a true picture of drug consumption in the UK population. The unreliability of measuring drug use and dependant use is such that Hickman et al. (2003) found that when data from the British Crime survey 2001 were

extrapolated to the general population there were fewer heroin users than the recorded numbers that had presented for treatment in the same year.

The latest statistics for England and Wales found that the use of most drugs was in decline for the 16-59 year old age group since 1996, when measurements began, with slight fluctuations (ONS, 2022).

Illicit drug use among 16-59 year olds is estimated at approximately 9% of the population, however when narrowed down to 16-24 year olds in the population it is 19%. Class A drug use (heroin, cocaine, MDMA, LSD, magic mushrooms, methadone and methamphetamine) has shown a decline since the pandemic and cannabis is consistently the most used drug in the UK, with higher and more frequent rates of use associated with lower socio-economic circumstances (ONS, 2022).

1.10 Alcohol, drugs and inequality

As outlined in section 1.8, alcohol is one of the leading causes of death and long-term illness in the UK. Drug related deaths and hospital admissions are also disproportionality high compared to the estimated percentage of the population that use them regularly. There are a number of theories about what the drivers of problematic drug use are at a geographical level in the UK, but the common thread through research appears to be a connection to socio-economic deprivation (Seddon, 2006).

As this research is focused on Wales it is pertinent to take a deeper look at the prevalence of substance use and its links with inequality within its communities. Alcohol is deeply engrained in the culture of Wales. The highest prevalence of alcohol consumption above the weekly guidelines, binge drinking and heavy binge drinking is correlated to the least deprived quintile of the population with drinking above guidelines at 22% in the least deprived quintile and 14.5% in the most deprived. These differences are statistically significant (Public Health Wales, 2019). Figure 3 illustrates that the other categories are broadly similar.

Figure 3: Self-reported alcohol consumption, age standardised percentage by deprivation fifth, persons aged 16+ 2016/17-2017/18
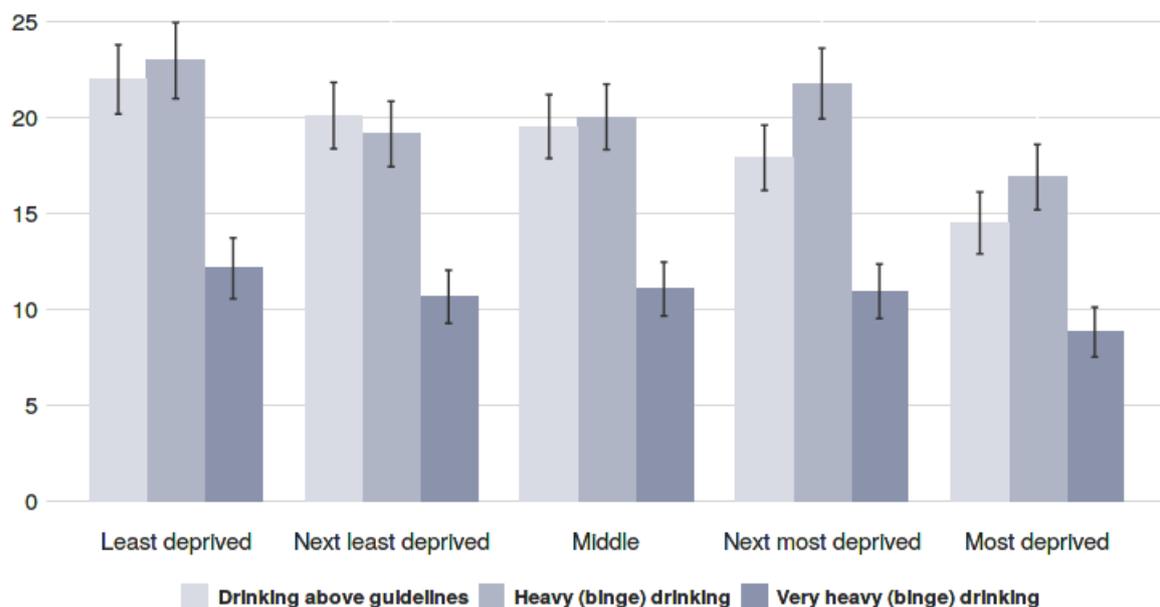
(Public Health Wales, 2019)

Despite higher use within the least deprived areas the associated negative harms are significantly higher in the most deprived areas:

- alcohol specific hospital admissions rate ratios were 3.6 for males and 3 for females in the most deprived quintile in 2017/18

- alcohol attributable hospital admissions rates for the most deprived quintile were double that of the least (2017/18)

- alcohol specific deaths in males in the most deprived quintile were 4 times that of the least and close to 3 times for women (2017/18)

- alcohol attributable deaths were double the rate for the most deprived quintile compared to the least (2017/18)

(Public Health Wales, 2019).

The reasons for higher health related harms within the most deprived areas despite lower overall consumption than the least deprived have been subject to debate. It is thought that the

drinking patterns of people within lower socio-economic groups are more harmful, for example types of alcohol consumed and more frequent drinking binges. It has also been suggested that the health impact of alcohol for lower socio-economic groups is compounded by other health equalities such as obesity and smoking (Hall, 2017).

The number of deaths related to drug use in Wales in 2021 (most recent available data) was the highest since records began in 1993. Research carried out in 2019 found that death resulting from illicit drug use was four times more likely to occur in the most deprived areas in Wales. There is a clear linear relationship between deprivation and drug use related hospitalisation and death. The least deprived decile of the population accounted for 3.52% of all hospital admissions relating to drug use in 2017-18 in comparison to 21.3% in the most deprived, a rate 6.1 times higher (Public health Wales, 2018).

As the above data indicates, there is a strong association between socio-economic position and substance related harm in Wales. It has been noted that persistent and systemic multiple deprivation is of greater significance that economic poverty in determining health outcomes (Public Health England, 2017, Marmot, 2005). Social exclusion is perhaps one of the most important elements of inequality when considering people impacted by substance misuse. Research has found that inequalities are higher in substance using groups compared to the general population in both health and social outcomes (MacDonald and Marsh, 2002). Aldridge et al. (2018) conducted a systematic review looking at social exclusion connected to prison populations, homelessness, sex work or substance use disorders and found that death rates were twelve times higher in females and eight times higher in males than in matched samples of the population. The stigma and marginalisation of people misusing substances has been argued as an important factor in the associated negative outcomes. The more social and economic capital that a person possesses, the better able they are to protect themselves from stigma and marginalisation (Room, 2005).

There is a substantial body of research that looks at substance misuse within the context of deprivation and deems it a *'socially constructed phenomenon that has less to do with individual choice or physical dependence, and much more to do with the structural disadvantages, limited opportunities, alternatives and resources'* (Buchanan, 2004:391).

Wilkinson and Pickett (2009) found that drug use was more common in more unequal countries, which mirrored the findings of The World Drug Report in 2007. They found that this

relationship reflected 'human sensitivity to social relations' and the effects of inequality on social hierarchies and status competition (Wilkinson and Pickett, 2009). Deprivation has been linked to low social status, stigma and shame which can lead to the use of substances or exacerbate use (Wilkinson and Pickett, 2009). The vast majority of people that use alcohol or drugs do so with few problems. Those that go on to develop problematic use are the minority, but of those, few need or seek professional help to quit. This has led to the proposed view that the correlates of quitting are that of choice not compulsion. Choices can include replacing alcohol or drug use with healthier activities, choosing to remove oneself from environments where drug and alcohol use is normal or natural priority shifts, such as progressing through life stages associated with middle-class society (school, university, career, home ownership, relationships and family). Choice is often a luxury not afforded to those from the lower socio-economic groups, which is why the higher the level of deprivation experienced the less likely you are to have easy access to resources and natural support networks (Heyman, 2013, Klingemann et al., 2010, Stinson et al., 2005, Robins, 1993, Biernacki, 1986). This also aligns with the concepts of the capability approach and social exclusion discussed in section 1.2.

1.11 Political and cultural context of substance misuse

This is one of the areas that tends to be very different depending on whether we are talking about alcohol or drugs. Alcohol is generally viewed from a public health perspective with policy focusing on reducing the associated harms. The UK has increasingly identified a 'harmful' drinking culture and this is reflected in a sharp rise in the volume of related academic research and abundance of government led initiatives to change the culture and reduce the harm associated with alcohol since the turn of this century (Savic et al., 2016). There is less of a class divide in political and cultural views of alcohol in comparison to illicit drugs however, as outlined in section 1.10, the burden of associated negative outcomes of alcohol use falls disproportionally on the most deprived within our society.

The Scottish government introduced minimum unit pricing in 2018 as a tactic to reduce alcohol consumption and Wales followed suit in 2020. The effects of this policy are most profound amongst drinkers in the lower socio-economic groups, as it raises the price of cheap white ciders and value spirits but has little effect on premium alcohols such as wine and branded spirits (O'Donnell et al., 2019). Initial effects of the introduction of the law in Scotland have been positive, with a 13% reduction in deaths from alcohol, within which the greatest reduction

was seen in the 40% most socio-economically deprived (Lacobucci, 2023). There has not been any in-depth statistical breakdown or qualitative research on dependant drinkers (particularly those with children) and the homeless population which are some of the people who are likely to suffer negative consequences, such as engaging with the underground economy to maintain intake or prioritising money for alcohol rather than meeting basic needs. These possible consequences risk compounding inequality and further marginalising the poorest in our society.

The political discourse around illicit drugs impacts heavily on policy direction and scope. Generally, illicit drugs are viewed within political and policy context through three main discourses; morality, public health and criminality (Seddon, 2008). While it is not my intent to give an extensive or comprehensive history of how drug law and policy has evolved in the UK I feel a brief overview is necessary to locate how successive governments have compounded inequality and deprivation for people who misuse drugs. Drug control legislation in Britain has seen four distinct phases. The introduction of legal controls began in the latter half of the 19th century, when opium and coca preparations could be found for sale and were widely used. World War I ushered in the second phase due to concerns about increasing use of cocaine and other drugs by troops. The 'British system' was created, which separated the treatment of dependant drug users and the emerging systems of punishment for unregulated supply and use (Reuter and Stevens, 2007). The third phase was triggered by two events, the first a sharp increase in availability due to oversupply by a few doctors. The second was the increase in availability of substances such as cannabis, LSD and amphetamine due to the rapid expansion of global infrastructure and communications associated with globalisation and capitalism (Seddon, 2008). This triggered the third phase, which saw increasing control and the introduction of the three-tier classification that is used today.

The fourth phase developed in response to the sharp increase in availability and problematic use of heroin in the 1980s and the global fear of HIV. This triggered the evolution of legislation integrating health and criminal justice in the early 1990s, closing the separation of medical and punitive responses that characterised the 'British system' (Reuter and Stevens, 2007). International agreements and conventions have heavily influenced, and continue to influence, the British response to drugs, in particular the responses of the USA (Reuter and Stevens, 2007). It is widely acknowledged that prior to the 1980s, Britain did not have significant drug problems, yet legislation and policy developed to mirror that of the international context (Seddon, 2008). The consequences of drug laws in the UK disproportionality affect the lower

classes (Côté-Lussier, 2016). Income inequality increases have correlated with public punitiveness increases and rates of imprisonment with the prison population of England and Wales quadrupling in size from 1900 to 2017, half of this increase taking place since 1990 (Sturge, 2018). Sim (2009:131) commented that the *'rhetoric of benevolence and paternalism' communicated by governments thinly veils the realities of our penal system where 'those with no capital get the punishment'.*

This leads us to present day management of illicit drugs in the UK which is managed by three main pieces of legislation; The Misuse of Drugs Act (1971), The Medicines Act (1968) and the Psychoactive Substances Act (2016). These mirror the majority of the developed world in restricting and criminalising illicit drug use and supply, however the evidence shows that they have failed to curb the availability or harms associated with the drugs that they control (Reuter and Stevens, 2007). The UK government is currently under pressure to review these laws in the light of the soaring levels of drug related deaths, with the Home Affairs Committee publishing a report in 2023 calling for laws to be updated to support greater use of public health-based interventions and a review of the proportionality of the criminal justice response to illicit drugs. There is a call to follow the lead of countries such as Portugal in decriminalising drugs and putting in place progressive treatments such as supervised injecting rooms and heroin assisted therapy (Moore, 2019). Portugal provided evidence that the shift from a criminal and moral discourse to a public health discourse resulted in a lessening of shame and stigma in relation to drug use (Hughes and Stevens, 2007).

The use of illicit drugs is relatively common within the UK however, how it is viewed within society is deeply contentious, filled with duplicity and typically polarised by the social class of the user. Drug use within the more affluent classes is generally viewed as recreational, with concentrations of associated problems within geographical areas non-existent within commonly collected data (ACMD, 1998). There are also divides in relation to the types of drugs deemed acceptable, with middle classes more likely to take cocaine and MDMA than lower classes (Home Office, 2019). A vivid example of the hypocrisy in relation to drug use in the UK was Michael Gove's admission in 2019 to using cocaine. He held the position of justice secretary, which oversees the system that criminalises and imprisons thousands of people a year from 2014 to 2015, yet appeared not to view his own use within this system instead seeming to trivialise it (Badshah and Townsend, 2019).

Discourses around drug use and the lower socio-economic classes are steeped in stigma, shame and individualisation (Lloyd, 2013). The Conservative government rhetoric of the 'feckless' underclass as discussed in section 1.5, combined with media representations of 'shirkers and scroungers' through coverage commonly referred to as 'poverty porn' has had a particularly detrimental effect on people who misuse substances, who are portrayed as making conscious decisions to prioritise using alcohol or drugs over paying their rent, buying food, meeting their children's needs etc (Garthwaite, 2016, Purdam et al., 2015, Garthwaite, 2011). Another common cultural belief around the use of drugs such as heroin amongst the lower classes is that the underpinning impetus for use is one of escapism or oblivion-seeking. This theory is a variation of Merton's theory of retreatism (Merton, 1957). This theory became popular in the UK in the 1980s as youth unemployment and deprivation soared due to the Conservative government's social and economic policies and cheap heroin became readily available in northern England and Scotland (Seddon, 2008).

There is a body of research that challenges the view of substance misuse within the lower classes as retreatism or individual choice and proposes that it instead, serves alternative social and economic purposes (Preble and Casey, 1987, Pearson, 1987, Auld et al., 1986). This research focuses on the underground economy and the place of illicit drugs within it. It suggests that illicit drugs generate income in areas where employment is low and poorly paid, lend status and identity within neighbourhoods and gives meaningful daily structure in the absence of work (Seddon, 2008).

The way we understand substance misuse is pivotal to how we work with it, both at a strategic and professional level. The rhetoric of individualisation and theory of retreatism permeates service provision and 'treatment' options in the UK. Large amounts of the service provision for problematic substance use lie within the criminal justice and medical sectors and treatment is often mandated with strict rules that must be followed to obtain service provision such as alternative prescriptions. The service provision that is delivered through the social care sector has been deprioritised and seen massive cuts over the past decade, with an increasing tendency to outsourcing through the third sector (Khomami, 2018).

As discussed above, substance misuse can be viewed as socially constructed and a result of deprivation and inequality. Framed within this context, the failure of successive UK governments to reduce the associated problems of substance misuse starts to make more sense.

Understanding what drives drug use is essential to changing patterns of use. This topic will be expanded on in relation to social work within sections 1.12-1.18.

1.12 Child Welfare

Children who are at risk of abuse or neglect are dealt with under a child protection model in the UK. This model has been characterised as individualistic and moralistically framed, with interventions that are investigatory and legalistic (Parton, 2010). The nature of the relationship between parents and the state tends to be adversarial and out of home placements are likely to be involuntary (Parton, 2010). This model fits the individualisation and control narrative of successive governments in the UK as outlined in section 1.4.

Devolved governments in the UK keep a confidential list of all children who have been identified as suffering or at risk of suffering significant harm. Since 2004, the rate of child protection registrations and investigations across the four nations of the UK has generally been increasing (figure 3) as have rates of children 'looked after'[1] (figure 4) with the exception of Scotland (Scottish Government, 2023). An overall picture or comparison of child welfare interventions within the nations of the UK is hampered by different legislation, policies and guidance documents which are continually being amended, updated or repealed by the relevant governments (Radford et al., 2011). Similar difficulties are encountered within academic research as quantitative and qualitative research can reveal very different pictures (Bywaters et al., 2022, Bywaters et al., 2014, Stafford et al., 2011).

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[1] A child is 'looked after' (in care) if they are in the care of the local authority for more than 24 hours. Children can be in care by agreement with their parents or by the order of a court.

Figure 4: Cross UK comparisons of rate per 10,000 of children on the Child Protection
Register 2004-2022
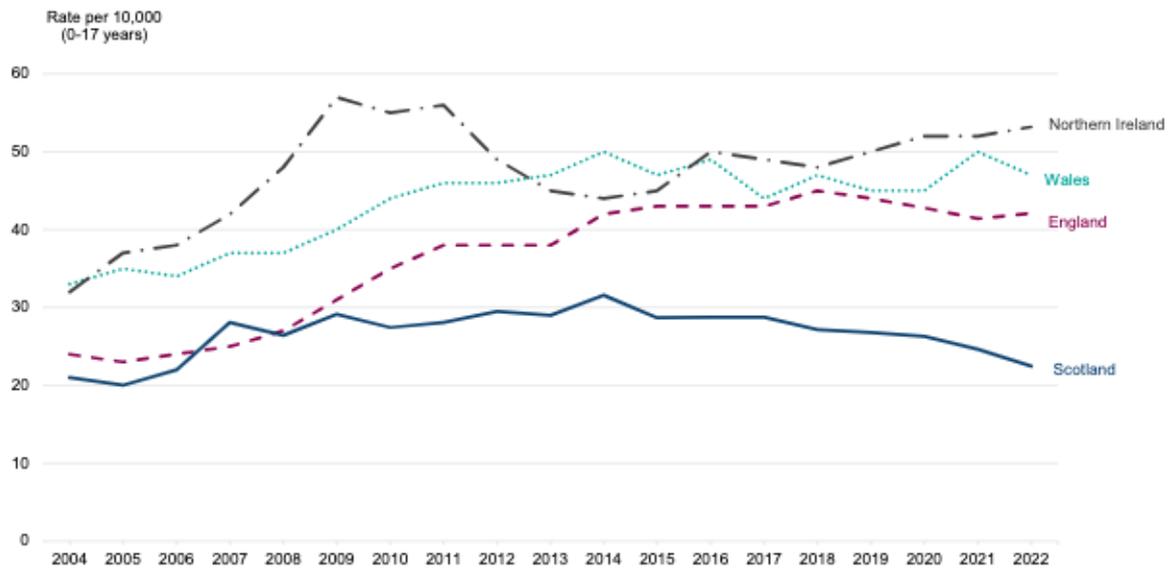
(Scottish Government, 2023)

Figure 5: Cross UK comparisons of rate per 10,000 looked after children, 2004-2022

Rate per 10,000 children (0-17 years)
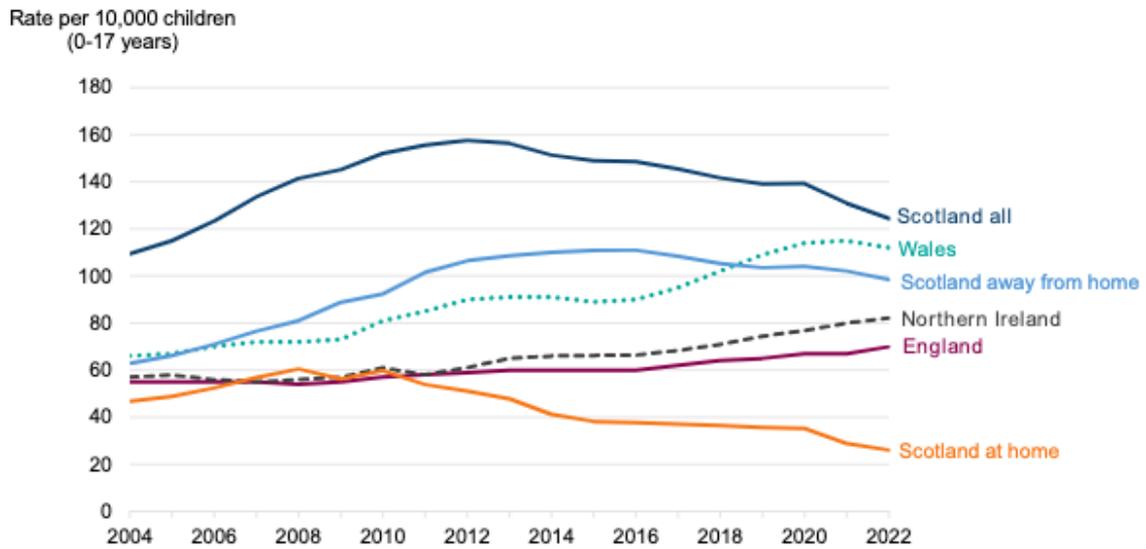
(Scottish Government, 2023)

Throughout the UK, children's needs are assessed using the 'assessment triangle' framework which divides the child's world into developmental needs, parenting capacity and family and environmental factors (figure 6). Research has highlighted how all the different elements of the triangle can be impacted by poverty and deprivation (Esposito et al., 2017, Fowler and Farrell, 2017, Bywaters et al., 2016, Bradshaw, 2011, Cleaver and Unell, 2011, Eamon, 2001).

Figure 6: Assessment triangle

Health   Basic Care

Education   Ensuring Safety

Emotional & Behavioural Development   Emotional Warmth

Identity   Stimulation

Family & Social Relationships   Guidance & Boundaries

Social Presentation

CHILD
Safeguarding
and promoting
welfare

CHILD'S DEVELOPMENTAL NEEDS

PARENTING CAPACITY

FAMILY & ENVIRONMENTAL FACTORS

Selfcare Skills   Stability

Community Resources
Family's Social Integration
Income
Employment
Housing
Wider Family
Family History & Functioning

All Wales Child Protection Procedures (2008)

There has been considerable growth in the numbers of child welfare referrals and investigations in the last decades, however substantiation of abuse or provision of help to families affected has not mirrored this growth (DFE, 2023, Featherstone et al., 2018, Bilson and Martin 2016, Devine and Parker., 2015). These trends have led to a growing concern about the systems in operation, services being offered and the impact on vulnerable families which has been identified as frequently leaving families 'alienated and frightened' (Featherstone et al, 2018:8). The resultant price for families of our current system's attempts to protect children has been questioned as being too high when measured against its success (Warner, 2013).

The most recent and relevant studies in relation to the links between inequality and rates of child welfare interventions come from the Child Welfare Inequalities Project. Bywaters et al. (2022) found that there was a strong social gradient attached to a child's chance of receiving a child protection intervention and the family socio-economic position. While the strength of this gradient varied throughout the nations of the UK they found that children living in the most

deprived 10% of the country were ten times more likely to receive a child welfare intervention which was not explained by the relationship between rates of deprivation and rates of intervention. Of the four UK nations, Wales had the steepest gradient. Their review of the relationship between poverty and child abuse and neglect concluded that there was a strong evidence base for contributory causal relationship between families' economic circumstances and abuse and neglect.

1.13 Child Welfare in Wales

The legal framework for social services provision in Wales is provided by the Social Services and Well-being (Wales) Act 2014, which was operationalised in April 2016. Regional safeguarding children boards are tasked with co-ordinating and ensuring that children's welfare is protected and promoted through services and are responsible for local procedures, policies and guidelines. Legal duties in respect of assessment and safeguarding are mainly informed by the Children Act 1989 which covers England and Wales, however Part 3 of the Act which refers to support provided by local authorities for children and families has been replaced by part 6 of the Social Services and Well-being (Wales) Act 2014.

Bunting et al. (2017) provided an overview of trends in Wales in relation to child protection between 2005 and 2014 and found that:

- Rates of referrals to children's services were generally decreasing however Wales saw the greatest levels of fluctuations in the UK. These trends however were to be interpreted with caution due to changes in recording over the time period examined (2005-14)

- Rates of assessment rose from 50% to 79% between 2010 and 2014

- Rates of child protection plans increased over this time totalling 12% of referrals received

- Child protection conferences increased substantially from 2010.

Data from Wales analysed by this study indicated a rise in referrals and an increased likelihood of children being subject to child protection plans once they came in to contact with the system (Bunting et al. 2017). While there was a dip in the recorded rates of child protection plans

following the time period of Bunting et al.'s (2017) research, rates have once again risen (see figure 4) and the dip may be a result of changes in data reporting and collection (Scottish Government, 2018).

The substantial increases in both referrals and rates of child protection and children entering care in Wales outlined in figure 4 and 5 have no concrete explanations. One of the biggest obstacles to analysing the trends within child protection in the UK is the lack of in-depth data, especially with regard to the socio-economic positions of families involved (Bywaters et al., 2022, Bunting et al., 2017). There have been plausible explanations proposed relating to the increase in media attention and public awareness following high profile cases of child deaths, such as Victoria Climbie and Peter Connolly, however it is unlikely that this provides the full explanation (Macleod et al., 2010). Hodges and Scourfield (2023:166) also explored contributions to the rise in looked after children in Wales from *'welfare demands and austerity, increased awareness of a wider range of child harm, new initiatives aimed at early identification and intervention, placement availability, judicial expectations and a vulnerable social work workforce'* alongside variations in professional practice. The impacts of the austerity agenda over the past decade (see section 1.4) is likely to have contributed, as the most vulnerable families have seen shrinking incomes and increased inequality. This has been accompanied by services experiencing deep financial cuts which have often translated to a shrinking of preventative and early interventions (Harper et al., 2009). It is worth noting, the Welsh Government has protected spending on social care to a much greater degree than other nations (Elliott and Scourfield, 2017), yet there is very little difference in the rising trends compared to other nations indicating that the explanations are more complex than the contraction of available services.

The social gradient for rates of deprivation and rates of child protection registration are steepest in Wales, with a 24-fold increase in rates of registration between the least and most deprived decile (Elliott and Scourfield, 2017).

1.14 Social work, poverty and inequality

The evidence base for an association between poverty and child welfare concerns is compelling and growing (Bywaters et al., 2022). The evidence is both qualitative and quantitative and is found across different categories of abuse and different countries. In the UK there has been an increase in poverty (see section 1.6-1.10) and this has been linked to increases in vulnerabilities

for affected families, further intensified by the widening inequalities within our society and the associated rise in mental health difficulties, problematic substance use and increases in rates of crime and imprisonment (Sturge, 2018, Wilkinson and Pickett, 2009, Hooper et al, 2007). Accompanying these increases are swingeing cuts to local government budgets, support services and welfare benefits (Sammons et al., 2015). Running alongside these changes social workers have seen a huge growth in child protection referrals, investigations and registrations that have stretched both services and professionals to breaking point, characterised by high workforce turnover and an increase in local authorities being deemed as 'failing' (Ayakwah and Cooper, 2019, House of Commons, 2019).

There have been substantial changes in social work practice since its original inception. These conceptual and cultural changes have been identified as echoing the political changes within the UK in the last four decades which have culminated in the present neoliberal discourse (Cummins, 2018). Social work with families and children has moved from its traditional relational base to an increasingly individualistic approach, focusing on case management, risk assessment and an individual's capacity to change in isolation of the wider social and economic environment (Gupta et al., 2016, Matle and Backwith, 2010). While there are some early indicators of individual local authorities starting to trial more progressive models of practice that place structural issues such as poverty at the core they are few and, in their infancy (Bywaters et al., 2022).

The social work role has been eroded and immobilised by increasing managerialism, loss of professional autonomy and a working atmosphere characterised by fear and exhaustion (Cummins, 2018, Fenton, 2014). Social workers have increasingly become the subjects of frequent media campaigns, blaming them for over-intervention and for failure to intervene which has resulted in the *'damned if you do, damned if you don't'* narrative within the profession (Dennis and Leigh, 202:1240, McMahon, 1998). Featherstone et al. (2014) argue that the widening gap between social workers and the families they work with have resulted in damage to working relationships.

The rhetoric of the '*underclass*' and '*undeserving*' poor that has taken hold within government and society has infiltrated the social work profession (Ritter, 2008). Charles Murray (1990), an American sociologist, defined the underclass as *'a certain type of poor person defined not by his condition, for example, long-term unemployment, but by his deplorable behaviour in response to that condition…'*, a view that was adopted and built upon during Thatcher's

premiership in the 1980s and successive governments. This is evident in the language of the profession which has seen phrases such as 'failure to protect', disguised compliance' and 'toxic trio' create an individualistic, 'othering' discourse (Cummins, 2018, Hart, 2017). Words such as failure, disguised and toxic are inherently negative and carry with them connotations of responsibility, devoid of the structural and socio-economic context that these phenomena exist within.

This is accompanied by a failure to locate the deprivation and poverty experienced by families within the wider socio-economic context, leading to individualistic understandings of poverty or a complete detachment from the role of poverty in child welfare concerns, a concept that has become known as 'poverty blindness' (Cummins, 2018, Gupta, 2017). Morris et al. (2018) found in a qualitative study of social work practice in England, that poverty had become the *'wallpaper of practice ...too big to tackle and too familiar to notice'* (2018:370). In response to the concerns about the gravity of effects of poverty on vulnerable families and the failure of the social work profession to identify or address these impacts within child protection services there has been a call for practice to be underpinned by a 'poverty aware paradigm' however there is a considerable disagreement between the risk-focused model within UK child protection practices and the ethos of this paradigm (Saar-Heiman and Gupta, 2019).

1.15 Prevalence of parental substance misuse

Estimating the prevalence of parental substance misuse is difficult due to reasons such as how data is collected, stigma etc. as outlined in section 1.7 – 1.10 this chapter. There is an added layer of difficulty as parents are more likely to hide or under disclose use, as they wish to present as a 'good' parent or due to fear of child welfare intervention (Gunnerson et al., 2013, Phillips et al., 2007). The most recent rapid review of the evidence in relation to prevalence of parental substance misuse in the UK estimated between 2-4% of parents in the UK were harmful drinkers (35+ units for women and 50+ units for men, per week) and between 12-29% were hazardous drinkers (14-34 units for women and 14-49 units for men) (McGovern et al., 2018). Estimates for illicit drug use were more difficult to acquire for reasons similar to those outlined in section 1.9. The studies included in the review estimated 8% of children may live with a parent who has used an illicit drug in the past year. The estimates for children living with a parent who is both a problem drinker and uses illicit drugs are 4%. The prevalence of parental substance misuse increased for families involved with child welfare interventions to

18% for drug misuse and 19% for alcohol misuse. Up to 52% of child protection cases identified parental substance misuse as a significant concern. 56% of mothers involved in repeat care proceedings were misusing substances and 47% of all serious case reviews involved parental substance misuse (McGovern et al., 2018). The stark differences between general prevalence of parental use and the prevalence within the most serious child welfare interventions are generally not contained within relevant research and therefore the reasons for these differences are not explored within related research.

1.16 Prevalence of parental substance misuse in Wales

The Welsh Government routinely collect statistics on children involved with children's services through the Wales Children Receiving Care and Support Census. This replaced the annual Child in Need Census in 2017. The information on parental substance misuse in relation to all services provided has remained relatively stable since 2010 varying between 25-28%, however 2021 saw this rise to 32%. The percentage of children looked after with parental substance misuse recorded as a factor has varied from 33-36%. Again 2021 was the highest percentage at 39. Child protection registrations with parental substance misuse as a factor have seen the greatest fluctuations from a high of 46% in 2010 to a low of 35% in 2015. These fluctuations need to be considered within the context of reliability of reporting as often multiple parental problems exist. 42% of 2021 registrations recorded parental substance misuse as a parental factor. Cases not recorded as child protection or children looked after were 19% in 2018, a percentage that has remained relatively stable since 2010 (Welsh government, 2023c). These statistics combined with the prevalence outlined in section 1.15 show the disproportionate presence of parental substance misuse at the most serious end of child welfare interventions, a phenomenon that has been noted in research and mirrors the other nations of the UK (Whittaker et al., 2020, Forrester et al., 2006, Kroll, 2004).

1.17 Parental substance misuse and impacts on child welfare

Substance misuse has garnered considerable academic attention in the UK since the early 1990s following a rise in the volume of people identified as having problems with alcohol and/or drugs and associated public and governmental awareness of concerns surrounding this increase (Chatwin, 2008). This interest however did not translate in to a focus on the children living with this population until nearly a decade later (Craig, 2009). The Advisory Council for the

Misuse of Drugs publication of '*Hidden Harm*' in 2003 was one of the triggers for a relative surge in academic research around parental substance misuse. The correlation between parents' use of alcohol and/or drugs and negative consequences for their children became a taken-for-granted risk to children and successive drug strategies and policies since this time have woven this belief in as an unquestioned truth (Flacks, 2018). Related academic research has mainly focused on continuing to uncover the 'problem' of parental substance misuse and evaluating interventions aimed at this population of families (Whittaker et al., 2020, Neger & Prinz, 2015, Forrester and Harwin, 2007, McKeganey et al., 2002).

The harms experienced by children living with parental substance misuse are often divided in to three categories; effects on parenting capacity, effects on children's development and effects on the wider social environment of the child. These categories mirror the assessment triangle (figure 6). The detrimental impacts of parental substance misuse have been found to affect both the physical and emotional development of children. Research has identified emotional and mental health problems, early engagement with substance misuse, early sexual activity and relationship problems in later life, academic underachievement, conduct and behavioural problems and everyday difficulties dealing with parental substance misuse such as trust issues, stigma, shame and silence (Kuppens et al., 2020, McGovern et al., 2020, Hill, 2015, Houmoller, 2011, Torvik, 2011, Harwin et al., 2010, Kelley et al., 2010, Fraser, 2009). Quantitative evidence often identifies different effects of alcohol and drug misuse, for example Baker et al. (2014) found children of mothers who have a history of alcohol misuse are twice as likely to suffer long bone fractures and Tyrrell et al. (2012) found that recent history of alcohol misuse in mothers increased the chances of children suffering accidental medicinal poisoning fivefold. Evidence for negative health impacts of parental drug use was less, however substance misuse increased children's likelihood of hospitalisation and outpatient paediatric appointments (McGovern et al., 2018, Raitasalo et al., 2015).

Effects on parenting capacity include aspects such as the emotional and psychological effects of the substances on people (Forrester et al., 2008, Kroll, 2004). These can manifest as altered moods resulting in violence, aggression, fear, lowered inhibitions, inconsistency and preoccupation (Kroll and Taylor, 2003). Parental shame and guilt are a frequent theme in literature examining consequences of parental substance misuse (McKeganey et al., 2002, Aldridge, 2000). Guilt and shame can often lead to knock on effects such as overcompensating with children or using more substances to cope with these feelings (Aldridge, 1999). The socio-

economic implications of parental substance misuse have been highlighted repeatedly in research, generally focusing on failure to provide basic needs due to expenditure on substances, engagement with criminal activity and exposure to 'risky' adults associated with acquiring and using substances (Chatwin, 2008, Barnard, 2007). The literature in relation to the socio-economic aspects of parental substance misuse are persistently individualising, rarely contextualising the associated impacts within the multiple social and economic inequalities that parents who misuse substances and are involved with child welfare services are likely to be experiencing (Whittaker et al., 2020). Rather, there is a tendency for linear causal links to be made between expenditure on substances and failure to provide.

The final category of the wider social environment of the child often centres on the impacts on family functioning, social structures and both formal and informal support networks (Kroll and Taylor, 2003). The stigma and shame associated with substance misuse, particularly illicit drug use often causes parents to withdraw from available networks such as extended family and support services, leading to isolation and lack of support (Velleman and Templeton, 2016, Kroll and Taylor, 2003, Tunnard, 2002). While these impacts undoubtedly exacerbate all of the other negative impacts of parental substance misuse for children there is again a lack of contextualisation within the existing inequality and deprivation that the child is already likely to be experiencing. How this interacts with and compounds the social exclusion and lack of opportunities that frame the current inequalities of our society (see section 1.2 and 1.3) is lacking in research analysis (Whittaker et al., 2020).

The role of gender within parental substance misuse is an important aspect on a number of levels. There is a scarcity of research studying the effects of fathers' misuse of substances on children's development which could contribute to a distorted view of maternal misuse and associated risks (McGovern et al., 2018). Some ethnographic research has found that women involved in the illicit drug economy contradicted the stereotypical images of 'inadequate individuals', possessing skills in planning, structure and decision making and benefitting from economic independence and social status within their communities by engaging with the underground economy (Taylor, 1998, Pearson, 1987). The underground economy can provide career options for women outside the traditional low paid, working class female occupations which are available (Anderson, 2005). Powis et al. (2000), in an ethnographic study of 66 mothers using opiates found that almost all of the women were living in poverty and one third had identified criminal activity as their main source of income in the month prior to interview.

These studies encourage the consideration of parental substance misuse within a wider context of inequality and indicate the need to consider substance misuse outside of the traditional 'retreatism' explanations for use, as discussed in section 1.11. The role of gender will be considered further in section 1.18 in relation to social work with parental substance misuse.

While the vast majority of literature surrounding parental substance misuse identifies negative impacts it is worth noting that there is research that questions the generalisability of findings due to how data is collected, the vastly different impacts of different drugs and amounts used and variables such as support networks and family dynamics (McGovern et al, 2018, Bancroft et al., 2004). There is also research that has found no significant links with experiencing parental alcohol misuse during childhood and negative outcomes in later life (Velleman and Orford, 1999). Qualitative studies with parents who misuse substances have shown that some parents link their substance misuse with positive parenting attributes such as coping skills, increased energy, patience and better mood (Hogan and Higgens, 2001, Klee et al., 1998). Whittaker et al. (2020) called the unquestioned link between harm and parental substance misuse based on '*Hidden Harm*' (2003) into question, providing a convincing argument for the accepted discourse that runs through research, policy and practice to be re-examined in light of the knowledge we possess about structural factors such as political agendas, poverty and inequalities. There is also an emergence of evidence about over-intervention by statutory services and disproportionate reactions and interventions that call for a re-examination of what social work classes as 'parental substance misuse' (Saar-Heiman et al., 2023, Roy, 2022).

Substance misuse is rarely encountered as a neat cause of child welfare concerns. The most commonly correlated problems are domestic abuse and mental health problems. The presence of these problems together is generally a cause for major concern in relation to child welfare due to the 'multiplicative' impact greatly increasing the risk of harm to a child (Brandon et al., 2008). The term 'toxic trio' was coined to refer to the presence of these three categories of problems and has become part of the *'everyday jargon'* of social work, associated research and local level policies (Cummins, 2018:103). There is little doubt that the presence of all three factors greatly increase the risk of harm to a child however the language surrounding it is symptomatic of the individualisation of problems and the propensity of professionals to cluster together perceived harms (Cummins, 2018, Morris et al., 2018). This limited profile of 'risks' are often blind to the interaction with broader intersecting vulnerabilities relating to class, age or socio-economic factors (Hood et al., 2021). Morris et al. (2018) observed in a qualitative

study of social workers that the notion of 'toxicity' often had a greater influence on practice than knowledge of specific harms. Research and practice within social work appear to pay little attention to persuasive evidence that these 'trio' of problems are strongly correlated with high levels of inequality in wealthy societies (Featherstone et al, 2018).

1.18 Social work, child welfare interventions and parental substance misuse

Parental substance misuse is a core concern in child welfare interventions as evidenced by the statistics in section 1.15. These concerns are informed by the evidence provided by research as discussed in section 1.17. While there is little doubt that there have always been child welfare concerns in some families when parents misuse substances, its development into the concrete categorisation of 'parental substance misuse' was triggered by the rise in drug use during the late 1980s and associated rapid surge in research (Chatwin, 2008). A relative explosion of research about the harms for children associated with parental use of drugs and alcohol at the start of this century (see section 1.17) triggered official recognition from the government which filtered down to local level services and professional practice.

One of the outcomes of the focus on parental substance misuse has been a growth in specialist services and interventions over the past decade such as the family drug and alcohol court in England, Wales and Northern Ireland and the Intensive Family Support Services in Wales. These reflect the complexity of working with families affected by substance misuse however the vast majority of these services are targeted at the most serious child protection cases and have qualifying criteria such as the issuing of care proceedings or the likelihood of a child becoming looked after. There are few services that cater for the remainder of cases and instead there is a reliance on the allocated social worker to have the knowledge to deal with the issues surrounding the substance misuse and co-ordinate appropriate services for the parent. This occurs in the context of an identified lack of knowledge and training in relation to substance misuse (Galvani and Forrester, 2011, Galvani and Hughes, 2008).

Roy (2023) used cluster analysis to investigate social care outcomes for children who live with parental substance misuse. Her analysis revealed that some children received too little intervention, resulting in missed opportunities to protect against risk and poor outcomes. Conversely, she found that other children were potentially unnecessarily caught up within the

child welfare system and may be better supported through non-statutory services such as early help.

Despite the prevalence of parental substance misuse in children's services cases there is relatively little specific research on what social work practice looks like with families within the UK. The vast majority of research focuses on the impacts of parental substance misuse (see section 1.17) and specific intervention models.

Forrester et al. (2006) looked at a sample of child protection cases in inner city London through analysing files and social workers' rating of parental substance misuse as a child protection concern. This was followed by a study on outcomes for children referred to children's services, with parental substance misuse identified as a concern, after two years (Forrester et al., 2007). Forrester et al.'s (2006, 2007) research found that there was a high prevalence of parental substance misuse concerns at child protection level and that outcomes for these population were poor with high levels of out of home care. This research looked at prevalence and outcomes within social work rather than social work practice with the families.

Forrester et al. (2008) undertook an evaluation of the 'Option 2' model in Wales which led to the Intensive Family Support model being piloted in 2010 in four test areas. Further evaluation led to a national roll out in 2014, and a legislative grounding in the Social Services and Well Being (Wales) Act 2014. While child protection social work practice is covered within this research it is not the focus.

Holland et al. (2013) conducted a follow up mixed methods evaluation of an the 'Option 2' intervention mentioned above. The qualitative arm of the study carried out interviews with twenty-seven families and found a high prevalence of material hardship and co-occurrence of domestic abuse. While the research was rich in the lived experience of families affected by substance misuse that encountered child protection procedures, it was based on retrospective accounts rather than actual observations of practice. The study also lacked the perspectives of the social worker in relation to these cases. Poverty was certainly evident as a core theme however its consideration was contextual and the study did not consider wider inequalities in its design or analysis.

A Canadian longitudinal study by Russell et al. (2008) also offered experiences of parents involved with child protection services when substance misuse was an issue. The study followed 35 parents over eighteen months, twenty of whom had substance misuse issues.

Russell et al. (2008:91) found that in those families where substance misuse had been identified as a problem, parents were more likely to admit defeat as fighting addiction at *'the margins of subsistence'* felt overwhelming and led to a mindset described by Azar (2002:363) as *'doomed to failure'*. The study also found that alcohol or drugs were frequently linked to depression caused by circumstances related to poverty. Substance misuse became a coping mechanism or a tool to dull the everyday realities of living in poverty, aligning with the retreatism narrative outlined in section 1.11. While this study provided some insight into some of the unique impacts of poverty combined with child protection concerns and parental substance misuse it did not consider this from a viewpoint of inequality and it did not look at the social work practice around these problems.

An area of research that has gained traction in the USA is looking at the correlation between decisions to substantiate allegations of abuse and the presence of parental substance misuse and the nuances of different substances within these decisions (Freisthler and Kepple, 2019, Victor et al., 2018). Victor et al. 2018 found that even when cases where drug or alcohol use had been linked to the reported maltreatment were removed, case worker-perceived substance misuse increased the probability of concerns being substantiated from 11.2% to 28.2%. When the presence of substance use was combined with domestic violence it rose to 32.9%. This is echoed in other research from the US (Berger et al. 2010). Victor et al. also found variations in substantiation rates based on individual case worker, which possibly indicates personal bias of professionals. Freisthler and Kepple (2019) found the relationships between substance use and maltreatment were complex and varied and that professionals needed to think about substance misuse multidimensionally. There is no comparative research in the UK that explores how the presence of professionals' concerns about substance misuse impact on rates of substantiation or outcomes. As outlined in section two alcohol use is higher in the least deprived sections of our societies yet the health and social harms such as criminality are disproportionality felt by the most deprived. One of the areas that research has not explored is the drug and alcohol use of the professional workforce and how these fit with the beliefs that underlie professional decisions made about child welfare concerns.

Saar-Heiman et al. (2023) used qualitative data mining methods to examine 32 Family Court judgements in England and Wales to explore the construction of parental cannabis use. They found that parental cannabis use was mainly portrayed as a harmful, deviant and negative activity. They identified three main constructions of parental cannabis use; as a risk to children,

as proof of parental deficits and as (responsible) self-medication. The findings were discussed within the context of social and political processes that underpin current child welfare interventions. This is one of the first pieces of research to adopt this viewpoint in relation to parental substance use, moving away from the individualistic and risk-averse narratives that the majority of research and evidence has followed since the publication of '*Hidden Harm*' (Whittaker et al., 2020).

The role of gender in substance misuse has many dimensions including rates of use, impacts of use and engagement with underground economies and criminality as discussed in section 1.11. Gender is relatively underexplored in relation to social work with parental substance misuse outside of circumstantial mentions. It is an important aspect for a number of reasons. Often the parent that is misusing substances is the father, and child protection practice has a history of failing to engage with fathers, choosing instead to concentrate on working with mothers to protect children (Archer-Kuhn and deVilliers, 2018, Scourfield, 2002).

Closely related to the topic of gender is the high correlation between domestic abuse and substance misuse. The Home Office (2003) found that alcohol was a feature in 62% of domestic abuse related offences with 48% of the sample of perpetrators deemed alcohol dependant. Gilchrist et al. (2017) found 74.6% of a sample population of adult males receiving substance misuse treatment admitted to being perpetrators of intimate partner violence. The effects of experiencing domestic abuse brings further layers of complexity as women will often use substances to cope with the trauma or abusive partners may use alcohol or drugs to exert control over them (Scott and McManus, 2016). Poverty can prevent meaningful improvements to the lives of women and children in these circumstances as they lack the social and economic resources to escape the situation (Powis et al., 2000).

1.19 Conclusion

This literature review has sought to locate the role of inequality within child protection practice with parental substance misuse in the UK. The UK has high levels of inequality and poverty that continue to rise under the current political system. Inequality and poverty are being created and exacerbated by a relentless neoliberal system that unfairly targets the most vulnerable in our society, who overwhelmingly make up the majority of social work caseloads within children's services.

While the subject of childhood inequality and its impacts on child welfare have been established as a serious concern within the world of social work academia, as demonstrated throughout this chapter this has not extended to a closer examination of the interplay of inequality, parental substance misuse and social work practice. Given the high levels of parental substance misuse within child welfare cases it is essential that we identify the unique inequalities that are associated with substance misuse and how these interact and possibly compound the existing inequalities faced by families involved with child welfare interventions.

While alternative paradigms of practice are being proposed to combat the negative impacts inequality and poverty within child welfare practice, they are not informed by qualitative accounts of specific practice with this large sub-population of families involved with services. Without knowing the issues and problems it is unlikely that they will be addressed satisfactorily. It is this gap in knowledge that this piece of research seeks to start to fill, contextualised to the rising calls for a social model of protecting children.

The research is guided by two overarching questions:

- How do social workers practice with families who have been identified as using substances and what guides this practice?

- How do families experience social work practice when substance use is identified as a risk factor in their case?

Social work purports to have social justice at its core (BASW, 2021) however there is an expanding body of evidence that elucidates the gap between the admirable aims of the profession and the stark realities of the injustices that families who are involved with the system face. As my questions arise from concerns around injustice within the child welfare system when working with parental substance use I have chosen to use the theoretical framework of epistemic injustice to explore my data.

Chapter 2 - Epistemic injustice – A theoretical overview

2.1 introduction

Poverty and inequalities are now readily used lenses in relation to child welfare, as discussed in the previous chapter, with ever growing bases of research and evidence about how chances of contact and intervention with the system are disproportionately heightened by factors such as race, gender and socio-economic positioning. This piece of research is sensitised by, and builds on this base but I have chosen to use an epistemic injustice lens to examine the inequalities in credibility and knowledge production experienced by families that are subject to assessment and intervention. As social justice is purported to lie at the heart of social work practice, the conceptual framework provided through epistemic injustice is especially congruent to looking at how the everyday intricacies of practice are influenced by power and dominant discourse. In this chapter I will provide an overview of epistemic injustice and central concepts such as testimonial injustice and hermeneutical injustice. I will also discuss intersectionality within the context of epistemic injustice. This chapter does not claim to be an exhaustive explanation of epistemic injustice, rather it is an overview of the main concepts contextualised to their use to examine my data later in this thesis.

2.2 Epistemic injustice

The theorisation of the epistemic facets of social discrimination began far before Fricker's creation of the term 'epistemic injustice' in 2007. Black feminist scholars and activists such as Sojourner Truth and Anna Julia Cooper discussed Black women's unduly low levels of credibility and the silencing of their ideas through epistemic violence at the end of the 19th century (May, 2014). Spivak (1988), considered one of the most influential minds in postcolonial studies, discussed the inherent epistemic violence in Eurocentric representations of the subaltern interests which served to mute and silence their own representations. It is however Fricker's theorising of the relationship between ethics and knowledge production, focusing on language, power and knowledge under the term 'epistemic injustice', that has led to the widespread utilisation of this conceptual framework to examine knowledge practices and institutions in an ever-expanding variety of settings, paying attention to the ethical and political implications of epistemic injustice (Fricker, 2007).

Epistemic injustice is a distinct kind of injustice on a number of levels. The first is it wrongs a person specifically in their capacity as a potential knower, undermining their knowledge by discrediting or dismissal, damaging their ability to participate in the production or exchange of knowledge, ultimately resulting in an erosion of their status as a human being (Fricker, 2007). This restriction in people's ability to participate in knowledge exchange or production results in marginalisation, stripping people of their agency, leading to self-doubt and a lowering of self-worth, which in turn can lead to people distrusting the significance of their lived experience or the worthiness of their own beliefs or knowledge (Dunne, 2020).

Epistemic injustice can cause significant harm at the personal level, damaging self-respect and self-esteem resulting in cognitive and emotional impairment (Barker et al., 2018). It can also individualise people's experience, disconnecting them from social recognition and support, stripping valuable resources and opportunities from them, leading to an increase in discrimination and oppression (Sullivan, 2017).

Epistemic injustice also causes harm to communities, and at a societal level. It damages the quality and diversity of information available to us, which hampers the innovation, advancement and utilisation of knowledge. It can also perpetuate structural inequalities of power and privilege, shaping who is regarded as holding reliable and authoritative knowledge and who is not (Barker et al, 2018, Fricker, 2007).

Much of the daily 'business' within child welfare services can be categorised within the domains of assessment, formulation and matching identified problems to appropriate interventions, be those formal interventions such as child protection or legal processes or therapeutic such as parenting programmes. Professional power is an inherent presence in the child welfare arena, it is argued that this power is often manifested in the routine and mundane within everyday activities, rather than through overt control or open clashes (Watts and Hodgson, 2019). An Epistemic injustice framework allows for the interrogation of these everyday practices, looking at social workers' values and social locations and the wider context of institutional and structural norms and policies (Lee, 2022).

Epistemic injustice is a primary form of injustice as it emerges from unmarked prejudices, marginalisation and discrimination at both the individual and systemic levels (Lakeman, 2010). In an attempt to uncover this within my data I will be guided by Fricker's work on epistemic

injustice combined with the knowledge and concepts stemming from her work by other scholars such as Dore (2019) and Dotson (2014).

While epistemic injustice was initially a theory discussed and utilised within philosophy discourses, it has increasingly gained traction within other disciplines such as social sciences and has seen an increasing knowledge base and application within social work academia in the last decade. While initially it received the most attention in clinical social work settings such as physical and mental health settings to examine how service users encountered epistemic injustice when accessing and receiving services (Ekeland and Myklebust, 2022, Johnston, 2021, Lee et al., 2019, Bell, 2014), it has extended to theorising about social work practice in general and within a child welfare context (Lee, 2022, Lee et al., 2022, Johnstone, 2021, Dore, 2019) alongside applications in feminist, race and Indigenous studies (Johnstone and Lee, 2021, Collins, 2017, Tsosie, 2017, Medina, 2013). The breadth of the application of an epistemic injustice framework underscores the indivisible nature of individual and structural forms of epistemic injustice (Pohlhaus, 2017, Fricker, 2016). Fricker groups the most typical appearances of epistemic injustices into two broad categories, testimonial and hermeneutical, which I will outline below.

2.3 Testimonial injustice

The central tenet of testimonial injustice is a person's identity power, which is dictated by social relationships (Fricker, 2007). This identity power is central in any exchange of information or knowledge between interlocutors as the amount of credibility that a hearer attributes to a speaker depends on implicit and explicit identity stereotypes and the politics and power that underpin those stereotypes (Lee, 2022). Stereotypes, in and of themselves, are not necessarily problematic, in fact Fricker notes that their use to be at face value, ethically blameless (2007). Stereotypes are generalisations that allow us to attach specific characteristics to all members of certain social categories without individuating, making them a useful way of grouping knowers and appraising their reliability as sources of information. It is however our reliance on stereotypes in navigating our everyday life (for example the implicit trust that one puts in a general practitioner being suitably qualified to diagnose a health condition or a primary school teacher possessing the knowledge to educate our children) that opens up and primes a means for prejudices to colour and influence our knowledge production and transfer (Fricker, 2007).

Prejudices or negative stereotypes arise when beliefs are correlated with certain groups of people without proper attention to evidence, situated in an awareness of social and political contexts. In chapter one I outlined how prejudice against people living in poverty as 'feckless' has been nurtured and engineered since as early as the 17th century, through Elizabethan poor laws and the subsequent ebb and flow of leniency and intolerance that successive governments have brought. Many esteemed scholars have provided evidence that people living in poverty are far from 'feckless', rather an underclass that persist and grow as our neoliberal society marches forward with an ever-growing gulf of inequality (Wilkinson and Pickett, 2009) yet the prejudice persists.

As mentioned above, credibility is intrinsically linked to a person's identity categories or power. In assigning credibility to somebody's testimony, we judge it on whether we believe the person to be reliable, trustworthy and in possession of facts. If we deem these criteria to be met we generally deem their testimony to be credible. How much credibility we give each other plays a big part in what we can learn from each other, the implications and ramifications of which vary dramatically depending on the circumstances or situation in which testimony is being offered. Testimonial injustice occurs when a hearer affords a speaker an unreasonably low level of credibility due to negative stereotypes or prejudices associated with the speaker's identity (Fricker 2007).

Fricker (2007) illustrates the concept of testimonial injustice by looking at the case of Tom Robinson in Harper Lee's novel, To Kill a Mockingbird (1960). Tom is a black man living in Alabama who is accused of raping a white woman. Through the trial Tom's lawyer proves beyond doubt that Tom could not have possibly committed the crime he is accused of however, the all white jury are resistant to the evidence and find him guilty, sentencing him to life in prison. Fricker contends that the jury do not find Tom guilty due to a conscious intent to frame him for a crime he didn't commit, rather they are operating within the racist prejudices of the time which taint their perceptions, causing them to view Tom as an untrustworthy source of testimony. This lack of intent is central to Fricker's definition of testimonial injustice, as the motivation is not derived from a conscious effort to harm people, rather from faulty assessments of credibility due to prejudice.

Fricker's main focus in her original theorising of testimonial injustice was on systematic cases of testimonial injustice rather than incidental. Incidental instances of testimonial injustice happen when prejudices are highly localised to the situation and are not generally held, so are

unlikely to track people through other facets of their lives causing further injustice. Hardwick (2019) provides an example of a student who is given a lower grade than is deserved due to a teacher's strong prejudice against people who write in certain fonts.

Systematic testimonial injustice is underpinned by tracker prejudices which follow people through various aspects of their lives (social, economic, political). The credibility deficit accorded to a person due to a prejudice is pervasive, connecting to other types of injustice, testimonial injustice based on race or gender are viewed as systematic, locating epistemic injustice within the 'broader pattern of social injustice' (Fricker, 2007:4).

Fricker's concept of testimonial injustice has been widely discussed, debated and built on since its inception (see Hardwick, 2019, Doan, 2017, Anderson, 2012, Dotson, 2011). Structural testimonial injustices have received attention within research due to their pervasiveness within society and their lack of base in prejudice (Anderson, 2012). The value of education in credibility assessments is an example of a structural testimonial injustice, where formal education is commonly associated with higher levels of credibility however the distribution of education is discriminatory with certain sectors of society much more likely to be able to access and succeed within education.

How testimonial injustice happens in practice and the impacts of this on how people provide testimony has also seen its share of academic attention. Spivak (1998) theorised that damaging a group's ability to speak or be heard is a form of epistemic violence, which has been built on by Dotson (2011) who further breaks this down to look at how people's testimony is silenced due to prejudices held by dominant hearers, coining the terms testimonial quietening and testimonial smothering. Washington's (2022) examination of women affected by domestic violence in the criminal and family justice courts in America shines a light on how testimonial injustice can cause marginalised narratives and this can result in everyday professional practice and interventions being used as tools to silence and result in knowledge coercion. Chapters 4 and 5 look in more detail at testimonial injustice, orientating it to data collected during fieldwork.

2.4 Hermeneutical Injustice

Hermeneutics are methods or theories of interpretation. Hermeneutical injustice is when a dearth of adequate concepts within a shared pool of social interpretation exist within a

community, causing a person to be unable to make sense of significant social experiences to others or themselves (Fricker, 2007). Fricker holds that the conceptual deprivation at the core of all hermeneutical injustices can be tracked back to the systematic hermeneutical marginalisation of some social groups. Members of these groups are consistently omitted from knowledge production in important areas such as academia, politics, journalism and law. This exclusion leads to the central resources used to make meaning in communities being dominated and shaped by the experiences of the most socially powerful members.

Fricker offers the example of sexual harassment prior to the term entering everyday usage and understanding in the 1970s to illustrate how hermeneutical injustice can arise. She uses the example of Carmita Wood, a black woman working within a university, who felt shame and embarrassment due to the aggressive sexual behaviour of a professor within the university. After attempting to remedy the situation by requesting a transfer from the department, which was refused, Carmita quit her job, unable to cope with the psychological toll of the abuse. She was subsequently denied unemployment benefits due to lacking the language to articulate her reasons for leaving and the shame and embarrassment that she associated with the experiences, causing her to cite personal reasons as her reason for leaving on the paperwork. Fricker identifies Carmita's case as a classic example of hermeneutical injustice owing to Carmita being unable to make a significant social experience intelligible to herself or others due to a gap in collective hermeneutical resources at that point in time (Fricker, 2007).

Fricker (2007) argues that the harm experienced by Carmita must be understood as an act of wrongdoing, rather than a case of circumstantial wrongdoing, on two levels. Firstly, the paucity of concepts cause an asymmetry of harm. The absence of a concept to describe the professor's inappropriate behaviour was a collective disadvantage experienced by both Carmita and the professor however it was only Carmita's well-being that suffered because of it, the professor, arguably benefited from the lack of concepts as it allowed his behaviour to continue with no accountability.

Secondly, the harm must be considered as a wrongdoing in light of the background conditions of hermeneutical marginalisation. Powerful groups have a disproportionate advantage in moulding collective knowledge and are more likely to create concepts and understandings that align with their interests and help them understand their experiences. As discussed earlier in the chapter the marginalised sectors of society tend to have much less power and therefore have little influence in constructing collective meanings and concepts. As a Black woman Carmita

had two identity prejudices (gender and race) that were likely to track across different dimensions of her life, especially in the 1970s when women were much more likely to hold lower paid positions and black women were much more likely to be sexually objectified and harassed (Stanton et al., 2022).

Like testimonial injustice, Fricker's conceptualisation of hermeneutical injustice provided the starting point for a range of academic engagement, debate and development on the concept. Medina (2012) challenged the narrow view of the existence of all-encompassing hermeneutical gaps (also referred to as lacunas) within collective hermeneutical resources, arguing that different subgroups might possess their own hermeneutical resources and the focus should be on hermeneutical injustice occurring because speakers are confronted with counter interpretations of their experiences by interlocuters, systematically distorting their communicative attempts.

In its original inception Fricker (2007) posited that hermeneutical injustice was characterised as a structural, wide-ranging phenomenon, occurring at the level of an entire society. The structural focus is important as it informs us that hermeneutical wrongs can be woven into the fabric of our communicative practices and therefore hermeneutical disadvantage can be perpetrated even when we cannot pinpoint individuals' actions or mistakes (Medina, 2017). Hermeneutical injustices are often pervasive, impersonal and systematic. Fricker's assertions that hermeneutical injustices are wrongs that happen in the absence of specific perpetrators, amounting to a lack of either individual or collective blame however have been subject to much debate and critique (Mason, 2011, Pohlhaus, 2011, Dotson, 2012, Medina, 2012, 2013, 2017, Posey, 2021).

One of the central concepts in hermeneutical injustice is lacunas. Lacunas refer to the omissions or gaps in language, culture and societal structures that prevent marginalised groups from fully partaking in comprehending and understanding their experiences. The development of these gaps is often due to power structures and metanarratives that stifle and disregard the voices of marginalised groups, leading to an absence of terms and theories to interpret and express their lived experiences. This results in an absence or misrepresentation of marginalised groups' voices, continuing the vicious cycle of injustice and inequality (Falbo, 2022).

Fricker herself revisited her original definition in 2016 and discussed the role of individual responsibility and culpability in relation to hermeneutical injustice, and the realities that often,

marginalised groups did not lack the knowledge or awareness of language to describe their experiences, rather the dominant knowers sometimes possessed a wilful or partial ignorance that caused lacunas or limitations in hermeneutical knowledge or resources. Falbo (2022) has built and expanded on the concept of hermeneutical injustice, moving to depart from the rigidity of a lacuna-based model, to

> *"A broader analysis that better respects the dynamic relationship between hermeneutical resources and the social and political contexts in which they are implemented. (Falbo, 2022:343)*

It is within this broader understanding of hermeneutical injustice that I explore data in chapter 6.

2.5 Intersectionality and epistemic injustice

The viewpoints behind intersectionality can be tracked to long before the term was coined by Kimberlé Crenshaw in 1989. The abolitionist Sojourner Truth (1851), the sociologist Anna Julia Cooper (1892), and a host of black, Latina and indigenous and Asian feminists from the 1960s through to the 1980s drew attention to how different forms of inequality interacted, however were categorised and discussed under the banner of 'race, class and gender studies' (Collins, 2015).

In its original context Crenshaw used intersectionality to explore the bias and violence faced by black women, however it quickly took root within academia and became a burgeoning, multidisciplinary field drawing analytic attention to the verity that social identity categories do not exist in isolation. Rather, they interact and overlap and when combined with multiple forms of discrimination often lead to a discrimination that is more than the sum of its parts (Yuval-Davies, 2015). While the Oxford dictionary defines intersectionality as a sociological term meaning:

> *The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise.*

academics within the field argue that it is better captured by the assertion that

the critical insight that race, class, gender, sexuality, ethnicity, nation,

ability and age operate not as unitary, mutually exclusive entities, but

rather as reciprocally constructing phenomena that in turn shape complex

social inequalities (Hill Collins, Medina, and Pohlhaus 2017, 115).

The multiple identities and social positions that people hold interact with each other to shape their lives and experiences of inequality, and it is this multi-dimensional view that incorporates a consideration of invisible power dynamics that an intersectional approach encourages (Statham, 2021). The language of intersectionality has increasingly become an organising and political tool used by academics and activists across different fields and disciplines to analyse differences and shine a light on social inequalities (Bernard, 2021).

The use of intersectionality within social work training and academia is growing due to its natural fit with a social justice values and human rights focus, with many academics applying it within practice, policy and research contexts (Simon et al., 2022, Statham, 2021, Matsuzaka et al., 2021, Webb et al., 2020, Baumtrog and Peach, 2019, Robinson et al., 2016). Social work practice occurs in an ever expanding, diverse population with individuals and families from different racial, ethnic, cultural, linguistic and religious backgrounds (Bernard, 2022). Further layers of complexity are added by class and gender, while both areas have traditionally brought many axes that have created conditions for discrimination, both areas that have become even more complex in recent times. Class and socio-economic positioning constitute an ever-changing environment due to the cost of living crisis, and gender and sexuality a source of contention in aspects such as transgender rights, pervading all sectors of society.

Intersectionality therefore provides an opportunity within social work to identify the contextual, social and environmental influences that effect families' lives, with the potential to offer up a framework for developing strengths-based practice (Bernard, 2022).

Recognising that the experiences of belonging to different social identities, such as class, race or gender, overlap, creating the need for a space for marginalised groups to express their difficulties and seek social justice is core to intersectionality, making it a natural fit with the core concepts of epistemic injustice (Collins, 2017). A central assumption in testimonial injustice is the presumption of credibility deficits due to core identity prejudices such as age, gender or class without considering the empirical evidence in the specific case. In cases such

as this epistemic injustice occurs because individuals are considered typical examples of 'social type' prior to any opportunity being afforded to show who they are (Murris, 2013).

When epistemic stereotypes and doubt are largely accepted within professional practice and knowledge it creates a risk that they come first and an individual's testimony that counter these stereotypes is not afforded suitable levels of credibility, is shaped to fit mainstream narratives or silenced (Hand, 2015). There are numerous examples of this within the history of social work practice and knowledge, for example narratives around attachment theory. Bowlby and Ainsworth's formulations of attachment theory has and continues to be widely used within child welfare practice however there has been increasing critical examinations of its use and implementations within social work practice (White et al., 2023). Bjerre et al. (2021) argue that its use has moved away from using the scientific concepts to a normative tool under the guise of 'science' to allow social workers and policy makers to pull parents into line with middle class parenting norms. The wedding of epistemic injustice and intersectionality creates an opportunity to identity harmful stereotypes earlier in the development of both knowledge and practice within social work by expanding the ways that we approach and understand people in light of their intersectionality.

Research within social work using this explicit lens is rare but emerging. Lee (2022) looked at how social workers claimed to know and how they constructed the 'facts' of families' experiences, consequently categorising the families in line with professional and institutional knowledge. He explored the predictable power dynamics at play within multiple sites during the assessment process, finding that families constructs of their own experiences differed from social workers constructions but were overridden, creating epistemic injustice. He argues categorisation within social work practice permits dominant discourses to be taken for granted and legitimise professional actions. Baumtrog and Peach (2019) explored how identity related assumptions in relation to children caused epistemic injustice and how, when combined with epistemic injustice relating to other facets of their identities, children could be rendered invisible. The combination of intersectionality and epistemic injustice in interrogating child welfare practice offers up unique ways of looking at practice, outcomes and opportunities for positive change.

Collins (2017) cautions that the coining of the term intersectionality and its popular entrance and uptake in academia has been met with persistent ignorance due to the clash between its focus on lived experience and academia's dominant epistemological paradigm of asocial

objectivity. This caution is of particular relevance to social work given that historically there is poor representation of true lived experience and co-production in research and while the discipline has made significant advances in improving this, it is undoubtedly in its early stages and is encountering many hurdles (Allen et al., 2019).

Chapter 3 - Research design and methods

3.1 Introduction

This chapter discusses the philosophical underpinnings of my research and my positionality in relation to this. It moves on to explore the methods that I employed during my research using examples from field notes and diaries to illustrate points. How the concepts of validity, reliability and reflexivity influenced the process from conception to analysis is also discussed. The impact of COVID-19 on this project is explored and the subsequent changes to the research design outlined. How data were gathered, recorded and analysed is considered, again accompanied with illustrative extracts from field notes. Attention then turns to how the research site was chosen, how access was negotiated and managed and my place within the field. Finally, ethical considerations and their impact on the research project are discussed.

3.2 Research design, positionality and philosophical underpinnings

This doctoral study set out to explore the intersection between child protection practice, parental substance use and inequality. Having practised as a social worker in both child welfare services and drug and alcohol services, my experience has shaped how I understand the topic, and the sensitising ideas that form the basis of this research. My experiences echo Halmi's (1996) observations of the social world as a complex, dynamic reality made up of various layers of meaning and viewpoints that are heavily influenced by the interplay between the environmental setting and the subjective understandings of the situational actors. My choice of topic is shaped by my positionality and so it is important that my methodological framework provides for reflexivity.

Positivist research in the areas of drug and alcohol, child welfare and inequalities is commonly undertaken. Quantitative research provides us with details of the prevalence and harm associated with all three areas, as evidenced in the literature review of this thesis. At best, results from quantitative research provides no more than 'sensitizing concepts' that play a role in identifying particular directions for research as they are unable to assert what will be found within particular situations (Blumer, 1954). While quantitative research can allow for interpretation and understanding of how these subject areas interact with each other within the everyday world of social work to some extent, it is not able to capture participants' articulations

of lived experiences. Quantitative research is also not the best fit for capturing more nuanced observations of social work practice. In seeking to understand this intersection of social work practice this research identifies itself within an interpretivist ontology.

Interpretivist ontology allows for this piece of research to go beyond the 'facts' and 'measurements' provided by quantitative data to look at human experience such as emotions, values, morals, and political concerns (McLoughlin, 2011). The meanings of human experiences are *'...not finitely specific, but achieve meaning from their background, context and the interpretations of the language speakers and receivers'* (McLoughlin, 2011:31). It is through the interactions with the social actors involved that the social reality of social work practice with parents that use substances can begin to be interpreted to create meaning and relevance (Schutz, 1967). Hudson and Ozanne (1988) have argued that the realities in everyday practice, rather than retrospective accounts, provide a unique lens and perspective through which an understanding can be gained of how practitioners carry out their roles, aligning with the belief that there is more than one reality and that reality is contingent upon context. My main aim when gathering data was to understand the subjective world of the social workers and families that they worked with (Guba and Lincoln, 1989).

Within interpretivism there are a broad range of approaches such as ethnomethodology (Garfinkel, 1967), interpretive interactionism (Denzin, 1989) and social constructionism (Berger and Luckman, 1979). The approach which I felt aligned with the way in which I sought to gather and conceptualise my data was symbolic interactionism, which derives from Dewy and Mead's pragmatic model (Huber, 1973). Symbolic interactionism asserts that people interact with things within a constructed understanding of those things; the constructed understanding is a product of interactions with other people and wider society; people then interpret the constructed understanding within specific circumstances (Blumer, 1969). Child protection, substance misuse and inequality are all commonplace words within the world of social work, however, definitions and meanings vary considerably. This research looked to explore how these concepts shaped interactions and interpretations within the field. Symbolic interactionism provides the epistemological base for my research as it allows for the exploration of how social workers interact with families in relation to the symbols of child protection, substance use and inequality, and how these interpretations are brokered. Conversely, it allows for the exploration of what families bring to these interactions and how they negotiate these interpretations together. Symbolic interactionism has a rich history within

social work research since the early 1900s and aligns well with both social work theory and practice (Forte, 2004). There are, as with all epistemologies, criticisms of the use of symbolic interactionism centring around its propensity to reflect social biases of the researcher and participants and the presentation of characteristic research groups as vulnerable with little or no social power (Huber, 1973).

Research underpinned by symbolic interactionism will always be exploratory, empirical, and open to meanings (Rock, 2011). Many researchers using symbolic interactionism as an epistemology are drawn to ethnography as it can help to contribute *'to a greater theoretical as well as practice-oriented understanding of complex social relations in a research setting'* (Tan, Wand and Zhu, 2003:1936). The definition and application of ethnography is a contested area, having transformed and evolved over more than 100 years (Gobo, 2011). Hammersley and Atkinson note that its long and complex history is one of the reasons that a standardised definition of ethnography does not exist, rather it occupies a *'variable and shifting role'* within social science (2019:3). Within symbolic interactionism, defining ethnography precisely is not viewed as essential, as terms are 'worn lightly', not deliberately used to indicate definite distinctions between approaches (Rock, 2011). Instead, the practice of interactionist ethnography emanates from the organising suppositions of symbolic interactionism itself (Rock, 2011).

Framing my research questions within an interpretivist ontology and a symbolic interactionism epistemology led me to choose an ethnographic case study design. As the research was carried out within one local authority it was best suited to a single case, exploratory case study (Yin, 2014). Framing single case study designs within an interpretivist ontology can facilitate immersion and empathy with the topic of research (Welch et al., 2011). The use of case studies within social work research is common (Shaw and Holland, 2014) as they can provide idiosyncratic examples of real people in actual situations, facilitating interpretations that are richer than merely proposing abstract theories (Cohen, 2000).

3.3 Research methods – Ethnography

Working within the fields of both child welfare and drug and alcohol services alerted me to a dissonance between what is captured within statistical analysis and academic research, and what I observed and experienced within practice. An ethnographic methodology allowed me to generate what is, hopefully, a deeper insight into what Blumer describes as *'the real operating factors in group life, and the real interaction and relations between factors'* (1969:138). As Gobo (2011) identified, ethnography is a style of thinking and doing rather than a simple method.

Ethnography within social work research is an emergent methodology and has been used to examine areas such as professional judgement (e.g., Gillingham, 2011; Saltiel, 2013; White and Stancombe, 2003; Scott, 1998; Hall, 1997), gendered practices (Scourfield, 2002), performance management (Broadhurst et al., 2010), and sense-making (Sheehan, 2022, Helm, 2016). It provides a *'powerful and unique vehicle for obtaining an in-depth, contextualized understanding of clients' perspectives and experiences necessary for effective social work practice and advocacy'* (Haight, Kayama and Korang-Okrah, 2014:127). Within social work ethnographies, a wide variety of methods have been adopted in efforts to capture social work encounters and practice, including participant observation, interviews, document analysis and vignettes (Ferguson, 2014). While historically relatively rare, there has been a steady increase in practice ethnographies in child welfare social work in the UK over recent years (e.g. Sheehan, 2022, Leigh et al., 2022, Ferguson, 2018, Leigh, 2013, Ferguson, 2014, De Montigny, 1995, Dingwall et al., 1983). Practice ethnography allows for the exploration of the 'context, actions, thoughts and feelings generated by the structured relationships among practitioners and clients.' (Longhofer and Floresh, 2012:305). This opportunity to explore the meanings that things hold for people is central to symbolic interactionism (Blumer, 1969).

Ferguson (2011) comments on the pervasiveness of movement within child welfare services and how failing to capture the mobile nature of social work within research can lead to lack of context in interpretations of practice. He proposed using a mobilities paradigm within ethnographic research to capture the 'flow' and 'flux' of practice. Urry (2007, p43) describes 'mobilities' as a

'broad project of establishing a "movement-driven" social science in which movement, potential movement and blocked movement are all conceptualized as constitutive of economic, social, and political relations'.

3.4 Methods of participant observation

I spent a total of 30 days split between two children's services locality teams. I refer to these teams as 'team A' and 'team B' within my finding's chapters. This consisted of an average of two and a half days per week. I generally joined the team shortly after 9am and stayed until approximately 4.30pm. The times and days that I attended were, however, flexible when identified opportunities to observe practice fell outside of these times. I observed social workers, other professionals and families through a mixture of approaches outlined below.

In adopting a mobile method approach I participated in all aspects of social workers' daily activities, observing, and interviewing as practice or patterns of movement were being undertaken, using a variety of techniques to observe and record (Ferguson, 2014). This offered me chances to gain contextualised understandings of practice, a method Kusenbach (2003) referred to as the 'go-along'.

Within the office environment, interviews often consisted of informal conversations as social workers completed mundane tasks such as updating notes, making hot drinks or preparing lunches. As the offices also consisted of meeting rooms that were used for formal meetings and to facilitate contact for families where restrictions were in place, I was able to observe how social workers prepared to switch from their back-stage presentation to front stage presentation (Goffman, 1976). It also allowed for an insight into how social workers were affected by and negotiated the presence of families within this environment.

Perhaps some of the most illuminating observations and conversations took place in the smoking areas of both offices. By accompanying social workers outside to vape, I was privy to some of their more candid conversations. Being away from the office atmosphere often resulted in talking about co-workers or management and a venting of frustration. These conversations tended to be more revealing and solidified relationships. My role, during moments such as these, felt like what Gold (1958) describes as the complete participant, with social workers appearing to relate to me more in my identity as a social worker than that of a researcher. Leigh

et al. (2020) identified similar advantages to partaking in this aspect of office culture such as promoting contact and building relationships with participants.

Car journeys were used frequently within my time in team A to talk to social workers about their cases, ask questions prior to visits and seek reflections after. Ferguson (2011) comments on the value of the moments and opportunities created by car journeys and walks to and from visits as the experience is still alive for the social worker. I found that social workers were more candid within these moments, perhaps because they were afforded a level of privacy not available in the office. In general, I sought permission to audio record these trips which allowed me to engage fully with conversations. Exceptions arose when conversations were flowing fluidly during the walk to the car and, therefore, I felt stopping them to ask to record might hamper the flow of dialogue. While I met with some opposition to audio recording in meetings (see section 3.12), all requests made to record during car journeys were agreed to.

Child protection conferences and review meetings were more formally observational, with little to no input on my side. While during home visits or informal observations people made efforts to include me or regularly acknowledged my presence, I tended to be ignored once introduced at the start of meetings, assuming the role of 'complete observer' (Gold, 1958). This made the role of researcher much easier to embrace. I tended to take detailed written notes during these meetings. I spoke to the case-holding social worker prior to and following the meetings to discuss their views. In a number of these meetings, I had opportunities to speak to parents on their own as I sought permission to observe. These provided valuable chances to speak to parents without their social workers which often resulted in strong expressions of feelings towards the child protection system and professionals working within it. Parents were often experiencing heightened levels of emotions directly before meetings and conversations tended to flow easily. While talking to strangers when experiencing stress, anger or frustration might seem counter-intuitive it might indicate that they viewed me as somebody outside the process, without a vested interest, providing an opportunity to offload or have their voice heard.

In general, observations and interviews with parents were harder to achieve than with professionals. There were several reasons for this. The first of these was a certain level of 'cherry picking' of cases, with social workers often stating *'this would be a good one for you'* based on their interpretations of what I was looking to observe. The second was the necessity for social workers to identify and approach families for me. This resulted in a complete block to accessing some parents where social workers did not want to be observed, and a dismissal

of some parents as unsuitable, based on the social workers' interpretation of substance use (see section 3.12 for further details). Finally, COVID-19 resulted in a complete change in my data collection plans just at the point where I had planned to begin data collection in an adult services team to overcome some of these difficulties (see section 3.7). This resulted in not being able to meet with families in person to build a rapport prior to the interview and relied on families having the technology, time and space to engage with telephone interviews. The circumstances of the pandemic made finding space and time more complex for families, for example there was a higher possibility of children being home from school and limited access to support systems to take care of children. Despite the difficulties, in general, parents were happy to participate in the research and happy to be recorded for interviews. Five interviews were undertaken with parents during the ethnographic element of this research.

3.5 Remote interviews

As outlined in section 3.7 the adaptions made to the research due to COVID-19 meant that a series of semi-structured interviews were undertaken with both families (n=4) and social workers from a statutory adult's services drug and alcohol team (n=5) to complete the data for this project. The social workers from the drug and alcohol team are referred to as team C throughout the data. These interviews were undertaken remotely through telephone calls with parents and over Zoom with social workers. While this method was not the desired method, there are advantages to online interviews as they can be more efficient, adaptable, and expedient than traditional interviews (Harrowell et al., 2015). While I was comfortable carrying out interviews with professionals over zoom, one of my concerns in conducting remote interviews with families was difficulties in building rapport however evidence from research indicates that this is not necessarily a source of difficulty (Archibald et al., 2019; Tuttas, 2015) and this held true during remote interviews with parents.

3.6 Validity, reliability, and the place of reflexivity

Every selection and combination of ontology, epistemology and research design offers strengths and weaknesses. While it is not possible to arrive at a research design free of negatives, it is important that these are explicitly considered. The traditional meanings of validity and reliability are difficult to apply to qualitative research as they tend to originate from the natural sciences and quantitative research, where well-defined sets of precise

measures influence the way research is undertaken (Becker et al. 2012). Alternative positions have been created for qualitative research such as LeCompte and Goetz (1982), which offers alternate measures of external reliability, internal reliability, internal validity, and external validity. I chose to utilise the ideas from Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability as it is regarded by many as the *'gold standard'* in evaluating quality in qualitative research (Whittemore et al., 2001:527).

One of the main criticisms of ethnography is that it is 'messy' due to its incorporation of so many methods and approaches (Plows, 2018). This, however, was viewed as a strength as it allowed for a freedom to capture the 'messy' reality of child protection practice (Ferguson, 2017). To address the criticisms inherent within ethnographic research it was important to ensure the research context was thoroughly described (transferability), I explored my own biases and biases within my sampling (credibility) and that data collection and analysis was documented with details of my thinking, decisions and methods (auditability and confirmability). By attending to each of Lincoln and Guba's criteria an overall level of 'trustworthiness' can be achieved, ensuring that the research is 'a faithful and accurate rendition of the participant's lifeways.' (LeCompte and Goetz, 1982:54).

The reflexive nature of this research project goes in some way to address the concerns about bias that are often associated with ethnographies, particularly those underpinned by symbolic interactionism (Huber, 1973). While bias is often seen as undesirable in research it is important to note that *'Preconceptions are not the same as bias, unless the researcher fails to mention them'* (Malterud 2001:484). As I was carrying out my research in a field that I had substantial professional experience in there is little doubt that I possessed pre-conceived ideas of what I would encounter during my research. While there are advantages to this knowledge, in that it could provide sensitizing concepts and hunches (Hammersley and Atkinson, 2019), it also presents challenges in ensuring that tacit patterns and regular occurrences do not go unnoticed. The use of a reflexive field diary was an important tool to document the research process, record reasoning in relation to methodological decisions and provide space to reflect on what was happening in relation to my own values and interests (Lincoln and Guba, 1985). The combination of a reflective diary and regular supervision was helpful in identifying instinctive beliefs and biases (Noble and Smith, 2015).

Examination and contemplation of my own values and interests began far before my fieldwork. As social workers we are taught to locate our values and interests in relation to both our work

and the decisions that we make within it. I entered this research process with a strong belief that social work practice with families where there is use of alcohol or drugs needed to change, based on my professional experience. Through the process of reviewing literature my beliefs strengthened but also widened to the systemic failures within social work. Throughout my data collection I was careful to challenge myself through the use of reflective dairies and field notes on what I was observing and examine how egocentric these observations were. This was of particular reflexive importance as I had previously worked within this authority, so brought knowledge and preconceptions about the geographical area, how the local authority worked, and a number of professionals and families that I was likely to encounter.

I entered the research process believing that, at the very least, I should share a common value base with other social workers based on our codes of practice and occupational standards. This proved perhaps one of the most challenging aspects of my time in the field. This was perhaps to do with my newly acquired role of researcher, meaning that I did not enter the field as a social worker, so some of my values and interests had shifted. Or perhaps because I had a period away from social work practice and that had provided a distance that allowed me to examine the role with fresh eyes. Most likely it is a combination of the two, which resulted in difficulties in empathising with social workers at times and a sense of frustration and anger at both the child welfare system and the professionals within it. Like all ethnographies mine provides an account of what I observed however I realise that this account is merely part of a picture, imperfect and prone to errors. Thinking carefully about why the research has been undertaken, how I approached data collection and analysis, and ensuring that I approached the social workers as participants rather than subjects hopefully increases the level of trustworthiness of the research (O'Reilly, 2012).

While complete immersion in my research topic combined with building solid relationships with the participants was key to the success of this research project, it is also within the social interaction of these relationships that one of the biggest threats to the accuracy of qualitative research results lies (Roller and Lavrakas, 2015). The power relations between the researcher and participants are asymmetrical, which can be further aggravated by suppositions rooted in demographics, socio-economic backgrounds, or cultural differences (Kvale, 2002). Again, reflexivity is key to identifying these power differences and affects. During my time in team A an example of one such situation in relation to my interactions with social workers within this team is outlined in the following extract from my reflective diary;

'I felt really uncomfortable today after leaving the office, social workers had been talking about parents is such a harsh and judgemental way, it was difficult to sit through and stay quiet. It's one of the times that I have noticed the distinct change in my identity in this process. I have been very conscious that my natural tendency in the office is to slip back into the role and mindset of a social worker rather than a researcher as it comes more naturally and feels more comfortable generally, but I did not feel like 'one of them' during this afternoon. I also feel a sense of guilt as I think that my identity as a social worker is what they see first when I am with them and therefore, they were in a sense letting their guard down speaking like this, they trust that I understand, that I 'get it'. And in a way I do, I am all too familiar with the underlying frustrations and upset that prompted the discussions and I also can see the dissonance between some of the workers practice and their talk.....it has made me so aware of the power that comes when people let you in to their lives, while I spend so much time making sure that I have consent for my research in moments like this is the consent really true consent, it almost certainly is not as if I had revisited the ins and outs of consent in these moments my guess is not one of these social workers would agree to me using observations of those conversations.'
(extract from field diary)

Engaging with the uncomfortable feelings around true consent allowed me to reflect on the power dynamics within social work. While I could have chosen to leave out data that I felt would make individual social workers uncomfortable, ultimately the data plays an essential role in exploring the epistemic practices that occur in everyday social work, without its inclusion the picture is incomplete. As alluded to in the extract from my field diary, the types of conversations that I observed were not unusual in my own experiences of social work practice and often did not represent the empathetic relationships that I witnessed between social workers and families. Unpicking these dynamics provides opportunities to improve both social workers and families' experiences of practice. Engaging reflexively with my own position within the field allowed me to unpick understandings and insights from that position (Shaw and Gould, 2001). This experience led to later reflection on the layers of power or powerlessness that lay within my research, while at the time I viewed it from the lens of being powerless it could just as easily be viewed as possessing the power to report professionals for

their conduct. It also illustrates the fluidity of change from the role of 'intimate insider' to 'participant observer' and the power dynamics involved in negotiating my place in the field at any given time (Sonkar, 2019). Finally, in considerations of power dynamics within the data it was important to remember that those with the least power were consistently the families involved in the child welfare system, to exclude elements of the data would have been a violation of the purpose of the study and my power as a researcher.

It is important to note that there is a lack of discussion throughout this thesis of racial prejudices or the impacts of race on social work practice and families' experiences, which is due to the lack of diversity within the population where data was collected. This is a key weakness in the reliability of the data as it is well established within social work research that black and ethnic minority families are disproportionately represented within families' race and ethnicity are key sites of disproportionate bias and prejudice and that that there is a culture of institutional racism within the social work profession (Fairtlough et al., 2014, Lavalette and Penketh, 2013, Hill, 2004).

3.7 The impact of covid-19 on the research design and process

In January 2020, the first cases of COVID-19 were confirmed in the UK. By late March 2020, the spread and severity of the illness caused an unprecedented nationwide lockdown, which included governmental directions to work from home if possible and the closure of all but essential businesses. My original data collection plan was to spend six weeks in four different local authority statutory teams. I had just concluded data collection in the second of these teams at the point of the lockdown.

Directions from Cardiff university included the immediate cessation of fieldwork. Due to childcare settings being part of the national closures my two preschool children were at home which impacted upon my research capacity and my personal life. For these reasons, the original plan of a six-month ethnography was redesigned. Through discussions with my supervisors, it was agreed that the data collected within the three-month ethnography would be supplemented by remote interviews with social workers from team C and parents of children on the child protection register. Selection for interviews was based on existing professional relationships within the local authority that I had undertaken my ethnography in. Ethical approval was sought

and granted from the university ethics committee and access within the local authority was renegotiated. While it could be argued that the data I had collected already would have been sufficient, as mentioned earlier in the chapter I had faced obstacles in observing and interviewing families and I wanted to ensure that their voices and experiences were offered equal weight within my research. Team C provided unique insights into the operation of practice with families identified as using substances, as they were commissioned to provide targeted interventions to families but ultimately their focus was on the parent first, providing alternative practice insights.

COVID-19 necessitated more than just practical changes to my research and how the final part of my data collection will be undertaken. The Nuffield Foundation (2020) stresses the importance of considering power and influence, while ensuring meaningful representation of people who are most affected within research. Considering the sensitivity of the context and situations where research is undertaken is always a paramount consideration, however this becomes even more complex during a pandemic. The key focus during global health emergencies is generally on the health of the population and monitoring and controlling the spread of the disease however, as Passos et al. observe, global health emergencies are *'phenomena experienced by individuals, families and communities, who are culturally and historically situated.'* (2020:1). As social work practice already operates, for the majority, on the fringes of society with people who are already suffering the effects of poverty, ill health and inequality, COVID-19 brought a multitude of challenges to both professionals and families (Banks et al., 2020). For these reasons, extra care and reflexivity were important in both the planning and implementation of the final phase of this research. Care was taken to ensure that families were fully informed about how the interviews would be undertaken, with loose question guides provided to the social workers to provide to the families. If families did not answer phone calls, a voice message was left with just my name and contact number. If families did not get back in contact then I did not try to contact them again as I took this as a method of declining the contact.

3.8 Data recording

Data for this research project were collected in a variety of different ways including written and voice recorded fieldnotes, audio recordings of both informal and formal interviews, transcribed analysis of case recordings and reports and a field diary. The variety of methods

utilised were to ensure that a high quality of recording was achieved, which is acknowledged as one of the most important aspects of an ethnography (Hammersley and Atkinson, 2019). Hammersley and Atkinson (2019) note that when considering observational fieldnotes there are three important aspects; what to record, how to record it and when to record it.

On entering the field, I initially struggled to adapt to the role of researcher and choosing what to record caused me anxiety. Conscious that I wanted to capture a 'thick description' (Geertz, 1973) I found myself trying to record everything that I was observing. However, I quickly realised that this was impossible and was preventing me from truly engaging with my role as a researcher. I settled into a rhythm that allowed me to navigate the busy, chaotic atmosphere of the office by spending the first weeks in each of the settings building rapport and relationships with staff members and familiarising myself with the culture of the workplace. I recorded my observations and used these to *'plan, choose and have purpose'* as I progressed through my time with the teams (Rock, 2007:30). This allowed for a reflexivity with plans and choices, changing as I learned more about the world I was observing. I noted the words of participants as precisely as possible and accompanied this with observations of non-verbal communications and sensory observations such as layouts of rooms and positioning of participants. Notes taken in the field were revisited and expanded upon with further details and reflections as soon as possible, usually on the same day.

As discussed in section 3.11 my presence in the field inexorably shaped the encounters with the people and situations that I observed. This had implications for how I recorded data. I had planned to use a digital voice recorder, however it proved off putting for participants, distracting and changing the way that participants engaged with me. I found that using the voice notes application on my phone was much more effective for instances that I wished to audio record, as participants appeared more comfortable with a device that was familiar and commonly present in the field. Voice notes were transferred to a secure online location at the end of each day and erased from my phone. While I had hoped to audio record significant proportions of my data so that I could focus on observing and recording non-verbal aspects of the data it became clear that a few social workers were uncomfortable with this method. Some expressed this explicitly as outlined in section 3.12, while others' demeanour changed when I began to record;

> *'During our car journey to (service user) house today I asked (social*
> *worker) if I could record our discussions in the car which she agreed to. As*

soon as I pressed record, she visibly straightened her posture and her language changed. She has been very casual in the way she was talking about the case, referring to the mother as a 'pisshead' and swearing frequently however this stopped and she started using more professional language such as 'alcohol dependent'' (extract from field notes)

While I became more thoughtful about when and how I used voice recording I did not dismiss it as a tool, instead I appreciated that it could provide a divergent rhetoric in participants' representations of their thoughts and practice. This is in line with previous findings about the use of interviews with social workers in ethnographic research, which finds that *'...the official version of professional work might dominate'* (Scourfield, 1999:53) and while this is, in itself valuable it misses the dynamics of social work encounters which contains the details of how practice is negotiated and constructed in everyday encounters (Ferguson, 2014).

While I had arrived in the field with a fresh collection of pens and paper to record my notes this method quickly became assigned solely to formal meetings. I instead used a combination of voice memos and word documents to create my field and reflective diaries. This allowed me to capture observations and thoughts more effectively. As the offices that I was accommodated in were both open plan, I was able to set my laptop up and become a 'participant observer' which afforded me opportunities to listen to participants' conversations and phone calls without being obtrusive. It also allowed me to document these occurrences as they happened and use quiet time to write field notes. This echoed Scourfield's (2003) and Pithouse's (1987) experiences of ethnographies within open plan offices, providing a disguise for my interest in the functioning of the office space. I used the car journey home to audio record my reflective diary which was also a useful was of detaching from my research at the end of the day.

Reading of case files was approached opportunistically. I did not have access to the computer file system so I asked social workers if they could print documents for me to read such as conference reports, care and support meetings etc. Social workers were happy to do this and often it led to them identifying other cases that could be of interest and providing documents relating to these. Documents were analysed on site in the offices and shredded when finished with. I shared a desk in team B with the administrative assistant who took great interest in my research and was happy to identify and print documents from relevant cases. While these documents proved valuable in providing a more holistic view of how the child protection system functioned there was ramifications for sampling. While the documents that I asked for

directly were related to cases that I was observing, the others were down to the discretion of the social workers which possibly led to a similar bias as discussed in section 3.4, where social workers cherry picked the 'worst' or 'best' cases to share.

3.9 Data analysis

The analysis of data is not a distinct stage of ethnographic research, rather a thread that runs throughout which is pulled together towards the end. From the conceptual stage of this research project, when tentative research questions were created and relevant literature was reviewed, the analytic process had begun. As Hammersley and Atkinson (2019:167) note there is no 'formula' to be followed in the analysis of ethnographic data, rather success is more likely to come from a variety of 'potentially fruitful ways of working' whilst ensuring that the approach is flexible and adapted to the research questions, data and the situations being studied. They also emphasise the unpredictability of all these aspects and how analysis must be able to accommodate changes. This was particularly pertinent through the course of my research project as I had to adapt what was initially planned as a six-month ethnography to a mixture of ethnography and formal interviews due to COVID-19.

Throughout my time in the field, I used my observations to think about the sensitizing concepts from my literature review and my own experience within the field and the other way around, seeking to invoke abduction rather that a purely inductive approach (Tavory and Timmermans, 2014). The use of a field diary allowed me to note developing theories and lines of thinking resulting in a set of data that was helpful in abductive analysis (Charmaz, 2014). This allowed me to appraise emerging theories against further evidence, providing a framework to engage with the large volume of data resultant from field observations, audio recordings, interviews, file analysis and my reflective diary. Prior to entering the field, I had engaged with literature around epistemic injustice and seen the value of its use within analysing the everyday workings of injustice. The focus on knowledge that emerged through both engagement with related literature and observations in the field, how it evolved and how it was used, led to the choice of an epistemic injustice focus to frame the analysis and interpretation of the data.

When analysing my data, I used approaches from Glaser and Strauss's (1967) grounded theory including coding and memo writing to create categories from which theory could emerge. While Tavory and Timmermans (2014) contrast abductive analysis with inductive approaches, which they equate with grounded theory, Atkinson (2018) argues that grounded theory is in its

origins and spirit an abductive approach. I utilised NVivo 12 software for initial coding to facilitate analysis, however I was conscious that this programme should not determine the analysis (Hammersley and Atkinson, 2019).

All data was stored securely aligning with Cardiff university's school of social sciences policies. Data was anonymised during transcription, social workers are referred to by their role and the team they belong to rather than by name and families' names and potential identifying information have been changed to protect their identity.

3.10 Entering the field - Selecting a site for research and negotiating access

The process of gaining entrance to organisations is a fundamental element of ethnography, as is securing employees and parents engagement with the process (Shenton and Hayter, 2004). Initial plans for collecting data proposed spending a three-month period in two local authorities that had similar levels of population, culture and deprivation levels. The selection of two different local authorities was to avoid problems that might be encountered in relation to distinctive practice cultures within local authorities. Leigh et al. (2020) identified significant variations in practice in two different social work departments which they attributed to factors such as additional support services, stability of workforces and office layouts.

There were a number of factors considered when choosing the local authorities. Due to the length of the ethnography the local authorities needed to be geographically convenient to access. As I was looking to observe cases involving parental substance use it was also important to consider the prevalence of this as a parental factor in child protection registrations within local authorities and also to gauge specific support services within these authorities which could provide possible sites for data collection outside of children service teams. This had the potential to provide a more comprehensive view of how child welfare services and drug and alcohol services interact. Deprivation levels between authorities were also considered as there is significant variation in the percentage of lower layer super output areas in the most deprived 10% of the Welsh population.

Two local authorities were identified as suitable using the above criteria and a letter briefly detailing my research and access request was sent to the assistant director of children's services in each authority by email. A positive reply was received the following day from local authority

A, and a contact was established within children's services to begin negotiations for access. I had previously worked within this local authority, which had been acknowledged in the letter. During my time as a social worker, I had practiced in four local authorities therefore it was important to consider the implications for my research. Gaining access is often one of the most difficult aspects of carrying out an ethnography (Hammersley, 2006, Scourfield, 1999, Pithouse, 1997) however it appeared that having worked in this authority was an advantage. Once initial consent had been gained from the first local authority, arranging access was a relatively smooth process. I was familiar with key management figures and team structures and locations. I also had an intimate knowledge of the geographical area and the services that operated within it. This made it possible to quickly identify which teams would provide the best opportunities to observe based on knowledge and experience of the area.

Local authority B did not respond to the initial email request or to follow up enquiries. A decision to adapt the research design and to focus solely on one local authority was made in early 2020. This was a result of practicality and reflexive adaption to emerging problems with the initial plan to spend blocks of four-week periods with different teams. Once I began data collection, I realised that building relationships and securing opportunities to observe practice was more time consuming than I initially had planned for. With permission from the manager and team members I extended my stay in the first team to six weeks which allowed me to follow progression of cases. The research plan was then adapted to focus on six weeks blocks within four teams in local authority A. Permission was sought and granted by the relevant gatekeeper within the authority. Observing more than one team within the local authority also overcame some of the concerns around differences in culture and contexts identified earlier in this section.

The local authority I carried out my research in had a number of children's services locality teams who hold care and support, child protection and legal cases. More than 10% of the local authority's lower layer super output areas (LSOAs) are in the 10% most deprived in Wales, including areas of deep-rooted deprivation, which is defined as an area that has remained in the top 50 most deprived LSOAs over the last 15 years. There are 1,909 LSOAs across 22 local authorities in Wales, with a mean population of 1500 in each. There are 26 small areas of deep-rooted deprivation across Wales (WIMD, 2019). As my research wished to explore the effects of deprivation and inequality, I chose to approach managers of teams that covered areas that had both high levels of deprivation and relatively less deprivation based on information from

the Welsh Index of Multiple Deprivation. Managers who agreed to consider hosting me distributed information leaflets to their staff and I then arranged to meet the staff to discuss and seek permission to carry out my research.

This transpired to be a process that was made easier through professional connections in the area. I was contacted by a social worker that I had previously worked with, who was enthusiastic about the research and eager to accommodate me within her team (team A). On attending an informal meeting with this team, it was clear that she had paved the way for a positive response with one team member remarking that

> *'(social worker) has told us all about you, and if you are used to her language then you will fit right in here' (extract from field notes)*

Overall, the team members that I met were positive about the aims and remit of my research however they voiced some concerns about being observed in the informal office atmosphere, they discussed how they knew that their talk was often inappropriate, but this was part of how they coped with their jobs, reflective of earlier considerations in this chapter (see section 3.6). The identification of differences in culture 'inside' the office is similar to Waddington's (1999) observations of police forces' 'canteen culture'. It also echoes Goffman's (1976) observations of a 'backstage' in teams, where presentation is rehearsed in anticipation of 'performance' being observed or judged. Leigh et al. (2020) comment on how initial meetings with teams are an important part of the process of 'blending in', which is essential to ethnography.

The second team manager (team B) that I approached was someone that I had worked with for several years. She was receptive to allowing me access to her team. She invited me to the monthly team meeting to meet the team and discuss my research. This meeting felt more formal than the meeting with team A, which was perhaps a result of the manager being present. I was already acquainted with several of the team members as a result of working within the local authority. I feel there were elements in my ease of access that echoed Loftland and Loftland's (1995) observations that gaining access in my research was expedited by my connections. My research proposal was met with enthusiasm and all the team agreed that they were happy for me to join them.

Initial plans were to negotiate access to another children service team and an adult services drug and alcohol team at a later point in the data collection process, however these plans had

to be abandoned due to COVID-19 and replaced with remote interviews with team C and selected parents.

While initial access was a smooth process, in reality access and participation were something that was negotiated on a day-to-day basis and proved at times to be frustrating and complex. While all team members in both teams had agreed to take part in the research it became evident that some social workers were not truly comfortable with being observed. This took various forms from explicit expressions;

> *'(social worker) refused permission for me to audio record todays peer support case discussions despite all the other social workers agreeing. She became aggressive in her tone of voice saying 'I don't want my voice being recorded'. I assured her that this was 100% her choice and I was happy to just take hand written notes or if she would prefer I could not attend the meeting. She visibly relaxed and became friendly once again telling me that she had no problem with me being there she just did not want to be audio recorded' (extract from field notes)*

to more subtle avoidance;

> *'I have arrived in the office this morning to find that (social worker) has left for this morning's core group without me, despite coming in early to make sure that we had plenty of time. This is the fifth time in the last two weeks that they have arranged for me to observe interactions with families and either cancelled, rearranged or 'forgotten'. It is clear that they are not comfortable with my accompanying them on visits however I can't help but feel frustrated as they hold the majority of the appropriate child protection cases within this team' (extract from field notes).*

Access with families was also at times, complex. In general families were happy to talk to me and happy to participate in my research however, on one occasion a family member withdrew her consent following a lengthy piece of observed practice that had been audio recorded due to conflict with children's services. While I went to great lengths to explain both in person and printed form that my presence was outside of the child protection process (Miller and Bell, 2002), in this instance it was clear that by accompanying the social worker I was grouped as part of 'them'. Although positive relationships with the social workers I observed were crucial

to gaining access to families, it was at times counterproductive due to families viewing me as one of 'them' when high levels of conflict were present between families and social workers.

3.11 Locating myself within the research

While I did not intentionally seek to carry out my research wholly in a local authority that I had worked within in a professional capacity, a combination of chance and reflexive redesign of my research led to this becoming a reality. Though I had not worked directly in children's services within this authority, I had worked alongside them for a number of years which meant that I had an intimate knowledge of how their systems worked and had established relationships within teams, including people who I considered friends within my personal life. While 'insider' research has received attention the influences of prior relationships and friendships between researchers and participants is underdeveloped (Browne, 2003, Taylor 2011). Taylor refers to the role of carrying out research with groups where prior relationships and friendships exists as *'intimate insider'* research (2011:8). She spoke about her research in local 'queer culture', which she had been a member of for over a decade. While these friendships and connections presented challenges such as struggling to balance the *'rules of engagement'* for friendship against those of the role of researcher, they also presented opportunities such as developing relationships and friendships further through the research which resulted in a greater engagement with the findings of her work (2011:18). While for the majority of my fieldwork my pre-existing friendships were a source of positivity, e.g. existing rapport and respect, knowledge of dynamics within teams, it also at times led to disclosures from participants that I do not believe they would have made to 'a researcher'. This at times left me unsettled and fearful that they would disclose information that would mean that I would have to effectively assume a 'whistle blowing' role, for instance on one occasion a participant told me about a particularly poor piece of practice by a colleague that warranted further action by management due to its nature. Thankfully these fears were not realised as the social worker disclosed the concerns to her manager directly after the conversation. Although I was not in a true sense of the term, an 'intimate insider' (Taylor, 2011) I did possess a level of knowledge and connections that prevented me from assuming the position of professional stranger (Agar, 1996) in totality.

This was further complicated by having worked within the field of drugs and alcohol in the local authority which led to a working knowledge of many of the families that were known by children's services. This resulted in several occasions where I had knowledge of families either indirectly through past colleagues working with them, or directly, as I had been the parents' allocated social worker. To address this, I ensured that any observations that I undertook with

families that I had knowledge about or had worked with in the past were aware of who I was and my previous role. This allowed them to make an informed choice about their participation and also provided an opportunity to clarify my role as researcher. Of the times when this was a consideration there were never any problems with consent to take part in the research. Participants either viewed the information as a positive thing as they had had good experiences with my former team or were happy to update me on what had happened since I last met them and eager to talk about their current experiences, perhaps a benefit of having a pre-existing rapport.

What the role of intimate insider did provide was a key to delve into the crevices of the teams by using my position to gain access to truths that remain hidden to the public (Leigh, 2013). Of ethnographies that have been undertaken by social workers there are, to my knowledge, only two that were conducted by 'intimate insiders'; *Constructing Professional Identity in Child Protection Social Work: A Comparative Ethnography* by Leigh (2013) and *Performing Social Work: An ethnographic study of talk and text in a metropolitan social services department* by White (1997). While this was not an 'intimate insider' ethnography in its truest form, there were certainly elements that reflected experiences from these studies such as the temptation to not include data that I felt may be interpreted negatively by participants who were friends. However, like Leigh and White, this data is included as ignoring it would be epistemologically wrong (Coffey, 1999) and would have ignored the voices of those who gave their time to participate in the research (Leigh, 2013).

In reality, my role was fluid within my time in the field, often moving swiftly from one role to the other. For much of the time, especially within the office environment I felt like an insider. Existing relationships with team members paved the way with other social workers, who I felt accepted me a social worker first, with my role as a researcher a secondary feature. While for large amounts of my field work this felt like an advantage there were times when it caused discomfort (see field diary extract in section 3.6). This mirrors White's (1997:331) observations that at times her role resembled that of a 'spy in the camp'.

While my 'insider' role opened up opportunities, as Leigh (2013) observes these needed to be treated with caution with attention paid to concepts of objectivity. To preserve validity and reflexivity, White adopted Geertz's (1973) framework of 'experience near' and 'experience distant', contending that it is possible to undertake sociological research as an 'insider' as long as researchers appreciate that they also hold the role of strangers in some aspects of their

worlds. Moving from social work practice to academia went some way to helping me 'fight familiarity' (Delamont, Atkinson and Pugsley, 2010). In the two years between leaving practice and re-entering the field as a researcher I immersed myself in literature and research both directly relating to my areas of interest and at a more holistic level, reading about wider theories that could be used to conceptualise phenomena within social work. This meant that before I re-entered the field I had already begun to question and examine many of the ideas that I had taken for granted during my practice years. One of the motivations for my move to academia was identifying the extent that compassion fatigue was impacting on both my personal and professional life. Listening to traumatic recollections of life experiences such as physical and sexual abuse, and being present as people were going through traumatic events such as the loss of their children was an almost daily part of my role as social worker. To cope with this I developed strategies, some helpful such as ensuring that I took regular holidays and breaks from work, some less helpful such as avoidance of tasks such as paperwork, allowing me to avoid recounting particularly traumatic stories that people had told me. On starting my fieldwork, I noticed that I was more attuned to families' emotions and their situations than I perhaps had been by the time I left social work practice. This allowed me to somewhat distance myself from the role of social worker and embrace the role of observer.

3.12 Ethics

Ethnographic research will always necessitate careful consideration of ethics, both institutional and situated. While methodological approaches can vary, there are fundamental ethical principles that are universally acknowledged. These include respecting and protecting the well-being, safety, dignity and independence of research participants while ensuring that no harm is done (Iphofen, 2013). Social work research is, for the majority, carried out with groups who are vulnerable and marginalised and therefore careful consideration of ethics at all stages of the research process is vital (Hugman, 2010). While institutional ethical approval is essential to the research process, it is only the beginning of a complex process.

As my research involved gathering data with both professionals and parents, my application for institutional ethical approval was detailed and explicit in how I would, in theory, plan for and manage ethical issues. As a registered social worker this ran alongside careful consideration of the Code of Professional Practice for Social Care (2017). As my research involved child protection, there was potential for competing rights and interests of service

providers and families; parents and children, so the ethics application process offered a valuable opportunity to think about the possible moral and ethical concerns that could occur in the field and how they could be dealt with (Holland et al., 2014; Guilleman and Gillam, 2004). There is a body of research urging caution in relation to regarding institutional ethical approval as the key ethical event in empirical research, favouring engagement with ethics in action as a more appropriate approach (Gabb, 2010; Renold et al., 2008; Shaw, 2008). In hindsight, gaining formal ethical approval, while valuable, was perhaps the simplest part of the ethics process. Due to changes as a result of COVID-19, a letter detailing the amendments to the research plan was also submitted to the Ethics Committee in late 2020.

Ethical issues and decisions within empirical research are often left to the will of the researcher rather than the ethical review board (Iphofen, 2011). The reliance on a code of ethics is not sufficient as it fails to cover all possible situations or advise on every aspect of behaviour (Sobočan et al., 2019). Taking this into consideration, Hugman (2010) suggests the use of an ethical framework within research that is akin to the ethics of care, recognising the relational qualities of caring for individuals such as capability, thoughtfulness, mutuality, trust and narrative. This facilitates a more rigorous and thorough way of approaching ethical considerations within the field. As mentioned above, social work research takes place with people who are often vulnerable and marginalised and therefore social justice, nonmaleficence and advocacy are intertwined with ethical considerations (Sobočan et al., 2019). Research around substance misuse is complex due to stigmatisation and the associated secrecy (Holland et al., 2014). While qualitative research has been undertaken around substance misuse which considers ethical issues experienced during data collection, studies have tended to be undertaken in areas outside individuals' private homes (e.g. Carbó, 2008; Higgs et al., 2006; Wright et al., 1998).

One of the most important ethical considerations throughout data collection was ensuring informed consent. This involved both the initial sharing of information through verbal and written forms and regular checks for ongoing consent. While most professionals were happy to participate, there were occasions when it was clear that they did not wish to participate in certain aspects of data collection as discussed in section 3.10. These wishes were respected. A further two professionals refused consent during a child protection conference. These professionals were from education and health backgrounds and cited their individual agencies' policies on confidentiality as their reason for refusing consent. Their wishes were respected

and their contributions during the conference were omitted from recordings. A variety of other professionals from agencies including health and education were happy to consent to being part of the research during child protection conferences and review meetings.

Ensuring families had opportunity to participate in my research was an important element of my research design. Having practised in the field for a number of years, and from reviewing the relevant literature, I felt that there was a lack of representation from this particular service user group both within practice settings and the knowledge base that informed it. Allowing opportunities for marginalised groups to have their experiences listened to and documented is an important part of adhering to social work values and expectations and researchers should

> *'…seek to ensure that the research in which they are engaged contributes*
> *to empowering service users, to promoting their welfare and to improving*
> *their access to economic and social resources and seek to work together*
> *with disempowered groups, individuals and communities to devise,*
> *articulate and achieve research agendas which respect fundamental human*
> *rights and aim towards social justice.' (BASW, 2002:14).*

I was mindful that consent from families was an area fraught with ethical complexities. As families were initially approached by their allocated social worker to take part in the research, I ensured that I revisited this consent when I met with them. Due to the statutory nature of involvement of children's services in families' lives, I wanted to ensure that they understood that this did not extend to my research. Recognising these power differences and ensuring informed consent is in line with the ethics of care, that is responding to research participants as individuals and in proportion to their vulnerability rather than general ethical standards (Held, 2006). Ensuring informed consent with families did not transpire as an issue, with most families stating they were happy to take part, apart from the one incident of consent that was withdrawn as discussed in section 3.10. Ensuring that consent was properly explained and double checking that participants understood what was being explained to them and what they were signing was key to ensuring that participants were able to exercise their autonomy and addressing the possibilities that people's vulnerabilities were not being exploited (Ulrich et al., 2002, RCN 2004, Steinke 2004). During a practice observation, I followed these procedures with a lady who was waiting in a contact room for her children. She glanced over the information leaflet and started to sign and date the consent form while I explained about possible uses of the information and how all data would be anonymised. At that point she stopped and stated;

'I can't believe I didn't even ask that, in my job in a former life, before I became a stay at home mum (starts laughing), that worked out well (referring to having her children removed), I was a data analyst. So, you think that I would care about how my data was being used. You get so used to signing everything put in front of you, you stop asking questions!' (extract from field diary).

I had anticipated a possible compliance with the research by parents within my initial ethical approval application, noting that one of the areas of vulnerability for all proposed families within this research was active consent rather than feeling that they had to participate because of the power imbalances of the child protection system. This illustrates the importance of going beyond the illusion of ethical procedures to look at 'the imposition of power within the conceptualisation and practice of research itself' (Cannella and Lincoln 2007:315)

Avoidance of harm is central to the ethics of care, however the nature of this research held potential for families to experience upset or emotional distress (Hugman, 2010). Interviews covered topics such as experiences of child protection procedures and problematic use of substances that could lead to heightened emotions. Building trust with participants was key to being able to manage any distress that arose within my research, as was ensuring that I recognised any needs that arose and responded to them, aligning ethics of care with ethics of justice (Cockburn, 2005, Meagher and Parton, 2004). I clearly stated that if participants became uncomfortable or upset at any time during our conversations, they were free to take a break or end conversations. Despite this, several participants told me of events that caused them to become upset however stated that they wished to carry on talking about it as they felt it was important. One participant who had cried during an interview stated;

...it's been nice, well not nice if you know what I mean? I never get to explain everything from my point of view, I'm always worried about what they (children's services) will say or do if I tell them what I think. I just nod and agree, it's easier that way' (extract from recorded interview with parent).

There were also occasions where it was clear that participants had needs that were not being addressed such as housing and substance misuse support. In these circumstances I worked with the participant to request access to support services and guided social workers to appropriate

services when it became clear that they were not aware of available support. I had considered the possibility of providing participants with details of generic support services for substance use in the area prior to beginning my fieldwork, to ensure that my research was aligned with both ethics of care and ethics of justice as outlined earlier in this section. I decided against this, as participants would already be involved with a multitude of services by the nature of child protection procedures so I thought this was unnecessary. The emergence of unidentified and unmet needs for participants reflected emerging finding within the research. Working with participants and social workers to identify and bridge these gaps seemed the most natural response within my fieldwork, which in part was due to a good working knowledge of local services, having practised within the local area and an in-depth knowledge of effects of drugs and alcohol. This was, for me, one of the advantages of the role of 'intimate insider' within this research. While, there was a potential for social workers to feel that this was outside my role as a researcher this did not transpire as an issue, rather social workers expressed gratitude for the input as noted in the following abstract from a field recording following a home visit;

> *'social worker: I had no idea that place existed! It sounds great, like it would really help (participant) with keeping on track. I just don't know about these places, I tend to only know about the services that we use all the time in the team as I'm not from here.'(extract from audio recording of field visit)*

During my data collection I encountered two dilemmas in ensuring that families were able to participate in a meaningful way. The first of these was my association with social workers from childcare teams. As discussed in section 3.10 this caused a parent to group me with the agency's agenda and therefore they were not willing to participate. The second dilemma was difficulties in gaining initial access to suitable families, as some social workers were hesitant to let me observe their practice (as discussed in section 3.10) which ultimately led to the exclusion of these families from opportunity to participate. There were also discrepancies in which families were deemed to have 'substance misuse problems' as one social worker would confirm that there were issues within a case, but another social worker would not view the use as problematic or relevant to child protection concerns. For example, a manager identified a family as having problems with alcohol as it led to child protection registration however on discussing this with the social worker, she dismissed this stating;

'...there was an incident when dad was drinking and there was a kick off,

the police were called and the kids were there but that was a one off.

Drinking isn't a problem with him (father)' (extract from field notes).

To overcome some of these difficulties, I made the decision to recruit families for interviews (n=4) through an adult services drug and alcohol team who worked with children's services. These families combined with the families formally interviewed during the ethnographic part of the research (n=5) brought the total of family interviews for this research to nine. Engagement between the social workers in this team and families was not statutory and therefore tended to be more supportive. I felt that families would have a better opportunity to understand that my research was not part of children's services and therefore remove some of the barriers that I was encountering. Due to COVID-19 these interviews were carried out remotely.

3.13 Conclusion

This chapter has set out the ontological and epistemological base for my research and sought to locate my methodology within them. It has provided an overview of the methods used within this piece of research, contextualised by a discussion of how issues of reflexivity, validity and reliability interacted with these methods. While the initial plan of a six-month ethnography was cut short by the onset of COVID-19 the research plan was adapted to achieve a level of data that allowed for the original aims of the research questions to be met. In summary this research is based on qualitative data collected within a three-month ethnographic study and nine remote interviews carried out with professionals and family members who at the time of interview were involved with children's services.

Chapter 4 – credibility judgements within child welfare practice

4.1 Introduction

This chapter seeks to explore themes around testimonial injustice within child welfare services for families who have been identified as having problematic substance use. It looks at how families' testimonies are degraded within different sites of social work practice and prefaces the next chapter which looks at types of testimonial injustice in more detail; testimonial quietening, testimonial smothering and knowledge coercion and exclusion within the child welfare system. This chapter is not seeking to appropriate blame or judgement, or whether decisions made in connection to child welfare are right or wrong. Rather, it seeks to examine the data through a lens of epistemic justice.

4.2 Testimonial injustice, child welfare and parental substance misuse

Fricker (2007) posits that when a hearer ascribes lower credibility to a speaker due to 'identity prejudice' it is a primary type of epistemic injustice, which she refers to as testimonial injustice. Identity prejudice is born from systemic prejudices, based on stereotypes. Whenever we listen to a person state something we establish credibility judgements, both about that person and what they have shared. Goldberg (2005) claims that we draw from at least four key sources of information in constructing our credibility judgements about people and their statements: information about the speaker (such as history of truth telling), how the speaker states their testimony (such as presentation, non-verbal language, accent), background knowledge on the content of the testimony (does it correlate with our experience and interpretation of the world), and the structural qualities of the testimony (such as whether written evidence is from a reputable source). Testimonial injustice occurs when the wronged party suffers a credibility deficit due to harmful social stereotypes. Their testimony is not believed, taken seriously, or considered interesting or relevant. For example, in a patriarchal society, female substance abusers can be deemed too emotionally unstable to be able to present a neutral and considered point of view.

The association between power and knowing is essential in considering how knowledge influences and shapes the lives of both individuals and communities. This is particularly important in social work, where lives are often characterised by oppression, exclusion and

disadvantage (Dore, 2019). When the voices of families that are involved with child welfare services go unheard or when their knowledge is not afforded the opportunities to influence the interventions or policies that affect them, the result is epistemic injustice.

This research focuses on the intersectionality of disadvantage suffered by families due to involvement with child welfare services, identification of parental substance misuse and inequality. Prejudice and negative bias towards families involved with child welfare services on the grounds of structural or socio-economic factors such as poverty or inequality have emerged as a concern in recent research both at individual practitioner and structural level (Ferguson et al., 2020(a), 2020(b), Featherstone et al., 2018). There are many areas of prejudice towards families within child welfare services identified, such as domestic abuse, mental health and gender, however, prejudices in connection to poverty and inequality have perhaps seen the most attention. The effects of poverty on families have been described as the 'wallpaper of practice' (Morris et al., 2018) and 'the elephant in the room' (Gupta, 2017) due to the high incidence of families affected by poverty and inequality and the subsequent normalisation of this fact to the point that social workers fail to consider these structural factors when working with families, turning instead to practices of individualisation.

There was a relative boom in research on parental substance misuse after the publication of 'Hidden Harm' in 2003, however this has settled to an infrequent drip in recent years. Despite how influential that report was, it has seldom been subject to scrutiny, with its simplified account of parental drug use largely correlating with 'bad' parenting without attention to the social determinants of health and wider social functioning of family life taking hold and being used to justify and legitimise increased state involvement in the lives of families who use drugs (Whittaker et al., 2020). Whittaker et al. (2020:170) argue that the crude solutions proposed by 'Hidden Harm' (drug treatment, child protection and a focus on professionals governing 'risky parents') further marginalised and stigmatised families, resulting in a dearth of alternative approaches that sought to understand, represent and respond to the complex needs of families who are *'disproportionately affected by health and social inequalities'*. Initiatives such as the Integrated Family Support Service in Wales and the Family Drug and Alcohol Court in England have received positive recognition in tailoring support for families with substance misuse issues, however, they still rely heavily on crude tools such as drug and alcohol testing. While established best practice for testing within areas such as the criminal justice system and substance use treatment is infrequent, it is virtually non-existent within child welfare research,

meaning that potential prejudice in their use and related impacts on outcomes remain unexplored (Lloyd and Brook, 2019).

4.3 Credibility – the creation of a degraded subject

The core premise of testimonial injustice is that a speaker is wronged when their testimony is assigned lower credibility due to systematic prejudices (Fricker, 2007). This section of the chapter seeks to track examples of negative identity prejudices through different dimensions of social work practice, focusing on how the credibility of families is systematically degraded. Just as the areas of a client's life that provide potential for systematic prejudices are numerous and often intertwined, so too are the variety of places which their testimony can be degraded.

4.4 Backstage creation

It was clear throughout my ethnography that the social work office was seen as a safe place for social workers to relax, debrief, seek advice and provide support and friendship to each other. Goffman (1959) refers to spaces such as this, that allow for 'performers' to drop their front, communicate in informal language and step out of their role, as 'backstage'.

> *'The office is busy this morning, lots of workers coming and going with lots*
> *of chatter about various cases and personal issues. The close friendships*
> *between workers are evident with lots of laughter breaking up the serious*
> *nature of some of the conversation that I can overhear about families.'*
> *(extract from field diary, Team A)*

However, the relaxed nature often led to language and conversations which when located within testimonial injustice theory can provide some insight into how they can contribute to multiple moral and epistemic failings within the social workers role as a 'hearer' (Pynn, 2021).

In one of the sites the team regularly referred to families as 'poverty families'. Following an exchange between two workers where they had questioned whether a family was a 'poverty family' I asked what this meant and received the following answer;

> *'it's the families we work with where there isn't money. They're on*
> *benefits, house is a mess, regularly getting foodbank parcels, lots of neglect*
> *cases, you know? that sort of thing. We have to look out for that, we've had*

training not long ago on poverty and the things it can cause so we need to keep it in mind.' (extract from audio recording with social worker from team A)

This extract shows automatic correlations between poverty and poor parenting such as neglect and failing to keep homes tidy and clean. While the training that had been delivered to the team was well intentioned and designed to contribute to more poverty aware practice it had clearly not achieved the aim of creating more empathy and awareness for families rather it appeared to have had led to social workers creating a demeaning and loaded label for families, further entrenching stereotypes and prejudices.

These negative associations with poverty and parenting were commonplace in the field and often extended to judgements about parental priority;

'she's pleading poverty but the foster carer seen her in Costa! Stop buying cigarettes and drinking costa if you have no money!' (extract from field diary, team A)

During the same conversation in the office the social worker expanded on her frustrations stating

'...I'm just working with all of these families who have never worked a day in their lives and get all this money from benefits... and they think they have hard lives and they don't' (quote from social worker in team A recorded near verbatim in field diary)

Within this conversation with the social worker there was a sense of the families that she was working with as 'other', occupying a lower position due to claiming benefits and not working, therefore lacking the entitlements possessed by those higher up in the hierarchy, such as treats like takeaway coffees. It also provides a clear example of a dismissal of their testimony about how they experience their lives, therefore representing them as 'non-knowers'. Pynn (2021) discusses how this erosion of credibility occurs against a background of hierarchies of identity types. He comments that this degradation is successful only when their diminished social position is somehow made known to the wider community. Othering talk about families was commonplace in the office environment contributing to a sense of parents often being less than human. This reflects the broader epistemic injustice faced by families involved in child welfare

services in the mainstream rhetoric of society, where issues such as poverty are viewed within the confines of meritocracy rather than the broader inequalities perspective of entrenched lack of opportunity or social mobility.

A further theme identified within the data was the influence of testimony within the non-formal office environment on case decisions. During my time in site B a referral was received for a pregnant woman who was in a relationship with a man (Benson family) who had been released from prison a year earlier and who had substantial involvement with the team historically as a child. Both a senior social worker and a support worker within the team offered opinions and advice to the allocated social worker based on the family history. The man's family were referred to as a *'nightmare'* and *'complete druggies'*. His behaviour as a child within the care of the local authority was also discussed and his potential as a parent questioned due to his history. A social worker in the team who was not involved with the case also provided information on the woman's side of the family that she knew due to local connections rather than professional capacity. The allocated social worker had completed an initial assessment with a proposed care and support plan[2] however this was instantly dismissed by the manager who insisted that it progress straight to child protection and enter the public law outline process[3]. The following is an extract from a conversation where she updated me on the case;

> *'They (expectant parents) are raging with me, they told me I was a liar and*
> *like I don't blame them. I was so positive with them, the home is lovely,*
> *they seem to have a lovely relationship, he's stayed out of trouble since he*
> *got out of prison. But (manager) has told me we have to go cp and legal, I*
> *feel awful. I had an email from legal today and they were asking why we*
> *are asking for a meeting, they said they can't understand and I can't*
> *answer, (other manager) joined in on the email too and also said she didn't*
> *understand but (manager) said she knows the family and that we have to do*

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[2] The enactment of the Social Services and Wellbeing (Wales) Act (2014) has created a divergence in legislation between Wales and England. The concept of a child in need has been replaced in Wales by 'children receiving care and support', although the remit is effectively the same.

[3] The Public Law Outline sets out the duties local authorities have when thinking about taking a case to court to ask for a Care Order to take a child into care or for Supervision Order to be made. This is often described as initiating public law care proceedings.

it so it's going ahead.' (verbatim quote from audio recording with
allocated social worker for Benson family, site B)

While history of involvement with services is obviously an important aspect of deciding on intervention, this incident leads to questions about how professional's testimony is weighted against evidence. The evidence available on the case recording system and the information from the social workers assessment were not deemed to meet threshold for legal intervention yet this was over-ruled based on the manager's testimony. A social worker within the same team had commented;

'...people treat me like an encyclopaedia here. They will ask me about
families that I worked with years ago, and ya, I might remember something
but I don't know if it's right!' (extract from field notes, quote from social
worker in team B, recorded near verbatim)

referring to the informal exchange of knowledge about families within the office environment. Another social worker also questioned the connection between evidence and decisions commenting;

'I don't understand how decisions are made here, some cases are so black
and white – (uses example of case where father had 2 children removed
due to violence and sexual assault against the children and new baby had
been left in the home until 7 months) and then we have others where we go
in heavy handed and we haven't even bothered with the frontloading
(referring to putting in preventative services). I think if someone likes the
family then things are different or when people have histories it makes the
difference' (verbatim quote from audio recording with social worker, team
B)

Within the office environments I observed, the advantages of peer support were clear, with staff accessing valued support and advice. These advantages have been noted within social work research (Ferguson et al., 2020b). However, there was also evidence of historical records, experiences and relationship links setting the scene for families and influencing professional decisions in ways that appeared disproportionate. Goffman (1963:73) notes that *'biography attached to documented identity can place clear limitations on the way in which an individual*

can elect to present himself". There was substantial information on the local authority database about the Benson family (above extract) encompassing much more than just the expectant parents' lives, stretching to various relatives within the community and all of the related history. It is unlikely that the extent of the information held by the local authority would be openly disclosed, therefore as Goffman identifies, there were limitations in the way that the family could present themselves. Combining these limitations for the Benson family to be able to present their own history in the way that they understand and have experienced it, with the information shared and held but not openly discussed with them, can contribute to diminished credibility for the family, based on assumptions and prejudices that are not overtly present in their everyday interactions with child welfare professionals and processes.

4.5 In the field

A palpable theme during observations and accounts of practice in people's homes was the operation of and impacts of power. Fricker (2007:13) proposes a definition of social power in relation to testimonial injustice as *'a practically socially situated capacity to control others' actions, where this capacity may be exercised (actively or passively) by particular social agents'.*

In the field both active and passive use of power was observed. During a visit to a heavily pregnant mother of three children (Emma) a social worker had discussed her expectations of the woman not to contact the father due to concerns about domestic abuse. She discussed the potential to remove the children if expectations that had been identified through the child protection process were not met, all in front of Emma's four-year-old child. On leaving the property she said in a joking manner *'I have eyes and ears everywhere, I will find out'* while using two fingers to gesture from her eyes to Emma. During the car journey back to the office I commented that she had seemed like a nice woman with a huge amount of pressure due to her pregnancy, three children and living temporarily at her parents' home to which the social worker replied;

> *'you know what she is lovely but she's full of shit and she does nothing. So there was an initial conference on the (date) and we have a review conference on the 26th of October and she's done nothing… .she didn't turn up to (domestic violence programme for victims) because she was ill and one thing and another, so she's never done that.*

….like the health visitor was like you need to go easier on her because she's pregnant, and I understand that but she does need to, to and she'll say I'm run off my feet but I'm like you're living with your parents and your three children and that's hard being a single parent but the children are in school all day, so she's not addressing any of the concerns at all.

So, they got evicted, they have rent arrears over £200 that's why she can't be rehoused because she's made no effort. She gets £600 a fortnight and she doesn't pay anything of her rent arrears I reckon she has learning difficulties' (verbatim quote from audio recording with social worker, team A)

In further conversations with this social worker she was clear that she felt benefits were sufficient to live on and that having multiple children at a young age was an individual choice that people made and therefore the consequences were those of the individual. Fricker (2007:88) notes that in every testimonial transaction there is an amount of credibility ascription which is informed by the way our perceptual faculties are trained in the *'real historical human society'*. This leads to an almost inevitability that our prejudices will taint our testimonial sensibilities (Maitre, 2020). I felt that this particular social worker held ingrained beliefs about people on benefits being lazy due to her comments about the lack of budgeting skills and dismissal of the mother's testimony about being busy, indicating she felt Emma was individually responsible for not achieving the demands of the child protection plan or paying back arrears, rather than looking at the wider circumstances, for example that she was seven months pregnant, living in overcrowded accommodation and had three young children, one of whom was only attending nursery so would only be entitled to two and a half hours of childcare a day. During the home visit Emma described how unwell she was feeling and how she was struggling both emotionally and financially with her circumstances. However, as was evident in the social worker's comments above, her testimony was dismissed, despite other professionals feeling that she needed more support. In the following days a different social worker from the office visited Emma due to a duty call and stated the following in conversation with her colleagues;

'She told me she's not being supported by (allocated social worker), she broke down in tears saying that yesterday (allocated social worker) told her she had eyes and ears everywhere and she felt like she was being

threatened and is afraid to talk to her. (near verbatim quote from social
worker, team A, field notes)

Emma sensed an erosion of credibility as a result of power held by her social worker, leading to her feeling threatened and unable to voice her opinions or share information with her. The social workers comment about the woman being *'full of shit'* substantiate these concerns, indicating her testimony is not to be trusted.

In interviews with parents there were examples of how they felt they were not believed or how information they had provided was not understood or dismissed. During an interview with Cassie, whose children were on the child protection register, she told me she had been instructed to give up cannabis by her social worker;

> *'But this is what me and the first social worker (name) had discussed when*
> *she asked me if I smoked cannabis, and I said yeah I smoke 1 or 2 a night.*
> *She was like laughing about it. She was like oh see, if I was to smoke one, if*
> *I had a half of one, I'd be falling up the stairs, see I like to have 2 or 3*
> *glasses of wine before bed. I said well that's where we're opposites. If I*
> *had 2 or 3 glasses of wine before bed I'd be falling up the stairs. It works*
> *different what you'd be off a fag (referring to joint) that I smoke, I'd be like*
> *that off the wine that you drink.' (Verbatim extract from audio recording of*
> *interview with parent)*

The disclosure of cannabis use led to drug testing which showed moderate levels of cannabis use, matching Cassie's description. Throughout the documentation of the case there were no direct concerns about the care of the children linked to cannabis use and in conversations with the allocated social worker she was clear that the problems identified were not in connection to cannabis use. Cassie was instructed to give up cannabis despite not wanting to and there being no identified direct harms;

> *Angela: Ideally, would you still smoke? If social services weren't involved,*
> *and it was your life, and your.. I say that, it is your life, but if you felt it was*
> *your choice*
>
> *Cassie: I think it would be easier for me to just have that one a night.*

Angela: Did you want to give up?

Cassie: Not really no. I didn't. Because I'd gone through a lot when I was younger. I got sexually abused when I was younger, it was quite horrific. I went to court and that through it. And it helped me. So, like when it came to the night time it helped me to sleep. And I don't know if you know about this but when you're smoking cannabis you don't get bad dreams. You don't have bad dreams. So, I was getting tidy dreams. And not smoking it, it's harder for me to get to sleep. And I'm having the most horrific dreams. So, I'm waking up through the nights with the dreams as well, and then my heart's racing, sweating, palpitating, and struggling then to go back to sleep, because I'm scared of falling back into that dream, because I wake up and the dream is so real, like so real it's scary. So, if I could just... one fag (referring to joint) in the night, just so I can switch off, have an early night, have a tidy sleep, then what's the harm? Children are in bed. It's not that I'm just sat smoking it around the children, because I go out in the garden and have the one. But I know I can't, they will test me again at any time and they've said, they will take the kids. (Verbatim extract from audio recording of interview with parent)

Further in the conversation with Cassie she explained that she had used CBD oil (legal with no psychoactive effects) on the advice of a drug support worker, however she was told by her social worker that she must also stop using this in case it showed up on her drug tests. In conversation with the allocated social worker she explained that while she had no concerns around Cassie's drug use, it wasn't 'good'. While trying to unpick this, the only reason she could provide was its legal status. She also explained that legal proceedings with the case had ended and therefore there would be no further drug tests, however she had not informed Cassie of this;

'I haven't told her, it will keep her on her toes. That's probably wrong isn't it? You must think I'm awful? But it works' (verbatim quote from audio recording with allocated social worker for Cassie, team B)

This case provides an insight in to how the stereotypical beliefs around cannabis use informed the social workers' practice and how it eroded Cassie's epistemic agency. Her personal

knowledge and experiential knowledge were dismissed and wrongly equated and compared to the use of alcohol. Despite no direct evidence of any ill effects of her use of cannabis, she felt that she had no choice but to not use it as she was under the impression that any use would lead to the removal of her children from her care. It also evidences the power and control that social workers have in their role as 'knowers'; an ability to dismiss testimony that does not fit within their 'dominantly experienced world' (Polhaus, 2014). Polhaus (2014:105) captures the particular harms from this type of testimonial injustice as;

> *'persons treated as other serve to recognize and maintain epistemic practices that make sense to the world as experienced for dominant subjectivities but do not receive the same epistemic support with regard to their distinct experience in the world'*

4.6 Formal meetings

Formal meetings provided perhaps the richest data in relation to the degradation of testimony for families. The formal nature, relying largely on reports from professionals, created an instant, visible difference between parents and professionals as did the language use throughout the meetings. The following extract is from my field diary in relation to an initial child protection conference held for two children aged under four:

> *...Amy (mother of children) presents visually as so young, so slight, her whole demeanour was drawn in to make herself look small, if possible smaller than she is. Her body language made her look as if she was cocooning herself against it (the interactions within the meeting), she was turned away from professionals, head down, she did make eye contact but you could tell she was struggling to do it. The intensity of all of these professionals speaking about her personal life and past, and of them, the only ones that she knew was (allocated social worker) and the head teacher but the little one's only been in school a few weeks appeared overwhelming at times for her. When Amy arrived she was very flustered, she had arranged for other people to have the children and it seems that there was a family argument so she was late and she had the two children with her. Office staff were going to look after them but the 18-month-old wouldn't*

settle, which is a sign of healthy attachment in my eyes. From an outside perspective it seemed bizarre to have a conference with a small child there, where her mother was obviously very emotional about the things being shared. You could see the visible struggle going on, not to become upset, trying to maintain eye contact with her little one who kept coming over to her, just to check in, as that age group do, bringing her toys, just looking to make sure that she was still watching her. No professionals showed any discomfort at the presence of the child and continued to speak freely and in detail about domestic violence, drug use and case history. The tone of professionals towards the woman moved between berating and condescending with little respect for her contributions, which were minimal. (extract from field diary, team A)

There was a clear, visual imbalance of power in the room, with Amy's power further undermined by the presence of her young child. This meant that she had to try to control her emotions to balance the dual role of mother and conference participant throughout.

While child protection conferences declare from the outset they are formal in nature, they should provide an opportunity for professionals to express their concerns to parents and work with them in an egalitarian manner to address these concerns. The structure of the conference undermines this possibility from the outset, placing professionals in the role of 'knowers', whose testimony is assigned more credibility that that of the parent. They are provided the opportunity to read through their formal reports first and the parent is excluded from the main task of the conference as described in the opening statement of the meeting;

'....the only decision that will be made today is whether the children's names are placed on (county council name) child protection register or not....' (extract from audio recording of meeting)

which is achieved through a vote at the end of the meeting. Parents are not afforded a vote, indicating a systemic lack of testimonial credibility in the process.

The reason for the above conference was cited as;

'Amy has a pattern of engaging in relationships with violent individuals and there have been concerns around her ability to protect her children

The extract expresses a view of intention through the words 'engaging' and 'choice' and fails to identify two of the three 'violent individuals' as fathers of the children in question, thus removing them from positions of responsibility. It swiftly moves the attention and impetus for change away from the 'violent' men and on to Amy, choosing to intervene by strengthening the protection of the children through Amy, rather than through intervening to address the abusive actions of the fathers/partners. The 'victim blaming', failure to intervene proactively to change abusive behaviour and burden of protection on the mother are all discourses within the child protection processes that were identified over twenty years ago by Scourfield (2001) and since built on by further research (Fast and Kinewesquoa, 2019, Moles, 2008) however there was little evidence that the rhetoric has changed over time, during observations of practice in the field. If women who are victims of domestic abuse are seen as making the 'choice' and prioritising their needs over the safety of the children then it stands to reason that when they offer testimony in relation to this aspect of their life it will be offered less credibility. The rhetoric of the meeting was one of individualisation throughout, which stripped Amy of the socio-economic, political and material contexts of her life instead assigning them to her;

'pattern of engaging in domestically abusive relationships' (extract from
social workers description of reasons for convening conference in formal
report)

and assessing the outcomes on standardised indicators by 'experts' within the group. Ironically, on all of the indicators within the conference such as health, education, parenting capacity, there were no indication of any direct neglect or abuse of her children. Rather, opinions were based on predictions of harm and dangers posed to the children through three men who were engaged with criminal behaviour, violence and substance misuse, none of whom had been invited to the conference or spoken to as part of the process. While there is no doubt that exposure to domestic abuse is harmful to children (Holt et al., 2008) the rhetoric of the professionals within the conference seemed to be seeking to connect all adversities being experienced by Amy and her children as connected to her 'choice of relationships' rather than explicitly linking harm or neglect, past or future, to other factors such as her lived experience of parenting or socio-economic positioning. At the start of the meeting when the conference

chair had been informed that Amy had rang to say she was running late due to childcare issues she commented that

> *"we have to ensure the parents have the opportunity to ensure that they attend, it's disappointing that mum isn't here, but I think we'll have to make a start because we don't really know if she's going to materialise or not" (extract from audio recording of meeting)*

In this statement there is an acknowledgement of the importance of parents' attendance at these meeting however it appears only to apply to Amy, the testimony of the fathers of the children has been deemed as irrelevant through their exclusion.

On several occasions Amy refuted claims by professionals however her testimony was undermined and dismissed;

> *Health visitor: So (youngest child), yeah she's outstanding her 1 year immunisations, so she's 18 months now so yeah she's overdue with those.*

> *Conference chair: Did you say 1 year immunisations?*

> *Health visitor: 1 year immunisations yeah.*

> *Conference chair: So she's 18 months now?*

> *Amy: I haven't had no reminders from the Doctor.*

> *Conference chair: Do they send them through?*

> *Health visitor: Yes. There might have been.. what happens is they'll send a couple of appointments and we're then asked to follow up as well, so there would've been repeated appointments.*

> *Conference chair: Repeated appointments.*

> *Amy: I hadn't had… this baby clinic in the (sentence is interrupted by conference chair)*

> *Conference chair: Okay. Because that's 6 months overdue, that's quite a significant amount of time isn't it, given her age and how important… (interrupted by health visitor)*

Health visitor: So that'll need to be changed in the report, that they're not up to date with their immunisation, because… (interrupted by conference chair)

Conference chair: So they're not up to date

Health visitor: Yeah but the latest email from (assigned health visitor)… but she's been off for a while.. (extract from audio recording of meeting)

The health visitor in the above extract was a stand in who had no knowledge of the family but had come to deliver the report and represent the local health board. The assigned health visitor was on sick leave but had written a report that was positive, stating that immunisations had always been up to date, both children were meeting all developmental milestones and that she had witnessed both positive bonds between Amy and the children and positive parenting. Despite the health visitor initially seeming to consider that there might have been a reason for the missed appointment she quickly moved to process, and a dismissal of the possibility that Amy was telling the truth. Amy was cut off mid-sentence in her attempts to provide her testimony. Throughout the conference there were testimonial exchanges such as the above when Amy tried to refute assertions of professionals with regard to accusations of neglect, however they were all dealt with in similar ways, with her testimony being cut short and questionable evidence being treated as facts to base decisions on. Fricker (2007:19) notes that *'Epistemological nuance aside, the hearer's obligation is obvious: she must match the level of credibility she attributes to her interlocutor to the evidence that he is offering the truth'*. On face value one would expect Amy's testimony to be given more credibility given the positive pen pictures provided with regards to her parenting within professionals' reports.

The intention of the above examples is not to cast doubt on professionals' opinions in relation to harms posed to the children through possible exposure to domestic abuse. Compelling evidence was presented by police to justify concern for both Amy and her children's safety. Rather it seeks to look at how testimony from Amy about other facets of her life was cast as 'epistemically untrustworthy', leading to testimonial erosion due to systemic prejudices around her 'choice' of relationships. Maitra (2011) refers to this phenomenon as the 'knowledge rule of acceptance', which excuses audiences who reject testimony wrongly for good reasons. This refers to when rules are violated in epistemic practices. A child protection conference should establish if there is evidence of, or a likely risk of abuse or neglect to children based on the

testimony of the attendees. While evidence was presented that established this risk, Amy's testimony about different facets of her life were rejected by expert knowers not due to lack of supporting evidence, rather due to stereotyped beliefs around domestic abuse. The consequences of these rejections of testimony have wider implications such as 'frustration, humiliation, disharmony and decreased self-regard' (Pynn, 2021:166).

4.7 Conclusion

This chapter has sought to examine the occurrence of testimonial injustice in child welfare practice. It has explored the degradation of testimony through the different locations of practice. It has looked at how families that are involved in child welfare services suffer incidents of testimonial injustice and opportunities to build trusting, equal relationships are missed. While no claims are made about the outcomes of interventions being right or wrong, there was a clear theme at times families were not listened to assumptions were made based on stereotyped beliefs, resulting in frustration, anger and upset. In this sense they were wronged as 'knowers and experienced epistemic injustice. This increases exclusion and marginalisation rather than advancing the social work goals of social justice.

Chapter 5 – Distorted voices

5.1 Testimonial injustice as epistemic violence

This chapter expands on how populations involved in child welfare processes can suffer what Spivak (1998:282) refers to as "epistemic violence" due to their oppressed position in society, resulting from the systemic prejudices outlined in the previous chapter (by virtue of being involved with the child welfare system, lower socio-economic status, and use of substances) combined with the degradation of their testimony.

Spivak (1998) focuses on a particular type of epistemic violence which she categorises as damaging a group's ability to speak and be heard, which has been built on by Dotson (2011). She further refines the concept as 'silencing', identifying two distinct types of silencing, testimonial quieting and testimonial smothering. These two practices of silencing are established upon different formations of epistemic violence within a testimonial exchange (Dotson 2011:237). Testimonial quietening occurs when an audience, either intentionally or unintentionally, fails to identify a speaker as a knower owing to pernicious ignorance (Dotson, 2011:242). Testimonial smothering occurs when a speaker limits their testimony due to perceiving a reasonable risk of it being misunderstood or misappropriated by the audience. Dotson notes that there has been much research on the existence of silencing, however, on-the-ground accounts are rare, which is the gap this section seeks to fill. A brief explanation of the concepts of reciprocity and pernicious ignorance are provided first, as they are key concepts when discussing testimonial quieting and testimonial smothering.

The final section of this chapter seeks to weave together the details and themes of testimonial injustice already considered in both this chapter and chapter 4, in order to illuminate the conditions and mechanisms of coercion that underpinned social work practice and parents lived experience of involvement with child welfare services within the data. I will explore how this environment of coercion facilitated harmful knowledge production by coercing erroneous narratives and excluding alternate knowledge, perpetuating the epistemic injustice already being experienced by families (Washington, 2022).

5.2 Reciprocity and pernicious ignorance

This section briefly sets out the key concepts of reciprocity and pernicious ignorance as they are vital to understanding the following sections. Within testimony there is one specific feature of linguistic communication that needs to be understood to recognise epistemic violence. This is the necessary *'relations of dependence that speakers have on audiences'* in order for *'successful linguistic exchanges'* to take place (Dotson, 2011:237). Hornsby (1995) describes this as 'reciprocity', recognising each other's speech as it is meant to be taken. No audience can be expected to know or anticipate all knowledge necessary to meet the conditions that allow a 'speaker' to be heard in a regular testimonial exchange. For example, if a doctor explains an illness in detailed medical language to a patient then it can be termed 'reliable ignorance' if the patient fails to understand, meaning the patient has gaps in their knowledge that can be reasonably expected within the conversational exchange (Dotson, 2011). *"Pernicious ignorance is a reliable ignorance or a counterfactual incompetence that, in a given context, is harmful"* (Dotson, 2011:242) and it is this type of ignorance that I am examining in relation to the following sections around testimonial quieting and testimonial smothering. Section 4.5 (previous chapter) where a social worker failed to understand a woman's testimony about her use of cannabis due to a lack of information and her own belief systems, is a good example of the operation of pernicious ignorance within the child welfare system. The social worker dismissed the woman's use of alternative medicine (legal CBD oil) due to pre-existing, mainstream beliefs about street cannabis, failing to understand or investigate the difference between the legal cannabidiol compound and illicit cannabis, containing tetrahydrocannabinol.

5.3 Testimonial quietening

As discussed in section 4.2 of the previous chapter, there is now a set of stereotypes around parental substance misuse that serve to make unfair treatment and negative assessments of parents appear as 'natural, normal and inevitable parts of everyday life' in child welfare practices (Collins 2000:69). Controlling images associated with parental substance misuse research were evident in all aspects of child welfare practice, with phrases such as 'hidden harm', 'disguised compliance' and 'toxic trio' part of the everyday language in offices, visits, meetings and reports. Often the use of these terms sufficed as enough evidence in themselves to warrant intervention or dismissal of parents' testimony;

Drug and alcohol tests were undertaken, which were negative apart from small traces of cannabis in (fathers name) results. The impact of drugs on parenting is well documented in research such as 'Hidden Harm' ...which has since been discussed with (Fathers name) who is aware how detrimental this is on his ability to parent" (extract from parenting assessment by social worker, team B).

In another area of the report the father identifies that he does not have any problem with drug use (which appears to be corroborated by his drug test and lack of any identified neglect or abuse linked to drug use), however the report nevertheless concludes that his drug use poses a potential threat to his parenting, failing to recognise the father as a 'knower'.

During my time with team A I observed a child protection case through a number of different stages of the child protection process (conference, core group, informal office conversations) and had opportunity to briefly interview the father of the children, Adam, prior to a core group. Adam and his partner had three children and had separated due to domestic abuse (Adam was identified as the perpetrator). The children had moved to the care of their maternal grandparents on an informal basis due to concerns about both parents' ability to provide care for them. During my first observation (child protection conference), Adam continued to reside in the family home. A point of much debate during the conference was Adam's refusal to move from the family home however he contested this interpretation repeatedly as outlined in the extracts below;

Conference chair: So you've been quite clear, you were refusing to move out of the family home for the children to return.

Adam: I'm not refusing, I just haven't basically got nowhere to go. If I leave that house, I'm potentially homeless. So... I've said that from the start. So if I had somewhere to go, like a hostel... (extract 1 from conference, recorded near verbatim)

Conference chair in response to Adam explaining that he couldn't meet the children's needs in relation to health as he has no access to them: 'Okay. But their need for a home could've been resolved.

Adam: Yeah could have been, but then again, I put my family in the house, I'd be homeless.

Conference chair: Okay, but your children are homeless. (extract from conference, recorded near verbatim)

During the conference it was identified that Adam had significant mental health needs in relation to depression and anxiety, which he had been receiving support for from his local doctor. He identified that he was using cannabis to supplement his medication as he did not find it effective on its own. The discussion in relation to housing culminated in the following exchange;

Adam: I'm willing to move out, I just need somewhere to put my head. If I had a roof…

Conference participant: There's hostels with roofs. there's one at the (geographical location).

Adam: Oh yeah I'll just go up there is it, and knock on the door and just go oh I'm here to stay for the night. It's not as easy as that. Do you think it's as easy as that?

Conference chair: No, there is a homelessness service, for these kind of situations, there is, and there is support available.

Adam: Yeah, but I've been homeless lovely, back when (eldest child) was 1. And for a person who's got anxiety and depression, sleeping around with other people, you don't know who's around you, stepping over you, 2/3 in the morning, trying to take your stuff while you're sleeping on your bag, it's not nice. With anxiety and depression, It's not going to be good (Extract from conference, recorded near verbatim)

The conversation continues in the same vein for some time, with Adam providing examples of his experience and professionals dismissing them on the grounds of their own knowledge of the housing system.

Throughout this extract there is evidence of Adam's testimony being misinterpreted and his concerns being dismissed on the basis that the professionals were sure he would be provided

with temporary accommodation if he left his property. At the core group, ten days later, Adam had left the family home to enable his children to return home and was homeless. He stated the following in an interview with me prior to the core group;

> *Adam: they want me to do what is best, right for the kids but what is right for me, this is not right for me like…I was just going to go back home the other night, sod whatever they fucking say, I don't really care anymore. I'm thinking about my health and safety, you know? And if I'm not in the right place….. do you know what, I was going to hit someone last night, I was going to hit someone just so I could get locked up so I could have a nice warm place for a night, you know? Cause I was freezing. Do you know where I've been staying? In the shed. In an allotment, not nice. With a little heater there. A little gas propane thing like. That's where I stayed last night, my friend's allotment. (verbatim from audio recording)*

The following is an extract from the core group that followed, it also contains extracts from the accompanying field diary as I transcribed elements near verbatim and summarised other elements of the conversation;

> *Core group chair to Adam: 'any updates from yourself?'. He replies 'I haven't seen no one and I haven't heard off anyone, nothing'*
>
> *Core group chair: okay. Any changes since conference?'*
>
> *Adam: 'yeah homeless, sleepin' out in the rain, I stayed in a shed last night. Haven't got a place to stay. Don't know where I'm staying tonight. Where was I Sunday? Out on the street all night, walking the streets'*
>
> *Core group chair: 'have you been to housing?'*
>
> *Adam 'I've been to housing they can't even help me'.*
>
> *Core group chair: 'Why can't they help you?'*
>
> *Adam: Because they just can't I went to (local housing support office) and they rang (county council) housing and they can't help me*

Core group chair: I think you need to go back then because it's on a day-to-day basis so if you continue to go back

Adam: how often because I'm struggling to live now, I haven't got any money, and I have to get buses, it's costing me a fiver a day.

Allocated social worker makes a 'mhhhh' noise and interjects stating 'I thought you were staying with a friend?'

[field diary notes] Adam explains that he was but that it only lasts so long as they get fed up and they don't want him sleeping there. His voice is shaky and he looks upset. He explains that they don't want him there when they have their partners and kids there. He explains that he has been on the streets since Sunday. He states 'I am worried about where I am staying in the night because of my anxiety and my depression and if I'm travelling back and forth I haven't got no money, I'm barely eating now' he slumps back on his chair and says 'there you go, life innit'.

There is a small pause in the room and then the chair states that 'it is positive that the children are back in the family home which is what was discussed at conference, which is the best thing for them'. She congratulates Adam for making that decision and acknowledges that had to be hard for him to which he agrees. She repeats again that it is really positive that he has done that for the children. She then moves on to the plans for the children

(extract from field diary) The swift move felt uncomfortable as Adam had expressed a lot of problems and worries which felt like they had been dismissed and that it was his fault that he had nowhere to stay as he had not contacted the right people. There was no acknowledgement of the financial cost of getting buses to and from places that he needed to access for support and no acknowledgement of his mental health difficulties. Instead of acknowledging or offering support the chair chose to focus on how Adam's decision to leave the family home was in the best interest of the children. This felt like a deflective tactic so that the meeting could move on, there was no sincere acknowledgement from any of the professional's

present. Adam's role in the meeting seemed more of spectator than as
centrally involved in the process.

The local authority that Adam resided in did not have any free hostel places within the area at the time that he presented as homeless. The recommendation for Adam was to access a place in a neighbouring authority which he would have to travel to by train at an approximate cost of ten pounds. This was not considered to be an option by Adam due to cost and fear of the atmosphere within the alternative local authority's hostels. By the time I was leaving team A the social worker informed me that Adam had disengaged with professionals and that *'he was off the wall'*, presenting as aggressive having come to the office and screamed at staff. She explained that he wouldn't be invited to the next core group due to the threat that he presented.

While the above description is lengthy it gives an insight in to how Adam's testimony was repeatedly quietened and not accorded credibility. Throughout the process he was characterised as selfish, failing to prioritise the needs of his children in his refusal to give up his house. This evidenced a break down in 'reciprocity' in the testimonial exchange, with Adam clearly stating reasons for his refusal to leave his home as concerns about being homeless and the effects this would have on his wellbeing yet the interpretation of this by professionals was one of a simple refusal to let his children return home. It transpired that his knowledge of the housing system was indeed superior to that of the professionals, despite their claims to knowledge. He had predicted that he would end up sleeping rough due to not being able to access accommodation in the initial conference and by the time he presented for the conference, despite professionals' assurance that this would not happen, he was sleeping rough in sheds belonging to friends, something professionals then interpreted as his own fault for not presenting as homeless to the right housing office. It would appear that Adam had followed this advice however there was no suitable accommodation, as stated above the available options were unsuitable due to both his economic situation and his fears for his own physical safety and mental health. This is an example of 'active unknowing' with validated knowers (the conference chair and the social worker) failing to respect the credibility of the marginalised knower (Dotson, 2011). Adam's role as a marginalised knower reinforced his epistemological disadvantage and he was assigned as an illegitimate agent within this process. Adam's use of substances was identified as 'misuse' despite his testimony about using cannabis to help his anxiety. This was a theme identified throughout the data in parental testimony in relation to cannabis use. There is an emerging body of research that indicates that there is validity in this assertion of legitimate use

of cannabis for medical treatment of anxiety and depression and in many countries, cannabis has been legalised and can be prescribed for the treatment of depression (Martin et al., 2021). The failure of the professionals within these examples to ensure that their knowledge in relation to housing and drug use was factual and current meets Dotson's definition of 'pernicious ignorance', which proved within this context to be harmful (Dotson, 2011:242).

My observations of Adam's experience of testimonial injustice were that repeatedly having his testimony go unheard, dismissed or misinterpreted, understandably, led to anger. His emotional presentation of anger then got used to further dismiss his claims which led to an emotional outburst in the office. However, the allocated social worker attributed his presentation to drug use and treated this as further evidence that that he was irrational and dangerous which gave further reason to discount testimony thus entering what Mckinnon (2006) calls a vicious cycle of testimonial injustice.

Ultimately the quietening of parents voices in the child welfare process prevents the sharing of lived experience, leading to a clear case of testimonial injustice. Cassie (parent of two small children) summed up her experience of testimonial quietening during a case conference in the following extract from an interview;

> *"It does definitely get missed (referring to the realities of her daily life).*
> *Because like there's been a few meetings I've been in, and I've read…*
> *they're reading through all the reports, and something gets said, and I try*
> *to open my mouth to correct what's been said or something and they're like*
> *no, can you leave that till the end please. No, can you not speak now*
> *please. And you barely get to say anything, you barely get to voice your*
> *opinion and stuff, and it's like, are you for real? I'm the Mum, I'm the*
> *parent in this situation, and I'm living this situation. You should be*
> *listening to what I'm saying, and they just don't. They just don't want to*
> *hear it. As long as all the professionals around are getting their say, well*
> *then it doesn't matter what you think. And it's… It is a nightmare." (extract*
> *from audio recording of parental interview)*

5.4 Testimonial smothering

Testimonial smothering is when a speaker senses that their audience is disinclined to or incapable of taking their testimony appropriately (Dotson, 2011). The speaker adapts or does not provide their testimony to protect themselves from the perceived incompetence of their audience. According to Dotson there are three circumstances that usually exist in situations of testimonial smothering which are entwined, hence can be difficult to analyse separately. For this reason, I am going to use one case example to explore these circumstances. The three circumstances are:

1) the content of the testimony must be unsafe and risky

2) the audience must demonstrate testimonial incompetence with respect to the content of the testimony to the speaker

3) testimonial incompetence must follow from, or appear to follow from, pernicious ignorance (Dotson, 2011:244).

While the silence or 'smothering' is on face value self-inflicted, it is coerced through these circumstances.

The case example I am using to illustrate testimonial smothering is 'Cassie' who appears in the previous chapter (section 3.2). Cassie participated in a face to face recorded interview that lasted three and a half hours. Cassie described her own history of involvement with child welfare services as a child;

'I was put on child protection from a young age. My mum was in violent relationships, I witnessed a lot of violence between her and her partners. Her depression kept spiralling out of control. She wasn't staying on top of things, through her depression. So, I was on it (child protection register) from quite young. It's what you're used to. It becomes a part of your life, your daily life. Because I know what my Mum got put through with social services, and I know the life that I had to live, like, when I was younger, social workers used to come out and they'd take like me and my sister to McDonalds, they would. And they'd start questioning us, have you seen this, have you seen that, has this happened, has that happened, and they'd really go into detail with the questions about it. So, what I went through, knowing the life I had, and seeing the stress my Mum got put under, I could

> *never do that to someone (referring to putting her own children through*
> *similar experiences).' (extract from audio recorded parental interview)*

She expanded on this, explaining she eventually was placed with other family members under a court order and had experienced sexual abuse and trauma during the rest of her childhood. She expressed deep fear about her own children being removed from her care. Cassie described a deep mistrust of child welfare services and found a constant sense of irony in their expectations and opinions;

> *It's like the social worker would say to me, the other one (name), she used*
> *to say to me all the time, 'now you've given up weed why don't you go out*
> *and treat yourself and get your nails done, or get your tan done or*
> *something.' And I'm like, erm.. you do realise it's more expensive to get*
> *your nails done than what it is to go buy weed actually? So,. you're pretty*
> *much contradicting yourself there. Telling me go out treat myself to a set of*
> *nails, when that costs more than weed. So, how does that work? Concerned*
> *about the weed, but yet wouldn't be concerned if I showed up here, fake*
> *tan, hair done by the hairdressers, eyelashes, false nails, that's about £200*
> *worth of treatment there.*

> *Angela: What was her thoughts on that?*

> *Cassie: (laughing) I didn't actually say that, can you imagine?*

> *Angela: but it's true, as you said, your weed was costing you a lot less and*
> *they'd told you that was one of the main reasons?*

> *Cassie: ya but you know how it is, it's not worth the aggro, just keep quiet*
> *and nod innit*

> *(extract from audio recorded parental interview)*

In the above extract and in the extract in section 3.2 (previous chapter) professionals showed a lack of awareness of the effects of cannabis and how much it cost, which led to Cassie feeling they were testimonially incompetent, so she restricted her testimony. This meant that open and honest conversations around drug use were limited to what Cassie felt was safe and would not

cause any aggravation. She also explained that since she had moved to her present location (a requirement put in place by children's services and a significant distance from where she was raised and where all of her family support was) she was financially worse off. She explained that when she lived in her council estate she had the opportunity to work off the books to supplement her income in her uncle's shop, this allowed her to provide treats for her children that she could no longer afford. She had not disclosed this to her social worker as she knew that it was illegal and it could get her uncle in trouble. She also discussed other opportunities to make money within her old neighbourhood;

'Being down (council estate name), everybody gets given the opportunity.
Do you want to sell this, do you want to sell that, do you want to grow this,
do you want to do that? Everyone's given that opportunity down there,
because everyone knows everyone's struggling. I've been offered. But I'm
not stupid. I'm like no. No, not a chance.' (extract from audio recorded
parental interview)

As noted earlier in the chapter we can't expect professionals' knowledge to be all encompassing but given their frequent work with families where cannabis is identified as an issue it is not unreasonable to expect them to know its effects and cost. Combine this with a lack of curiosity that Cassie identified;

"They never talked to me about it, never asked me how much it cost."
(extract from audio recorded parental interview)

I feel it evidences the pernicious ignorance that Dotson (2011) identifies as a condition for testimonial smothering. The data showed a common theme of social workers not understanding drug use context and culture within areas of deprivation that they were commonly working within. This could be understood as 'situated unknowing', which is a result of social positioning that cultivates significant epistemic differences between professionals and families involved in the child welfare system (Dotson, 2011). These epistemic differences are the disparity between different worldviews caused by different economic and cultural situations (Bergin, 2002).

Throughout the interview Cassie referred to her fears of her children being removed and how she controlled her emotions and actions to prevent this;

'And especially when I first gave up the weed, they were coming in and there was this being said and that being said, and I had to sign this and I had to sign that, and I was finding it really hard to keep my cool, and finding it really hard not to snap. Because I was snappy anyway, when I hadn't been sleeping tidy, and I hadn't had that spliff before bed, and I was coming off it, so I was getting snappy anyway.' (extract from audio recorded parental interview)

Cassie went on to explain that she never discussed any of this with social workers as she thought it would be used against her, the effects of managing this she described as;

'I can hand on heart say I don't know how I did it. There's been times where so much has come down on me at one time that I've sat here and been like do you know what it's just going to be easier for me to throw in the towel, it'd literally be easier for me to be like do you know what, you've beat me. You've knocked me down, you've beat me. Do what you've got to do, take me to court. But then what's the point? I'd be losing out, my children would be losing out, I'd be breaking all of our hearts, no I've got to keep going.' (extract from audio recorded parental interview)

Cassie felt the need to suppress elements of her testimony in relation to her socio-economic position, her drug use and her emotional state throughout the process as she deemed it both risky and beyond the comprehension of her social worker. Ultimately this reinforced her childhood beliefs about children's services, preventing a trusting and open relationship with professionals. The above extract provides an insight into the impacts of this on Cassie and her wellbeing.

5.3 Knowledge coercion and exclusion within the child welfare system

Research into parents' views of involvement with child welfare systems echoes many of the themes explored so far within these findings chapters. Clapton (2020) and Ghaffer et al. (2012) found that parents' journeys through assessment and interventions were experienced as mainly negative, characterised as combative and focused on family failings and limitations rather than on strengths and potential. Qualitative research within the field also notes that intervention is often considered by families as forced compliance, and when they have dissenting views to

those of professionals they feel compelled to comply (Devine and Parker, 2015, Buckley et al., 2011). Within these experiences a theme of coercion emerges (Harris, 2012) which is associated with poor working relationships between services and parents, damaging the potential for positive outcomes (Bostock and Koprowska, 2022, Dumbrill, 2006, Corby et al., 2002). The interplay between the theme of coercion and epistemic injustice has started to receive academic attention in the field of child welfare research as a site of potential for positive change to benefit families and professionals working with them (Bostock and Koprowska, 2022, Washington, 2022). This section will loosely use a framework created by Washington (2022) to interrogate coercion of women affected by domestic violence in the criminal and family justice courts in America through a lens of epistemic injustice. Washington (2022) examines how the impacts of lengthy child welfare interventions are rarely considered in ways that focus on the marginalised families and their *'individual, authentic knowledge and needs' rather the system facilitates 'harmful knowledge production by coercing false narratives and excluding alternate knowledge'* and interrogates this through a lens of epistemic injustice (Washington, 2022:1097).

Outwardly, child welfare services are tasked with supporting families to care for their children safely where neglect or abuse has either been recognised or a high risk of it occurring is identified. Within my observations of families, however, this involvement was too often not experienced as supportive, rather it felt adversarial with high levels of surveillance. Narratives from families that did not align with the dominant narratives within social work practice were devalued and at times led to punitive outcomes. While I have already discussed how credibility can be degraded for parents in different sites of social work practice and how this can contribute to silencing or smothering of testimony this section will focus on how social work both at a practitioner and systematic level can facilitate damaged knowledge production by compelling parents to provide inauthentic narratives and exclude their interpretation or lived knowledge of their situations and experiences (Washington, 2022). To illustrate, I will build on the data examples already used both in this and the previous chapter.

As established in the literature review, families we work with in social work are amongst the most marginalised in our societies. The most deprived communities are disproportionately represented and parental risk factors such as domestic abuse, drug and alcohol use, mental health problems or involvement with the criminal justice system are features within the vast majority of families that are referred to child welfare services. Whilst parenting children if

identified as belonging to any of these categories of vulnerability presents risks which often bring families to the attention of services, these vulnerabilities also carry pre-determined stereotypical narratives and 'ready-made' interventions. While current research in these areas often recognises the punitive nature and over intervention of the child welfare system (Bilson and Martin, 2016) the link between punitive practice and knowledge production is under explored (Washington, 2022). Applying a lens of epistemic injustice allows for an exploration of how families' voices are further marginalised within the child welfare system.

5.6 Marginalised narratives

There were ample examples of mainstream narratives around parental use of drugs and alcohol throughout my time in the field. As discussed in chapter 1, social work research often focuses on the risks and the 'hidden' harms of drug and alcohol use, and this was echoed by professionals on the ground with the main parenting intervention offered by the local authority being underpinned and informed by the findings and research associated with the '*Hidden Harm*' report (2003). This parenting intervention was provided by the local statutory, adult services drug and alcohol team (team C in data). Part of this narrative observed within my time in the children's services teams was an unshakable belief that all drug use is harmful to parenting by the majority of social workers, therefore when parents or professionals from other teams provided counter narratives these were silenced, smothered or viewed as a lack of insight or engagement with interventions. A social worker from team C explained that they regularly did not understand referrals for the parenting intervention around drug use as they could not connect any of the presenting risks in the referrals to parental use of substances:

> *'The referrals come in and I get allocated them and I'm lost. Parent might*
> *be smoking a couple of spliffs but there are no linked concerns, you get*
> *long descriptions of violence or mental health problems but what has that*
> *got to do with the weed? I mean maybe it does but that isn't in the referral*
> *and then you go out and talk to the parents and I can't find the issue so*
> *then you're just making your way through the programme, reaching and*
> *stretching to make it relevant to their life but really the problem is their*
> *mental health or the fact their partner is kicking off, weed is the least of the*
> *problems but they (children's services) want us stay involved and they are*

testing, what a waste of time.' (extract from interview recording with social worker team C).

The belief that all parental substance use is harmful to children is possibly fuelled by the hidden harm narrative within research, with parents characterised as being either unable to see the harm or actively hiding it which then legitimises interventions like parenting programmes or drug and alcohol testing as necessary for the 'welfare of the child', despite the emergence of evidence in other fields of research that would bring this narrative into question.

Another common observation was the construction of drug users as "scroungers" or individuals who are seen as exploiting the welfare system without actively seeking employment, which echoes Wincup and Monaghan's (2016) observations of how clients were constructed within mainstream narratives. This was observed in chapter 4 section 4.4 and 4.5, when allocated social workers questioned families' choices with money and engaged in 'othering' language. This narrative mirrors a societal attitude within the UK that permeates through the fabric of our society. I encountered a range of attitudes towards substance use within the teams I observed, ranging from permissive with individuals failing to see the big deal if someone indulged in low levels of cannabis use to complete intolerance;

'...it's fucking disgusting! The smell of it, it reeks, why would anybody use it?' (verbatim quote from a social worker during a case discussion about a family where cannabis use had been mentioned).

There were however, clear discrepancies between narratives applied to families that were involved with services rather than general attitudes to drug and alcohol use. I felt that some of the reasoning for this could be attributed to the UK government's criminal justice focused approach to drug use, which public opinion polls such as the YouGov big survey on drugs would indicate aligns with the general population's view, including eight in ten Britons thinking drug abuse is a big problem in the UK and four in ten thinking that our drug laws are too soft (Dinic, 2022). When exploring reasons why a social worker felt that parents needed to be drug free in a specific case where there was no evidence of harm or risk for the children the social worker replied:

'I don't really know but I suppose it's illegal isn't it, they shouldn't be doing it' (extract from field diary, verbatim quote from social worker).

I observed a dissonance between what was seen as acceptable use of alcohol and drugs by social workers and what was deemed risky and unacceptable which at times seemed to hinge on class and socio-economic positioning, a theme identified by a social worker from Team C as the 'chardonnay effect' and reflective of research on the differences in intervening in more affluent families (Bernard and Greenwood, 2019). She elaborated on this:

> *'there is a huge difference in how we see things with alcohol and drugs and how we work with people based on if they are our typical families, on benefits, lots of involvement with services, drinking white lightening, or middle class, got a job, drinking chardonnay. And I think it's because they're us, the ones drinking the chardonnay, working… it's rare that we get those referrals but when we do we go about it a different way, we are wary, watch what we say and do, are really respectful. They turn up to meetings with solicitors, they won't accept the way that we normally work so we don't do that, we watch our steps. It's not the same for our families, they're used to it, they just take it'* (verbatim from interview recording with social worker, team C).

While many countries are moving away from the 'war on drugs' narrative the UK has strengthened its resolve to continue to wage war against illicit drug use with its publication of the policy paper *'From harm to hope: A 10-year drugs plan to cut crime and save lives'* (2022) continuing the polarised narrative of drug use being the source of crime and 'misery' in the lives of 'innocent' members of society, devoid of any acknowledgment of the societal context in which drug use or its associated crime take place. In his forward to the policy the then prime minister, Boris Johnson, stated:

> *'And there will be no implicit tolerance of so-called recreational drug users. We cannot allow the impression to be given that occasional drug use is acceptable. It isn't. So there will be new penalties for drug users.*
>
> *Because drugs cause crime and crime ruins innocent lives. If we're going to succeed in levelling up this country then we have to break the cycle of violence and abuse that blights so many communities, bring hope to those who have long since lost it and help rebuild the lives shattered by the illegal drug trade.'*

The dissonance mentioned earlier in this section in relation to how drug and alcohol use is seen in lower socio-economic groups is arguably present in the above statement. Boris Johnson has admitted to recreational cocaine use and widespread concerns were voiced in late 2021 about members of parliament using illicit drugs, however the rhetoric about use by ministers was one of harmless experimentation and casual use, far removed from the criminal narrative above (Walker, 2021). The minister responsible for drug laws at the time of the policy creation, Kit Malthouse, publicly stated he did not believe poverty was an underlying cause for drug use but rather "drugs and violence drive poverty, not that poverty drives them" (Bol, 2022), continuing a narrative that can be found in early governmental reports such as *Breakdown Britain* (2006). These governmental narratives seem impervious to an ever-growing wealth of evidence about the links between inequity and social problems (Wilkinson and Pickett, 2009) and alternative approaches to 'the war on drugs' (Werb, 2018).

5.7 Tools of silencing and knowledge coercion

A family's journey through child welfare services is underpinned by various different assessment processes and interventions designed to assess and meet needs. These differ from one local authority to the next, however the vast majority purport to be underpinned by working collaboratively and in a strengths-based way. While parents I interviewed told stories of positive experiences and interventions within the process they seemed to be firmly attached to the individual workers rather than the methods they were using or the interventions they were using:

> *…and (social worker from drug and alcohol team) was absolutely amazing through all of this. Like, I don't think I would've been able to get through it all if I didn't have (social worker from drug and alcohol team). (extract from interview recording with parent).*

The stronger themes of parental experience within interviews with parents and observations of practice are discussed below.

5.8 Fear of removal

All parents that I interviewed expressed vivid fears of having their children removed, angst filled descriptions of how present separation was affecting them or trauma laden recollections

of when their children had been removed in the past. The topic of child removal was omnipresent during my field work, a natural part of a high proportion of both formal and informal interactions throughout practice. Washington (2022) notes that within the US family welfare services separation is often used as a coercive instrument to enforce compliance with plans. While the system in the UK is designed so that removal of children should be a last recourse, the testimonies of parents I spoke with did not echo this. The parents I spoke to who had their children in their care at the time of interviewing all told stories of when their children had come close to being removed and described all of the efforts they had gone to, in ensuring that this did not happen. A sample of examples include 'suffocating levels' of unplanned professional visits to the family home (inclusive of weekends), drug and alcohol testing, moving family members in to the home to ensure that all parental contact with children was supervised, sudden abstinence from drugs and alcohol, engagement with numerous interventions such as domestic abuse perpetrator courses, moving to different areas of the county despite not having any support or connections in the new area and ending relationships. The parents that I spoke to did not feel that they had any agency in the majority of 'choices' that they made, rather they felt that had they not agreed to actions they would have 'lost' their children. Below is an extract from an interview with David where there was a possible cognitive dissonance between his positive opinions of the process and the details of his experience. He had talked me through his engagement with different interventions that he had vehemently denied he needed and described at best enjoying the company of the workers (drug and alcohol parenting programme) and at worst feeling traumatised, stressed and at risk by participating (parenting course for male perpetrators of domestic abuse). His positive views seemed to be connected to making his way through the process and retaining custody of his child. The allocated social worker had provided a similar history prior to my interview with David, with all of the triggers for involvement based on a previous event in a different relationship, with no active drug use or domestic abuse concerns being highlighted in relation to the current relationship. The plans proposed after the initial assessment to the expectant mother were for her to end the relationship with David or for the baby to enter care while further assessment and interventions were undertaken. David described a harrowing experience of over a year where he expressed pride about fighting to stay together as a family and *'ticking every box'* given to them as parents. At the time of interview his case had just been closed by the local authority. The following extract offers some insight into how he experienced the process:

David: So she went down to the office then, and 2 males, a manager and another woman, and they will grilling her really bad, shouting at her, smashing his hand on the table, saying what are you doing with this person, basically saying you shouldn't be having a kid with this man, saying if you leave him now, you can run off into the sunset and have no worries at all. So basically, telling her to leave me, proper grilling her, making her cry, making her very upset and stuff. (description of experience of David's partner in initial contacts with children's services, verbatim from recorded interview with David)

❖

David: I'm not a domestic violent person, I never have been. This course is really not beneficial. Because all the people in the course were saying, oh yeah, I gave my Mrs a thick lip before, and doing all this, and I didn't like… hearing all of those things were horrible, it sticks in your head, you know? (description of attending a perpetrator course for domestic abuse mandated through the child protection process however later removed as a necessity following acceptance of it not being necessary due to no evidence of domestic abuse, verbatim transcription from recording with David)

❖

Angela: My last question would be, where do you think you'd be if children's services had never got involved? Like, if the pregnancy hadn't been flagged, and if yourself and (partner) had just been left to get on with life as normal, do you think things would be different? Do you think things would be better, worse?

David: No. I don't, I think if anything it would be better, because I think they put a strain on our relationship, because obviously with time it's been hard, and we've both wanted to call it a day, but at the same time then, it's been a positive like. Because like it brought us together you know, showed how strong we are, definitely wouldn't have been worse. If anything, it would've been better, but if not it would've been like we are today, so.

(extracts from recorded parental interview)

It is worth noting in the above extract that David denies ever having perpetrated domestic abuse, while the allocated social worker indicated he had a history of it in a previous relationship, the denial perhaps relates to his current relationship. While David had managed to reach his goal of freedom from surveillance by children's services, other parents were still living in fear that any deviation from what they had been 'requested' to do through interventions would culminate in their children being removed:

> '…but it was the fear that was instilled… and all I had was somebody's going to take (child's name) off me, no no, please don't take (child's name) off me.. do you know what I mean? (extract from parental interview with' Sarah).

A strong sense of fear was certainly palpable within the interviews, with parents explaining that they would continue to stay abstinent from alcohol or drugs in the future (despite not personally feeling their use was problematic) due to fear of unexpected testing by children's services. They also described other lasting impacts such as making sure their cupboards were always full:

> 'Food was never an issue but they always checked my cupboards… I even now to this day, make sure... I buy more food than is needed, in my house, the cupboards are always full now, and my Mum said to me before not long ago, she was like you don't need to do that anymore, because I'll have like 10 boxes of cereal like it's just ridiculous, she was like '(interviewees name) you don't need to be doing that now', and I thought God yeah I am doing that without even realising, because having checked through before, do you know what I mean.' (extract from parental interview with Debbie)

and keeping receipts to prove their honesty:

> I was like and you know all this (talking about an interaction with a previous social worker), because you've seen every single receipt, and I still carry the receipts around in my purse now, just to make sure that I've got the evidence there (extract from parental interview with Cassie).

Both of the examples above were about non-issues in the particular cases as there was no evidence to dispute the parents ability to feed her children or ensure payments were made to housing services in a timely manner however because they were standard issues that are covered within child protection procedures the parents perceived that if they did not comply with expectations, this could be used as reasoning to escalate interventions, ultimately leading to a level of coercion that, while on surface level appears small, lasted well after concerns had deescalated. While there are counter arguments to be made about this perceived total surveillance of families lives as part of holistic assessments that provided evidence of strengths alongside risk, it was not experienced as this by parents.

5.9 Pathologizing of marginalised parents as a compliance mechanism

As discussed in both this and earlier chapters, parents' use of drugs or alcohol is almost always immediately categorised as 'parental substance misuse'. Parents experience coercion when they find themselves in the situation where they have to become abstinent or complete parental programmes to address the harms to their children despite having different narratives from those of children's services about their use. Cassie, who appeared in chapter 4, section 4.5, was identified as a case with parental substance misuse and had undergone extensive drug and alcohol testing and referrals to associated support agencies despite her belief that her use of cannabis was not impacting her ability to parent or her children's welfare. Her allocated social worker agreed that there were no identified issues in relation to drug use and her drug tests supported her claims of low-level use, but insisted that Cassie must remain abstinent from all drugs. Despite this, Cassie felt she had no choice but to participate in related parenting interventions and drug testing and to become and remain abstinent from cannabis. The following extracts highlight how she experienced the associated impacts of her use of drugs being labelled as misuse:

Angela: did you feel like you had a choice with the drug testing?

Cassie: No. If I'd said no, it would have gone to court. They would've done a court order for it, and it would've looked a lot worse on me then.

❖

Angela: Do you feel like it's a choice?

Cassie: No, it's not a choice. She's already told me if I don't complete

these courses, then she don't see the kids coming off the register. So it's

like… I just got to go and do it.

❖

Angela: do you see any advantages to having given up (cannabis)? If we

remove children's services from the equation would you go back to

smoking?

Cassie: ya, ya, I think I would. It worked for me with sleep and stuff, took

the edge off my anxiety at night, like I said I get terrible nightmares about

the sexual abuse and I had tidy dreams when I was having a fag before bed.

Didn't like taking sleepers, because I'm waking up really groggy, really

moody, not wanting to wake up, because I've still got the effects of the

sleepers in me. So it was always.. I don't want to take the sleeper. I'd

rather have the fag. But it's not worth losing the children so I won't.

(extracts from parental interview with Cassie)

The common theme through these extracts is a feeling of no choice as to Cassie losing her children was not an option, equating to Cassie feeling forced compliance.

The pathologizing of parents also presents through the monitoring of emotional presentations in emotionally charged situations. Parental anger, despair, or emotional outbursts are often equated to their drug use rather than highly charged situations like child protection conferences, removal of children or mental health conditions. An example of this is presented in section 5.3 of this chapter when Adam found himself excluded from future meetings due to an angry outburst in the office that was judged by the social worker to be caused by his drug and alcohol use rather than being considered in light of the emotional impacts of being apart from his children and the implications of structural issues such as lack of housing and socio-economic status.

5.10 Damaged knowledge as a coercion tool

Silencing, smothering and coercion of knowledge as outlined so far resulted in damaged knowledge production, where testimony from marginalised parents was false or incomplete (Washington, 2022). This damaged knowledge then reinforces and sculpts the dominant discourse within social work, becoming the accepted 'truth'. Foucault (1980) suggested that

what is espoused as true relies on the types of discourses in society that are accepted and operationalised. When testimony is excluded then it is prevented from entering this process and shaping the collective truth. The examples above of where parents were pathologized within the child welfare system instead of due focus being accorded to structural issues such as their socio-economic positioning are examples of the pervasive effects of damaged knowledge (Washington, 2022). If common threads throughout the field work such as parents' alternative understanding of their drug use were truly heard, then the discourse around children's safety would also focus on societal structures connected to deprivation such as housing, employment or generational involvement with services.

Parents I spoke with all had recollections of trauma in their own childhoods, characterised by living in deprived areas and experiencing parenting that was impacted by associated vulnerabilities such as drug or alcohol dependency, domestic abuse or mental ill health. Their stories often included experience of involvement with children's services as a child and an awareness of the damaged knowledge that is inherent in the system, reinforcing the epistemic injustice and shaping the way that they engaged with the system:

'It's what you're used to. It becomes a part of your life, your daily life (referring to the involvement of children's services when she was a child). Because I know what my Mum got put through with social services, and I know the life that I had to live, like, when I was younger, social workers used to come out and they'd take like me and my sister to McDonalds, they would. And they'd start questioning us, have you seen this have you seen that, has this happened has that happened, and they'd really go into detail with the questions about it… I'll do whatever I need to do so my kids don't live the life I did… (later in conversation) …Because my cousin, she's going through... well, she's had her daughter taken, her daughter is with her mum, and her mum's taking legal guardianship, and when I said the social worker said to me they want complete abstinence, because they've asked her for a drug test because she smokes cannabis too, I said quit it. They're going to tell you they want complete abstinence, just quit. I'm going through it, I can give you the advice, this is what's happening with me. (extract from parental interview with Cassie)

This extract shows the impact of historical involvement in Cassie's decisions when working with children's services. She limited her testimony about drug use as she knew that her audience possessed pernicious ignorance (see section 5.4), participated in courses that she did not feel had any relevance to her, gave up cannabis despite seeing no benefits to this course of action and physically moved to an area where she felt alone and isolated (see section 5.8). Her story contained multiple examples of when she silenced or smothered her testimony as she believed that honesty would trigger negative impacts for herself and her children. She shared this knowledge with a family member in a similar situation as she believed that the system would pathologize her use of cannabis and would not accept alternative narratives about her use, ultimately perpetuating a culture of coercion and damaged knowledge production.

There are most certainly other tools of coercion and punishment that perpetuate epistemic injustice in child welfare services that are more specific to other sites of vulnerability such as domestic abuse (see Washington, 2022), mental health and disabilities however I have chosen to focus on themes pertinent to substance use in keeping with the core theme of this thesis. The framework of epistemic injustice theory provides a way to understand how knowledge coercion and exclusion operate as tools of coercion within the family regulation system. Epistemic injustice leads to both individual and collective harm. Marginalized families are discredited and left out of shaping the narrative concerning substance use and child welfare. This exclusion damages the collective knowledge base by generating false or incomplete information.

Chapter 6 - Lens of interpretation

6.1 Hermeneutical injustice

This chapter seeks to build on and complement the preceding chapters on testimonial injustice by exploring and interpreting data through the lens of hermeneutical injustice. At its core hermeneutical injustice:

> *'Occurs when someone is rendered unable to understand or express some important aspect of their own experience due to a gap in the shared tools of social interpretation.' (Ritunnano, 2022:244)*

Fricker (2016) notes that testimonial and hermeneutical injustices are closely intertwined:

> *'...Testimonial injustice can create or sustain hermeneutical marginalisation by blocking the flow of reports, ideas and perspectives that would help generate richer and more diversified shared hermeneutical resources that all can draw on in their social understandings, whether of their own or of others' experiences. Therefore the broad patterns of testimonial injustice—most likely patterns created by the operation of negative identity prejudices, inasmuch as these are the chief systematic prejudices— will tend to reproduce themselves as patterns of hermeneutical marginalisation, and it is these that give rise to systematic hermeneutical injustices.' (Fricker 2016,6)*

The previous chapter on testimonial injustice aimed to illuminate some of the contextual conditions in which power relations allowed and constrained knowledge production and transmission inequitably on the basis of a knower's social identity. This discussion focuses on the inequalities that manifest in social-epistemic environments when;

> *"Meaningful interpretations of social experiences are absent or obscured by relations of power that allow some to neglect or claim interpretive authority over the experiences of others." (Mason 2011:295)*

The topic of hermeneutical injustice has generated an abundance of literature over the past decade, seeking to comprehend its nature, causes, significances and variations (Medina, 2017).

In its original inception Fricker (2007) posited that hermeneutical injustice was characterised as a structural, wide-ranging phenomenon, occurring at the level of an entire society. The structural focus is important as it informs us that hermeneutical wrongs can be woven into the fabric of our communicative practices and therefore hermeneutical disadvantage can be perpetrated even when we can't pinpoint individuals' actions or mistakes (Medina, 2017). Hermeneutical injustices are often pervasive, impersonal and systematic. Fricker's assertions that hermeneutical injustices are wrongs that happen in the absence of specific perpetrators, amounting to a lack of either individual or collective blame, however, have been subject to much debate and critique (Mason, 2011, Pohlhaus, 2011, Dotson, 2012, Medina, 2012, 2013, 2017, Posey, 2021).

One of the central concepts in hermeneutical injustice is lacunas. Lacunas refer to the omissions or gaps in language, culture and societal structures that prevent marginalised groups from fully partaking in comprehending and understanding their experiences. The development of these gaps is often due to power structures and metanarratives that stifle and disregard the voices of marginalised groups, leading to an absence of terms and theories to interpret and express their lived experiences. This results in an absence or misrepresentation of marginalised groups voices, continuing the vicious cycle of injustice and inequality (Falbo, 2022).

As discussed in chapter 2, Fricker herself revisited her original definition in 2016 and discussed the role of individual responsibility and culpability in relation to hermeneutical injustice, and the realities that often, marginalised groups did not lack the knowledge, awareness of language to describe their experiences, but rather the dominant knowers sometimes possessed a wilful or partial ignorance that caused lacunas or limitations in hermeneutical knowledge or resources. Falbo (2022) has built and expanded on the concept of hermeneutical injustice, moving to depart from the rigidity of a lacuna-based model, to

> *"A broader analysis that better respects the dynamic relationship between hermeneutical resources and the social and political contexts in which they are implemented. (Falbo, 2022:343)*

It is within this broader understanding of hermeneutical injustice that I explore data in this chapter. I will begin by exploring some of the possible hermeneutical injustices in operation and utilised within social work practice and then move to locate these within families'

experiences and viewpoints. It is worth noting that there is a heavy focus on the use and experiences of hair strand testing in this chapter which is reflective of a strong theme throughout the data, which the concept of hermeneutical injustice felt best placed to explore. The chapter also uses significant amounts of data from the interviews of data from team C, as they provided, at times, contrasting views and differing ways of interpreting common themes. I will then move on to identify lacunas within current hermeneutical knowledge and how this amounts to hermeneutical injustice and marginalisation for affected families. I will also explore the possibility that a vast amount of the hermeneutical injustices observed arise not from a dearth of concepts or theories, rather from a plethora of distorting and unjust concepts that defeat, obstruct or pervert the use of more accurate hermeneutical resources (Falbo, 2022).

6.2 Collective hermeneutical resources in social work practice with parental substance misuse and inequalities

As discussed in previous chapters, the publication of the '*Hidden Harm*' report (2003) saw the creation of a new area of focus in child welfare practices centring on 'parental substance misuse' and the wide array of harms that both the report and subsequent research in the past twenty years has attributed and correlated with it. A simplified, highly stigmatised version of parenting when drug or alcohol use is identified has emerged, equating, for the most part, parental substance use with 'bad' parenting, ignoring social determinants of health and wider social environments (Flack, 2019, Whittaker et al., 2020). This representation of parental substance use as causal and singularly responsible for a plethora of harms to children has led to a legitimisation of state intervention into family life, and simplistic solutions (Whittaker et al., 2020). Whittaker et al. (2022) posit that most hermeneutical resources in operation in child welfare have been born from the assumptions and epistemological foundations created by '*Hidden Harm*' and have received little critique, concealing alternative approaches to understanding, representing and responding to the knotty realities of families disproportionately affected by inequalities. Fricker (2007) identifies hermeneutical injustice as a manifestation of the systematic and wide-ranging marginalisation of certain social identities from the practices through which social meanings are created. These practices are what we refer to as hermeneutical resources, encompassing the interpretative tools, methods and frameworks that are used for sensemaking in everyday social work practice. Social workers use them to navigate and make sense of the complexities of family life that they encounter in their practice. This section explores some of the concepts and tools observed within child

welfare services that make up the hermeneutical resources drawn on in everyday practice with families, considering if they contribute, or not, to hermeneutical marginalisation.

6.3 Concepts and tools

Several concepts, terms and tools were commonplace in practice that I observed in the field. This section looks at some of these concepts and tools and explores the understandings and implications from the views of professionals within teams A and B, established as 'dominant knowers' in chapter 4. It also uses narratives from social workers in team C.

6.4 Parental substance misuse

The first concept was the language used to denote a parent that used alcohol or drugs. While many derogatory and stigmatising labels were observed, as discussed in Chapter 4, the most common term used within practice and related documents was 'parental substance misuse'. This is in line with a vast amount of the surrounding policy, literature and research, however, its application tended to be unquestioning, lacking consideration of whether the person's use of drugs or alcohol was 'misuse' or problematic in respect of their child's safety or welfare.

Part of my data collection involved reading child protection social work reports, minutes from child protection conferences and legal gateway meeting minutes in relation to families that I observed practice with, or families that agreed to be interviewed as part of the research. Within the majority of these reports the phrase *'parents' substance misuse presents a risk…'* or *'parents' substance misuse poses a risk…'* was present in relation to both their own and their children's welfare. These generic phrases tended to stand in isolation of related details of substance use or specific risks, instead reading as statements of fact that parental substance misuse correlates with risk.

The use of the term by social workers, within teams A and B, was largely accepted and unchallenged by other professionals during my observations of practice. However, dissenting views on the term presented in interviews with social workers team C. One social worker identified problems with the term within practice in children's services;

> *"There's this thing that... if you've got a parent who's... (using alcohol or drugs) and distinguishing between what's problematic and not.*

...I've had a massive thing about that, because I don't want to use the word misuse. Like, I don't want to use the word substance misuse... how do you define that? Like that at its base, not being pedantic, at its base, what's use to me is misuse to you, depending on what's your view. There is no like level at which something becomes misuse to me. Like you're using it for its intended purpose."

"I've noticed over the last couple of years now... because I've always said use and not misuse, but if you take it back and ask us why we say substance... so rather than it just be drugs and alcohol, you might have somebody with gas, and they're actually misusing a substance there, but they are using that substance for the desired effects aren't they. And you ask... you get two different answers if you ask somebody why do they drink alcohol. And somebody might say I enjoy a glass of wine or something like that. But that's denial really. We all drink for effect as well don't we. So that's what we want to achieve out of drinking alcohol anyway isn't it. So yeah. That thing of everything getting lost in translation is a huge feature."

"There's this just natural equation. Oh well there may have been violence, but there was definitely drink there, so that's the thing that needs to be sorted, that's what's going to cause the problems. If we can get rid of that, then everything will fall into place. Which I just don't buy into necessarily. The domestic violence is a problem either with the perpetrator or the victim, or there's a problem in the relationship between those people. And alcohol can only be a catalyst for that isn't it. So why are we addressing the catalyst and not the issue." (extract from interview with social worker, Team C)

The social worker identifies that the term 'parental substance misuse' frames all use as misuse, whereas their view was that this is a complex area and is prone to personal interpretations of what constitutes misuse. Later in the interview they discussed judgements, expressing views that they felt there was moral judgements and class judgements underlying some of the practice and decisions they witnessed in their day to day work. They also identified that the use of the word 'misuse' is problematic as people who get intoxicated are, in the majority of cases, using

substances such as drugs and alcohol for their intended purposes. They were quick to identify that this may appear pedantic but actually it matters, as if all use is viewed as misuse then alternative explanations or opinions are silenced or discredited. They expanded on this, identifying that parental substance misuse was conflated with risks or harms to children and families from other phenomena such as domestic abuse, becoming the focus of change and assumed fix for these problems. This was a common theme amongst the interviews with his colleagues. Another social worker from Team C expanded on this observation using an example of a family she was working with;

> *"You know, I've got someone who's clean at the moment, his ADHD has gone through the roof. He cannot pull sentences together, but children's social work want me to do (name of intervention) with him, I can't even get him to focus on me, I can't understand a word he's saying, but they... until I said 'he has ADHD', so when he did use amphetamine, he could articulate, because he's bouncing off the walls now, they're like 'oh he's using', no he's not. He's not using, he has ADHD. So I'm having to explain that no, because if he was using, he'd be sat talking to you normally. So I'm having to say to him, do not use, so that the mental health team will see that you're bouncing off the walls, but to children's services, he looks completely off his head. You wanted him to be clean, and now you're saying, well hold on a minute look at the state of him. Instead of saying, right keep using substances, work with mental health, let's get you on your meds, let's do a long giving up the phet (amphetamine), increasing the meds, giving up the phet, you know that nice little transition, no. They want him clean."*
> *(Interview with social worker from team C)*

In this example children's services had identified 'parental substance misuse' and equated the harms and risks for his children as directly related to his use, insisting that the man had to give up all use of substances immediately. They had brought in the social worker from team C to support however, where she identified that the man was using amphetamines to control his undiagnosed ADHD and that ideally, he would continue using in a controlled way while accessing professional support from mental health services. Children's services rejected this, insisting they wanted him to be 'clean', rejecting alternative explanations and reasons for use

and without exploring how stopping his use of amphetamine could in itself create risks and harms for the family.

There could be an assumption that social workers from team C constitute 'dominant knowers', by the nature of their profession, however the data presents an alternative view. Social workers from this team all identified instances of having their testimony dismissed or misused when presented within the arena of children's services. Medina (2017) observed that despite the availability of relevant meanings and interpretations in localised hermeneutical systems, dominant knowers can cultivate hermeneutical attitudes that shut their minds to alternate expressive or explanatory resources and cause them to remain ignorant or apathetic towards these resources.

The following extract relates to a discussion about a family where the social worker from Team C had long term involvement. Initial concerns identified by children's services surrounding alcohol and cannabis use were addressed however drug tests identified a low level of codeine use. Children's services deemed the use of codeine a risk to the child and felt it warranted further interventions and monitoring. The mother provided a plausible explanation which was accepted by all other agencies (including a representative from an NHS specialist team who had been asked to provide their expertise specifically in relation to drug use and its potential effects and harms) and the social worker in team C could not identify any risks from the codeine and felt further intervention was not needed;

Angela: Do you feel like your professional opinion was weighted appropriately?

Social worker: No not really to be honest, and it was same from (NHS based drug and alcohol team), giving the same opinion, and it was kind of like our opinion was being disregarded, never mind the parents. So yeah it was a shame, and I felt like we'd had cases work quite well with children's services previously, but from that moment on it was a bit like.. my opinions not worth it really, which is a shame.

Angela: And what was end result?

Social worker: So obviously I did some work with her about basic stuff and the impacts of codeine, but children's services continued to say you need to

stay involved for a long time, and I was trying to say there's nothing to stay

involved to do, there really isn't, what do you want me to do, this parent

was doing amazing in my eyes, considering what she was like the past year

before. But the end involvement was I basically don't think... I think the

judge in court also kind of shrugged his shoulders a bit by the sounds of it

from the parent's view, and they kind of weren't bothered either. So, I feel

like it was just children social worker making a big scene over nothing kind

of thing.

(extract from interview with social worker, Team C)

Social workers within team C identified that the lack of acceptance of their professional views or opinions was not a consistent experience, rather they attributed occurrences to a host of different reasons such as the knowledge and skills of children's services social workers, different cultures within different children's services teams, families presentations, families working relationships with children's service social workers, gender of person using substances, and moral and/or class based prejudices by social workers.

6.5 Hidden Harm

The concept of hidden harm was well established and utilised in the practice that I observed. It is worth noting that one of the interventions for families where substance use was identified had the words hidden harm in it so therefore it was both a concept and a tool in operation in the local authority that I undertook my research in. This means that in data extracts social workers often use Hidden Harm to indicate the parental programme offered by this local authority to raise parental awareness to risks and identify ways of minimising risk. As such it was difficult to separate the influence of the concept and the tool in relation to its contribution to hermeneutical knowledge within teams and this section will cover both.

Within teams A and B, hidden harm as both a descriptive term and a practice tool was omnipresent in cases involving substance use. It was seen as a useful way to help families understand why their substance use concerned social workers.

'It's great, they get a social worker from the drug and alcohol team and

they help them to see the impacts their drug use is having on their kids. We

get a report and that has all the information and we can use that at

However, it was also used as a concept and a tool to evidence harm, as the above quote touches on. There was no view of this being problematic within teams A and B. However, similar to the use of the term parental substance misuse, social workers from team C provided views that appeared to challenge this non-problematic acceptance of the concept and tool.

Yeah, I think... obviously it's tricky, with social work so much of it is subjective, and I think that's one of the biggest problems maybe we have with working with different thresholds, with risk, with those sort of things, and different social workers interpretation of it. ...Because sometimes I feel like we're working backwards, so the information we get is that the parents are using cannabis and they want the (parenting intervention), but you kind of have to dig for any kind of sign of what was the impact, and it feels like we're working backwards sometimes, and it might be using cannabis, but why are we concerned about it, so that's what I find tricky anyway with that.

...like what are we kind of hoping our intervention is going to achieve, if we're not clearly identifying what the harm is I suppose. ...if there's multiple issues going on, it's something that they can kind of put down and pinpoint as well. ... you've got this to tick box that issue, and I think sometimes issues that aren't really related to substance misuse kind of get put under that box. I mean a common one is with mental health issues and substance misuse, there might be issues with their mental health, and if they're using any substances, because of their mental health that's just kind of a no go, and they feel that they shouldn't be using any substances. When actually you know, somebody's smoking a little bit of cannabis because it helps them sleep, why is that any different really from somebody taking a prescribed drug that's going to do the same, and you know a lot of the prescribed medication people have loads of horrible side effects, and I understand why they would prefer to use cannabis over something like that. ... but it's probably their own subjective view on cannabis, I'm saying

(extract from interview with social worker, team C)

Again, we see a mirroring of the earlier discussion in relation to parental substance misuse, automatic correlations with harm and views of drug use as bad, rather than exploring alternative views or explanations, perhaps hidden or dismissed due to moral judgements of the hearer (Taylor and White, 2001).

There was also a theme of information provided through the lens of the parenting intervention being dismissed or cherry picked to provide evidence for social work action that cannot be as easily achieved in other areas of concern such as mental health or domestic abuse. The following extract is of an interview with a social worker from team C where we discussed a man that she had been working with following a referral for the parenting intervention;

Angela: Do you think that the information you provided through the parenting intervention carried appropriate weight in forums such as core groups or conferences?

Social worker: No, not at all. (laughter). With this particular case as well they.. I'd closed the case, but submitted my final report, and just by chance got sent the minutes from the review. And all that been kind of taken out of my report, it felt like it'd just been cherry picked to get the negatives to justify continued registration, which was really frustrating, because it was overall a really positive report, and it just felt like it was the only bits that they kind of clung to from the report was about his continued use, that was the only thing that was really mentioned in the reports, so that was really frustrating. And you know that's concerning as well, that it's not really giving a balanced view of our work and why are we being asked to do that work if it's not going to be used for any kind of real purpose other than to back up, or you know it feels like that's maybe the purpose sometimes, they're referred in to give more evidence maybe to the social worker's view of things. (extract from interview with social worker, Team C)

It was clear in conversation about this case that there were valid concerns about the welfare of the children, however the team C social worker felt that it was easier to frame these results as

a result of hidden harm as a result of the fathers' drug use, as this was easier to quantify and evidence.

Another theme around hidden harm was its over application. Social workers often struggled to understand why referring social workers from children's services deemed it necessary for families to complete work parental substance misuse in circumstances where was a dearth of evidence to suggest that there was potential/actual harm to children. While they could identify that there is always potential for harm when drugs or alcohol are used by parents they often felt that the referrals they received were highly risk-averse, especially in relation to drug use.

One social worker discussed a case that had been referred where it was requested that both parents receive support around parental substance misuse and they had tried to refuse the referral due to no evidence of harm or risk;

> *'Yeah, and this is literally what me and (colleague) had the same… a shared… we had a parent each on a case, and both of us were kind of having these discussions with the social worker (from children's services), it was raised then to a senior, who literally just copied and pasted that kind of legislation, and we were like well we know that there's substance misuse, that's why we do the parenting intervention, we understand that, it's just our definition I guess of what is substance misuse or what is use, I think that's where it gets complicated, some people will just see use and be well that's substance misuse, or problematic parental use I suppose (laughter), but that's the issue isn't it, is people's.. who judges that, when does that become... I just feel like the equivalent sometimes with like... like say if we were to use alcohol use as an example, would we do parenting interventions with every parent who's using alcohol because it might be harmful you know… if there's no evidence to suggest that every parent drinking... there is any harm, we wouldn't do it would we, but it feels like that's the equivalent with say cannabis use, oh there's some cannabis use so we should do a parenting intervention just in case kind of thing, even though there's no evidence of harm there.' (extract from interview with social worker, team C)*

This echoed the criticisms of Flack (2019) and Whittaker et al. (2020) discussed in section 2 of this chapter, that the simplistic, underdeveloped and unchallenged concepts contained in the '*Hidden Harm*' report and subsequent research and literature are being used to justify and legitimise increased state intervention into the lives of people that use drugs.

6.6 Hermeneutical injustice and drug and alcohol testing

The use of alcohol and drug testing was a common tool encountered throughout my fieldwork. It provided the most variance in views and opinions amongst social workers from all teams observed and interviewed. Given its widespread use, it is one of the most common hermeneutical resources I identified but yet the one I found most perplexing. While the inception of 'parental substance misuse' and 'hidden harm' can be traced back through the literature and research in child welfare and social work practice, the same cannot be said of drug and alcohol testing. It is tangentially mentioned or unproblematically proffered as a tool to aid in working with child welfare cases where parental substance misuse is a concern. A Google search will indicate that the use of drug and alcohol testing in the UK is commonplace in local authority children's services, with legal firms' web pages offering explanations of what it involves and how it can be used by children's services, and private testing companies offering similar. There is however, sparse research into its efficacy, and little to no research into the ethics surrounding its use in the UK.

Canada and the US have recently paid more attention to the use of drug testing in child welfare, triggered by the high-profile scandal in Canada, referred to as the Motherisk scandal (Tsanaclis, 2017). The Motherisk scandal is of most interest when considering drug and alcohol testing as a hermeneutical resource within child welfare social work, as for two decades Motherisk performed flawed drug and alcohol testing for custody and child protection cases across Canada. These results played an important part in decisions such as child removal and custody cases. While in the UK an investigation into the use of drug tests in criminal evidence led to a total of 90 drug-driving offenses being overturned or dropped (Tsanaclis, 2018) this does not appear to have triggered any attention on its use within the child welfare system.

While there is a small evidence base for best practice for drug testing in wider literature it would appear that this is considered infrequently if at all in child welfare settings (Lloyd and Brook, 2019).

Drug testing laboratories in the UK are not subject to standardised regulation. Given that these tests are often used as evidence in decisions for a multitude of actions within private family law courts and the child welfare arena, from contact arrangements to child removal, this should be a fact that makes us pause for thought.

Drug and alcohol testing was observed throughout the spectrums of interventions taking place in children's services teams. It was most commonly encountered in cases which had entered the Public Law Outline, however it was also observed to a lesser degree in cases on a care and support place and in child protection proceedings. Motivations for commissioning testing seem to fall into two categories in the data.

The first was to evidence suspicions or concerns a professional held that parents were either not being truthful about what substances they were using or they were not being honest about the amounts they were consuming. While social workers were generally thoughtful in their responses to if they thought testing was appropriate for parents they generally agreed that there were cases where it was.

Angela: What's your view on drug testing?

Social worker: I think it's good because we have disguised compliance, ... I worked with a woman that said throughout the pregnancy she wasn't using, tests results come back just before baby was born, she was smoking 4 bags a day (heroin), and baby had withdrawal on the 10 scale[4]. Now we wouldn't have known that if we hadn't have had tests, do you know what I mean. And when you're working with a family, like at the moment I'm working with a family, and she's absolutely denying that she's used, she's not smoking cannabis, but (private testing company) results said she is smoking cannabis. She denies it. So, I've said to the social worker, if she's said she isn't using, she's said she isn't using. What can I do?

Angela: And do you think with the test, it's useful in that..

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[4] withdrawal from opiates is based on the symptoms observed in a baby and vary from mild to severe. High levels of use during pregnancy are usually positively correlated to severity. To help with diagnosis, providers often use a scoring sheet, in which symptoms observed in the baby and their seriousness are noted. This scale is out of 10.

Social worker: I think it should only be used in extreme cases, when you're going to need to know, you can't in our job go by... if everybody was telling the truth Angela, and all the families we work with, sometimes you know, they need to know, and if the police are being called, they're saying they're not using, but you can hear the bottles, you can smell the drink, you need a rough idea, from a child protection point of view, and for the parents, but it hasn't got to be all the time, so yeah I do believe there should be an element of testing in answer to the question. (extract from interview with social worker, team C)

While the social worker outlined three instances that drug testing had 'proved' that parents were being deceitful and provided evidence that was not there due to their denial, it is worth noting the dissonance between her beliefs that testing provided useful evidence and without it they wouldn't have known/been able to act to reduce risk and her stated outcomes of the cases. Health professionals would have been aware of the first woman's high use of heroin due to the baby's withdrawal symptoms, regardless of the test results, it is unlikely that these tests provided anything more than concrete proof that the woman was using, which it could be argued was present due to the baby's withdrawal symptoms. The social worker's other examples of where she felt testing was a positive move create an interesting space to return to the questions raised in chapter 1 in relation to properly evidencing the correlation between harm and parental substance use. In the second example the social worker went into further detail on the case later in the interview, describing a heavily guarded woman, deeply suspicious of professional intervention. While the social worker's description contained some evidence of potential harm from drug use;

"...her flat reeks and she's looking me in the eye saying she's not using."
(extract from interview with social worker, team C)

She ultimately identified that the main concerns and risks were from domestic abuse, mental health issues and failure to engage with services. The drug test was interpreted as dishonesty and proof that she was not willing to work with services, neatly divorced from intersecting problems and used as concrete proof.

Her final example of a family where there appeared to be ample evidence (police call outs, smell of alcohol, visual evidence of bottles), without the addition of hair strand testing, is an

interesting area to look at the supportive versus policing nature of involvement in relation to children's service intervention. Throughout my time in the local authority a lack of resources and funding was evident with support requests sometimes refused due to lack of available budgets (refusal to fund nit combs or sweeping brush for mother) or local support programmes closing due to shrinking budgets, which is unsurprising given the financial cuts that have been experienced over the past decade. Hair strand testing can run into thousands of pounds (Bell, 2016) per family and is one of the most commonly used tools in cases at higher levels of intervention however during my time within the authority I read a court commissioned report from an expert identifying that a mother had the 'potential for positive change' however waiting lists for services such as dialectical behaviour therapy (identified as a suitable intervention within the report) ran to years in the local authority and it was not within the remit of children's services to commission and pay for this service as it would cost several thousand pounds. This put it outside of the timeline[5] for the child and therefore the woman in question lost custody of her child without the benefit of an identified chance to change.

The second category was to evidence reduction or abstinence from drugs or alcohol. While reasoning was presented of testing as a useful tool that enabled parents to prove themselves beyond doubt, social workers tended to overlap inferences about honesty with this reasoning, again summoning a picture of parents who were inherently dishonest.

'It's good for the parents, they can prove that they have given up or that they are being honest about what they are using. But it often trips them up as they will claim they haven't used or that they only used a small amount and then the test comes back and they've failed it.' (verbatim quote from audio recording with social worker, team B)

This repetition in the data of parental dishonesty aligns with research around people who use drugs being stigmatised and discriminated against due to dominant hearer's beliefs that they are deviant and dishonest (Klee et al., 2002, Lloyd, 2010).

Knowledge about how drug and alcohol testing works (in particular hair strand testing) and what reported levels actually mean and indicate was particularly poor amongst social workers

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[5] Under the Public Law Outline (2014) and the Children and Families Act 2014, guidance states that care and supervision proceedings should be completed within 26 weeks.

in teams A and B. There appeared to be a deference attached to test results that was resistant to testimony from parents, which received almost instant dismissal in the face of black and white testimony from testing providers.

Minutes for a review legal gateway meeting that I analysed in relation to children on a child protection plan (team B) contained an example that illustrates the dangers of this instant dismissal and also the readiness of professionals to reframe evidence to fit their narrative. Charlie (mother) had undergone testing prior to the meeting to establish her use of drugs. She had declared use of cannabis which matched the results of the tests, however the test had identified the presence of MDMA and cocaine which had not been declared. The use of cocaine and MDMA were interpreted as indications of dishonesty and an unwillingness to work openly with the local authority and also increased risks for her children. Charlie vehemently denied the use of cocaine and MDMA and presented her own research in the meeting that indicated that the positive results could be a result of sweat transfer from her partner who had been identified as a heavy user of both these drugs. Her solicitor confirmed that she had been involved in a case where this had been the case, lending credibility to Charlie's claims. Despite this testimony the local authority representative reiterated that she did not feel Charlie was open and honest and stated that her version of events was 'difficult to accept'. The outcome of the meeting was increased surveillance of the family by professionals, repeat testing and on-going involvement in the public law outline.

There was clear evidence of neglect and harm in this case overall, so my observations are not meant to dispute the outcomes of the meeting. Rather, what is notable is the quickness to dismiss Charlie's testimony about alternative explanations for the results, despite there being confirmation that her explanation could be valid, and the insistence of the social worker that her beliefs that the test results indicated dishonesty and risk were still valid. This presents a gap in the hermeneutical resources of the dominant listeners in this example that was resistant to alternative knowledge.

A different case within the same team provided another example of how a lack of knowledge contributed to assumptions and actions within a case based on drug and alcohol testing. The following is an extract from field notes following a conversation in the office;

> *'(Social worker) asks about the calculations for 'chronic excessive' alcohol*
> *use in relation to a man who has had 3 sets of testing to evidence change in*

revocation proceedings. Last 2 tests have showed chronic excessive alcohol use but no drugs (has previously used crack and cannabis). The social worker explained that she has no knowledge of what identified levels such as chronic excessive use equates to within the reports. When I explain that chronic excessive generally equate to an average of 7.5 units of alcohol a day or 52.5 units a week. She laughed and replied "I mean I'd drink that! Not all the time but say next weekend I'm going away and I will definitely drink to that level" She translated the units to 5 bottles of wine a week or 4 cans of lager a day – "I mean lots of people will drink that"

The (social worker) has zero concerns about parenting, he ensures daughter is with mother when he is drinking. Discussed the realities of the levels for chronic excessive and how what he is reporting does meet levels. (Social worker) states she is 'absolutely gutted' at the results as she knows that what should have been a straightforward discharge is now going to be fought by other professionals, and the guardian will not easily agree to the discharge - "she hates him, she has always had a real problem with him. I mean he is rough and ready but he is a good father". We discuss her assessment and why the results of the test will change this? She comments that she knows that "what about when he is hungover in the morning, how is he meeting her needs then" will be an issue. Further discussion on if there are any concerns now or in the recent past (since changes have been made) about this and there is not. Social worker comments that she has seen testing come "full circle" from the point where there was none and then the use of urine testing and now being "able to get detailed test results back in a few days, it used to take weeks". She tells me that '(name of testing company) are being used more and more frequently'. I observe that on every social workers' desk there is (names of testing company) advertising merch (bookmarks, post it notes). Social worker says "it's like with the psychological testing, we used to rely on it but we don't anymore so much. What does it really tell you, they spend a couple of hours with the person. We are the ones that are working with the families" (extract from field notes, team B)

The social worker in the above extract had been in practice for over 25 years. She identifies that she has witnessed the rise of testing over this time and discusses how frequently it is used, yet she had no understanding of what levels of use equate to and had never sought out this information. The trigger for her interest was a particular fondness for a parent in one of her cases and the realisation that her plans for the discharge of a legal order in his favour was in jeopardy due to the results of his test. This exemplifies Mason's (2011) critique of Fricker's (2007) belief that hermeneutical injustice takes place in the absence of specific perpetrators, amounting to a lack of either individual or collective blame as it is due to a lacuna of hermeneutical resources. While there appears to be such a lacuna in relation to the efficacy and ethical standing of testing as discussed at the start of this section, there is value in examining the individual social workers lack of curiosity about something that has such serious consequences for the families that she works with. This aligns with Mason's (2011) and Medina's (2017:42) arguments for collective and shared responsibilities for hermeneutical neglect (latter example) and hermeneutical resistance (former example).

The unproblematised use of hair strand testing therefore can be questioned both from a practical aspect, in an environment where resources are extremely tight is the use of large amounts of money on hair strand testing when the evidence could be gathered in alternative ways the right decision, and at a conceptual level, should we be using a tool that is viewed as 'concrete' proof in making decisions without a proper evidence base or consideration of the moral and ethical complexities in its use.

6.7 Parental experiences of social work hermeneutical resources

The above sections have explored the hermeneutical resources that social workers use with families where substance use is identified. It explored how they operated within social work practice and examined some of the views and beliefs that social workers associated with them. This section seeks to contextualise the latter section with an exploration of how these hermeneutical resources were experienced and interpreted by receiving parents.

6.8 Parental substance misuse

One of the main themes around how parents experience being labelled as 'substance misusers' was shame. This resonates with a body of research and literature already in existence in social work and substance use academia (see Gibson, 2019, Kreis et al., 2016, Gupta, 2015 for

examples). One participant, Faye, had been referred to children's services following observing an altercation involving her neighbours and phoning the police. She described the event as follows;

'There was an incident in January, obviously the kids had been watered and fed, I had been.. not bothering, but associating with a young lady that lives opposite me. I could see she was in a bit of trouble, she had 3 young children, circumstances were she was drinking 3 bottles of whiskey a day. And I got a little bit drunk, I don't normally do things like this, but I had to report her because her kids had climbed out of a window with a carving knife, and were only 2 and 4, and the neighbours had found them, and I got a bit drunk and I rung the police. And yes I was a bit drunk... and yeah. they came and they arrested me.' (Extract from parental interview with Faye.)

On expressing disbelief that this had led to her arrest she clarified that;

'It was 2 male officers, and I'm not making any excuses for myself, but it was 2 male officers that came to my house. Who, you know were rude, I told them to back off because they kept coming close to me. You probably understand the circumstances around it. I told them to back away, please don't come near me. They roughly handcuffed me, put me in the back of the van.' (Extract from interview with Faye.)

While she was released with no charge a referral was made to children's services due to aggression that the police automatically correlated with her intake of alcohol. She freely admitted that her intake had gone up during lockdown however it would appear that there were no direct impacts of harm identified or evidenced in relation to her child, this view was supported by her social worker who had no identified concerns about her child's welfare. In spite of no identifiable impacts on the welfare of her child she was identified as a 'parental substance misuse' case and referred through for support. The supporting social worker identified their work with this lady as an example of cases where social work intervention was neither warranted or appropriate. The woman completed all necessary interventions identified by children's services however she expressed a lasting impact of her involvement with substance misuse services;

*'I am mortified. Absolutely devastated.' (Extract from parental interview
with Faye.)*

She went on to tell me how she no longer drank as she never wanted to be in that position again.

Research participants also identified automatic correlations in both their behaviours and circumstances to drug or alcohol use, that they felt were unfair and untrue. Adam, whose story has been touched on in chapter 4, explained that;

*'Everybody thinks I'm aggressive because I'm using but I'm not, I'm upset,
I'm frustrated 'cause I haven't seen my kids, and nobody is listening to me,
no one cares." (Extract from parental interview with Adam.)*

At the point I finished data collection with team A who held case responsibility for Adam's children he was considered too volatile and dangerous to attend core groups or to be seen by professionals on his own.

Cassie, who again features in chapters 4 and 5, described seeing a report that linked her rent arrears with spending money on cannabis;

*"it's quite a lot of debt I'm in. That's another thing that annoyed me,
because the other (social worker) put in all the reports that I didn't do
nothing with the council, I didn't try and reduce my debts, I didn't try and
sort it out, but yet I was able to buy weed and I was like are you for real, I
was on a 13 week payment plan up until my money (referring to welfare
benefits) got stopped and switched to universal (universal credit). I paid
touching £900 in them 13 weeks. The first payment I made was a £500 odd
payment. I was like and you know all this, because you've seen every single
receipt, and I still carry the receipts around in my purse now, just to make
sure that I've got the evidence there. But to her oh I've never done
anything, I never tried, I spent it all on weed. How is spending almost £900
in 12 weeks me not trying?" (Extract from interview with Cassie.)*

The wrong that Cassie felt through these accusations were strong enough for her to carry receipts in her wallet over a year later so that she could refute these claims. Her allocated social worker at the time of her interview had changed from the social worker that she spoke about in

this extract and had confirmed that there were no concerns about Cassie managing her money or paying the debts which had been accrued due to her ex-partner.

Stigma was also a strong theme in relation to being identified as a drug or alcohol user however this theme generally overlapped with drug and alcohol testing and is therefore dealt with in a later part of this chapter.

6.9 Hidden harm

Hidden harm was mainly discussed by parents in direct relation to their experiences of the parenting intervention provided by team C. Participants primarily had positive views in relation to the support received, even when they identified no value on the actual contents of the intervention they appreciated the kindness and empathy of supporting social workers. One participant explained that he had given up drugs and alcohol a year and a half prior to the intervention so felt that it had little relevance, but when his supporting social worker from team C closed his case;

> *'I was quite gutted that it all ended, I almost felt like he was a pal, you*
> *know. I haven't touched nothing in so long. It was just nice to just talk to*
> *somebody who believed me about things and understood what I was saying,*
> *I love (children's allocated social worker) but she hasn't got a clue.'*
> *(Extract from interview with Dave)*

Social workers from the drug and alcohol team were generally viewed as allies and spoken of positively. One woman described how her experiences of domestic abuse had led her to use drugs and alcohol to cope which culminated in legal proceedings where the local authority sought to remove her children. Her social worker from team C attended court with her and convinced children's services to let the woman attend residential rehabilitation to address her substance use issues, as she identified that achieving the desired abstinence demanded by children's services was an impossibility without a higher intensity of support than was available at a local level.

> *"And I think… if (social workers name) weren't there, I don't think I would*
> *be here to this day, I really don't. Because she's the one that helped me get*
> *into rehab, and that night before when I knew the kids were going from me,*
> *and she fought for me to get into rehab, because I thought I'd like… that's*

it, I've fucked up now, you know." (Extract from parental interview with

Debbie)

Parents spoke of not understanding why child welfare social workers placed such an emphasis on home conditions, school attendance and attainment and the presence of food in their homes. This was generally discussed in the context of there being no evidence that there were any concerns around these elements of their parenting, participants generally accepted an initial enquiry was warranted but struggled to understand why social workers continued to raise or check these areas.

> *"They'd come into your home, they'd go through your cupboards… There was always enough food, I've always got fresh fruit for the kids. I even now to this day, make sure… I buy more food than is needed, in my house, the cupboards are always full now, and my Mum said to me before not long ago, she was like you don't need to do that anymore, because I'll have like 10 boxes of cereal like it's just ridiculous, she was like '(participants name) you don't need to be doing that now', and I thought God yeah I am doing that without even realising, because having checked through before, do you know what I mean." (extract from parental interview with Debbie)*

In this extract the participant describes a lasting impact of involvement, similar to Cassie keeping receipts, which resulted from social work interventions. As discussed earlier there is a possible counter narrative of holistic assessment by children's service, repeatedly checking these elements of parenting to assess strengths however there is no evidence that it was experienced this way by parents.

Another participant commented on what she felt were unreasonable expectations;

> *'And like... because… she couldn't find any fault as in home life, the whole thing was emotional neglect. But she'd be this intrusive on me right, so she would literally… she would go through my cupboards, I understand that they do that, she'd go through my fridge, and all this, and she'd inspect everywhere, in every room. And one night, and my house was immaculate, I felt like my house wasn't my home, because she wouldn't tell me when she would come, or anything like that. And (name) my oldest, she had a friend over to stay. And so I'd made them pizza and that at night, and they took it*

upstairs in their room. And this one time she'd come at like half 9 in the

morning, and she'd come in, and I hadn't made (child's name) bed because

of the sleepover, and there was a plate with pizza on the side. And she

turned around she said to me, she was like what's going on here? She was

like this is... basically telling me that it's not acceptable that I haven't

made her bed at half 9 in the morning, and there was food in her room."

(extract from parental interview with Debbie)

There is a clear sense in this extract of how the participant experiences this element of intervention as unwarranted but also feels it is part of a sustained effort by the social worker to find fault with her parenting.

While these two examples are not directly linked to the concept of hidden harm it is plausible that social workers motivations for these heightened levels of surveillance could be informed by the common 'hidden' part of the narrative within hidden harm, increasing vigilance towards looking for signs of neglect.

6.10 Drug and alcohol testing

Drug and alcohol testing, already discussed above with reference to data from social workers, provided the richest data when exploring participants' experiences and direct impacts of a social work hermeneutical resource. The following extract from an interview with a participant, Debbie, provides a vivid description of some of the feelings and experiences that were common themes in relation to drug and alcohol testing;

'Yeah so, I've had quite a few over the time right, and that's it so... so

when I had the first test, I had hair bleached blonde right, and it was really

long. And then, so after having that test, the social worker then said to me

you're not to dye your hair or have it cut. And I thought what? So, I ended

up... luckily Ombre hair was in at the time, so what I've done is I've

changed my hair literally that same week after having that first test, so then

I didn't have to have these massive roots, like... sort of thing. So, it was like

a violation where... you weren't allowed to... you had to change your

appearance for the next... for the involvement of... for the foreseeable

future, while you're having these tests every 6 months, you're not to have

your hair dyed or anything. They've been times where they've cut it too
high so it pokes out when it's growing. Sometimes like even now, I had one
probably about 6 months ago, they took 4 samples of hair, dotted around
my head, that then... and you just... (long pause) I just felt really.. okay, I'll
explain it. So I always remember the time when I was pregnant with
(child's name), and you know when you go see a midwife, and I had thrush,
and it was like well you need to get on your bed, and drop your knees, and
open your leg and drop your knees or whatever, and that thing when you
feel a bit dirty after, you're like oh my god, that's exactly how I remember
that feeling. And they did take blood as well, the first few times, they've
done that. And the whole having your picture... getting the picture taken,
and I remember getting the court paperwork, and there's my picture, and
like it's just like... and I was looking and I was like... and my hair wasn't
how... that weren't me, I was always scared of what these test results...
how is it where they're saying this when I know different? Like... at one
time it come up crack (referring to crack cocaine), and I couldn't grasp
how it could come up that I had crack, another time had amphetamines, but
I understand it's all to do with mixing." (Extract from parental interview
with Debbie)

Debbie identified a loss of autonomy over her own body due to the standard requirements of
not having hair dyed or bleached over the time period that testing takes place. This was a
common source of concern amongst female participants, who felt it impacted their ability to
present themselves in the way that they normally would, with Debbie identifying that she felt
like it *'weren't me'* when she had seen a picture of herself in the report from the testing
company.

The physical effects of having multiple patches of hair cut was also another common theme.
Participants found this stress inducing but also connected it with stigma with one participant,
describing the impacts on his girlfriend as the following;

'She didn't like it, she got upset, she was self-conscious, she didn't want to
go to the hairdressers or nothing because obviously of this. it's almost like
a badge, someone would see it and think oh she's had a drug test, oh what
type of mother is she or what type of person, you know. He (person from

the testing company) took it from right at the scalp, so... you know what I mean, imagine how long that is going to take to grow back for a woman. She wanted extensions put in, it's a certain place you can't put them in, because of obviously that bald patch is there. 4 of them actually, not just 1, going across her head. So, you can imagine" (Extract from parental interview with David)

The above extracts detail both the physical and mental stress that testing caused parents, the feeling of having a 'badge' that made one identifiable as a bad parent within their communities and the feelings of being tainted as 'dirty' by the process.

Debbie touches on another common theme at the end of her extract, disputes about the accuracy of test results. This also appeared in section 2 of this chapter. All participants who had undergone drug and alcohol expressed beliefs that their results were at different times inaccurate. The following extract is taken from an interview with David;

'So obviously I had my hair cut and passed drugs with flying colours and the sample come back, and this is why you should look into this as well, the hair cut sample saying I was equivalent to an alcoholic. 56 units a week. A bottle of wine every single night. All I was doing was drinking 4 cans on a Friday, maybe 4 on a Saturday. So that's all I was having. So (social worker) comes back in, she was like, think it was the day before my partner having a C section. The day before the planned C section, saying look, he's going to have to go, he's going to have to leave. So, her mother and father come down, they were like 'no chance, because this is lying. This thing is lying. There's no chance is he drinking this amount at all.' ... So, then I had a nail clipping done then, because with the hair, I think it was all products I was using, like my shampoos and stuff that goes on my hair, product and all that stuff. And obviously they've got alcohol in them, and obviously they altered the testing. So, I had my nail clippings done then and they came back clear, nothing at all, which is a bit odd because I was having 4 cans on a Friday after work and stuff. It's not consistent you know what I mean." (Extract from parental interview with David)

David's protests about the accuracy of the tests were taken seriously and a repeat test was commissioned however this was not the case for all participants. Despite no prior concerns about alcohol use being identified (main concerns at referral were about historical drug use) the results of the test were seen as enough to warrant his removal from the home. Again, this was in the absence of any concerns relating to behaviours identified throughout the assessment period. While not disputing that alcohol use can be a source of risk in parenting, decisions based purely on the results of a drug and alcohol test does raise concerns. Cassie described a similar escalation in child protection procedures following results of a drug and alcohol test;

> *Cassie: I knew it (drug and alcohol test) was going to come back as cannabis, what I did not expect to come back on it was MDMA and cocaine. I'm not that type of person to be taking them type of drugs, I've never been a party type of girl, never been a drinker either. So, it's not a drug that I go for, like I smoke the weed, I was, that was it. But I know he was taking MDMA, cocaine, and all that type of stuff. So, I couldn't say whether... why it was bouncing back and forth, that I was picking up stuff of his or... it could have been anything, where he's taken it, and say he's had some then, dropped a little bit and I've gone behind and not realised like, do you know what I mean. but I still to this day I can't explain the results. So that was when I got told I needed a second testing. I was like that's fine, I'll give you a second test. That's when they said they wanted complete abstinence on my next test. Then out of the blue, three weeks later, two social workers arrive at my door and say the children need safeguarding from me and I have to pack a bag for them and find someone to have them or they would take them in to care.*

> *Angela: I don't understand, what were the reasons?*

> *Cassie: the drug test, 'cause of the cocaine and stuff. Apparently, the manager had not known the results but when he found out he said that I weren't safe with the kids. (extract from parental interview with Cassie)*

Again, this decision appears to have been made solely on the results of a drug and alcohol test, the delay of three weeks makes the questions around supporting evidence of risk to her children stark, as her allocated social worker expressed no concerns about Cassie's drug use apart from

cannabis either prior to or after the drug test. The similarities of this example with the legal meeting minutes in section 6.6 are also worth noting, with both women strongly denying direct use but both identifying partners' heavy use of MDMA and cocaine.

The last theme to discuss in relation to drug and alcohol testing is coercion. Participants expressed feeling that they had to undertake tests as refusing would result in an interpretation of guilt or escalation in interventions;

Angela: did you feel like you had a choice with the drug testing?

Cassie: No. If I'd said no, it would have gone to court. They would've done a court order for it, and it would've looked a lot worse on me then. (extract from parental interview with Cassie)

Testimony from participants around drug and alcohol testing provided vivid recollections of stigma, shame, physical and mental violation and trauma; however, this was not reflected in social workers' perceptions of this hermeneutical resource.

6.11 Hermeneutical lacunas, distortion and oppression

This section aims to locate the above discussions within the context of hermeneutical injustice. As touched upon in the first section of this chapter, I am not strictly adhering to Fricker's (2016) lacuna-based interpretation of hermeneutical injustice; rather I am using Falbo's (2022) broader view which encompasses hermeneutical injustice that is due to available, apt hermeneutical resources being crowded out, distorted or dismissed, due to prevailing, oppressive and distorting concepts that often function to serve the wider social and political agendas of a society. Despite this broader approach I feel that there is a clear lacuna, in the traditional context proposed by Fricker (2007), around hair strand testing and I will therefore address this before moving onto a broader discussion of how dominant hermeneutical resources create epistemic injustices.

Having worked within and beside child welfare services for my social work career I have always found the use of hair strand testing unsettling which is, perhaps, one of the reasons that my ethnographic data identified and tuned into this area of practice. The earlier sections in this chapter (see sections 6.6 and 6.10) aim to illuminate its unproblematic acceptance and use within practice in child welfare interventions, from the social worker that after 25 years of

practice, regularly using the tool in her practice but did not understand what results meant, to the cognitive dissonance of the social worker who felt it 'proved' deceit and harm in situations that otherwise could have gone undetected (see section 6.6). The language used in social work practice I observed around hair strand testing was one of certainty, results were proof of use or abstinence, proof of wilful deceit, proof of a likelihood of harm, even in the absence of any concrete evidence in practice. Social work's use of hair strand testing and the culture that surrounds it is not isolated, it is commonly used in other areas such as criminal justice and mental health. One can only presume that its use is, again, unquestioned and unproblematic given the sparse research. Despite becoming embedded in child welfare practice it was clear in the data that social workers within children's services had limited understanding of the tool and its use and interpretations were lacking in nuance and consideration of any wider implications.

Data from families in relation to hair strand testing clearly indicated a lacuna, they struggled to convey the true breadth and depth of the myriad of ways that they felt violated and oppressed by its use within the child welfare process, instead silencing their concerns or experiences of testing but offering harrowing descriptions when asked during interviews often borrowing language from different traumatic experiences to try to convey their understandings. From the degradation of the process, the physical implications and the disputed results of the tests it was clear that the unproblematic use of this tool has a very different feel for the individuals who are subjected to it. Whilst parents outlined the ways they tried to make themselves heard and understood, it was clear that the uptake of their testimony and experiential knowledge was limited at best and more often dismissed, for example the testimony of two separate women who vehemently denied the use of certain drugs that they tested positive for (see section 6.6 re legal gateway document and 6.10 extract from Cassie) citing their partners heavy use as possible reasons. A legal professional agreed that there was a local precedent for this possible explanation in section 6.6 however there is no research or existing concepts around this element of testing perhaps providing an explanation for children's services resistance to the possibility.

The concepts of Hidden Harm and Parental Substance misuse were less clear-cut in relation to identifying lacunas. Arguably the testimony from social workers in team C (section 6.6) would indicate that professionals have many different concepts and research resources to draw from that are in common place use in the fields of addiction studies, such as harm minimisation, protocols for treatment of adults presenting with ADHD etc. The problems families and other

professionals outside of children's services have with being heard and afforded appropriate levels of credibility seemed to lie with the power held and afforded by the concepts and related research around Hidden Harm and Parental Substance Misuse.

Cassie's testimony about her use of cannabis for coping with poor sleep and anxiety relating to previous trauma with a considered approach to ensuring no direct harm to her children (chapter 4 section 4.5) echoes both children's services assessment (no evidence of direct effect within related paperwork or testimony from allocated children's service social worker). However, a blunt total abstinence approach was implemented by children's services due to the messages of automatic assumption of potential harm within Hidden Harm. The theme of any use of substances by parents being interpreted as parental substance misuse by children's services is a strong theme throughout the data and the findings chapter of this thesis, despite numerous examples of social workers identifying the irony both within their own social world (see section 6.6. - social worker discussing her own drinking as unproblematic yet a test deeming a parents' use at the same level as 'chronic excessive alcohol use') and different professional fields (see section 6.4 – social worker interview extract discussing the view of any substance use as misuse).

Given the testimony within the data considered for this chapter, I would argue that in relation to the hermeneutical resources used by children's services for parents who use substances, there is no lack of available, more apt resources from dominant knowers to consider parental circumstances and behaviours. These, arguably, could allow for a less oppressive, conflict and prejudice laden practice; however, the main concepts and tools in use serve to reinforce the dominant rhetoric's from within the specific field of child welfare intervention and parental substance use.

6.12 Conclusion

This chapter has looked at data through the lens of hermeneutical injustice. It has built on the previous chapters which looked at testimonial injustice, aiming to introduce and locate hermeneutical injustices within the data. To do this it explored some of the collective hermeneutical resources within child welfare interventions with families who have been identified as using substances, considering them first from their operation within practice and then moving to how families experienced them. Finally, it looked to locate these concepts and tools and how they were used and experienced within the concept of hermeneutical injustice,

identifying an obvious lacuna in accordance with the traditional conception by Fricker (2016) of hermeneutical injustice in relation to the use of drug and alcohol testing. It also focused on how the concepts of Hidden Harm and Parental substance Misuse can distort and oppress knowledge and research from other professions and fields outside of the child welfare system (Falbo, 2022).

Chapter 7 - Complex identities – intersectionality, epistemic injustice and child welfare practice

7.1 Introduction

Given the complexity of drawing out the distinct sites of testimonial injustice and hermeneutical injustice within the intricacies of child welfare practice it seems like a natural move to conclude the findings chapters of this thesis with an exploration of intersectionality within the data through the lens of epistemic injustice. This chapter will briefly outline intersectionality, the increasing awareness of it within social work academia, training and practice, and move to locate its emergence within the field of epistemic injustice. I will examine how some of current day thinking around intersectionality and epistemic injustice sits with observations and testimony from my data and finish with a discussion about parental typecasting within the data and the observed implications of this phenomenon.

7.2 Intersectionality and social work

As discussed in chapter 2 intersectionality dates back to the end of the 19th century, largely focusing on the interactions of feminism with the bias and violence that black women faced within their everyday lives. Having rapidly taken root within academia it is today a flourishing, multidisciplinary field that draws attention to the fact that social identities do not exist in isolation. Instead, they intersect and interact becoming much more than the sum of their parts when they combine with multiple forms of discrimination (Yuval-Davies, 2015).

Peoples social positions and multiple identities interact and shape their lives and experiences of inequality, and it is this nuanced scrutiny of the invisible power dynamics that an intersectional perspective invites (Statham, 2021). Social work training and academia explicitly use an intersectional lens due to its natural fit with social justice values and its human rights focus. This allows both conceptual and practical applications to inform knowledge and practice with an ever expanding, diverse population with individuals and families from different racial, ethnic, cultural, linguistic and religious backgrounds (Bernard, 2022). Social class, socio-economic positioning and gender provide further layers of complexity when working with diversity, especially in a society that is increasingly divided on issues such as gender and class. Using and intersectional framework to unravel these everyday complexities opens up

opportunities within social work to develop strengths-based approaches to practice, based on the environmental, contextual and social influences that impact families lives (Bernard, 2022).

7.3 Intersectionality and epistemic injustice

Core to the concept of intersectionality is the recognition that the experiences of belonging to different social identities such as gender, race or class overlap, therefore one of the primary aims of using the concept is the creation of a platform for marginalised groups to express their problems and mandate social justice, making it a natural fit with epistemic injustice (Collins, 2017). As discussed in previous finding chapters, a central tenet in testimonial injustice is the presumption of credibility deficits due to core identity prejudices such as age, gender or class without considering the empirical evidence in the specific case.

Amy in chapter 4.6 provides a good example of this. She was a mother to two children who were placed on the child protection register due to her *'pattern of engaging in relationships with violent individuals'*. In observations of a visit with the allocated social worker to her home and the initial child protection conference I noted that her credibility was possibly eroded due to her age; a teacher in a case conference remarked that he had taught Amy despite it bearing no relevance to the meeting, also an allocated social worker described her as a *'young mum'*, her gender; victim narrative in relation to domestic abuse and failure to protect and prioritise in her role as a mother, and her class; history of involvement with children's services as a child and current housing situation in an area with high levels of social problems that the social worker remarked children should not be allowed live in. While stereotypes have a basis in common observations in relation to particular category membership, problems emerge when these stereotypes guide the dominant narrative without paying particular attention to the lived experience of the individual experiencing events, guiding narratives that are resistant to the testimony or individual details of the marginalised person.

Throughout the child protection conference there were examples of stereotyped beliefs about Amy's circumstances that were resistant to counter narratives in both her testimony and the testimony of professionals. The conference chair noted in her summary that:

> *'we've got patterns of neglect which are ongoing in respect of the general*
> *parenting and maintaining that consistency. We've got missed health*

appointments, concerns about home conditions and various things.'
(extract from case conference recording, team A).

This summary failed to acknowledge or be influenced by testimony provided by both Amy and professionals that provided alternative narratives such as Amy living in a one bedroom flat with two children under the age of four which accounted in a large part for the clutter and difficulty in maintaining home conditions, that there had never been any concerns about the children's physical health or presentation and that all interactions witnessed between Amy and the children were characterised by warmth and positive parenting strategies or that Amy had provided reasonable explanations for the missed health appointments that were factually undisputed by health professionals. There were also various points in the conference when Amy interjected to dispute the narrative but was quickly shut down so her testimony went unheard, or was rephrased so that it met the narrative of failure to protect her children:

Conference chair: I think as I've mentioned there's significant history and concerns about domestic violence in your relationships and on and off in the girls lives, and again for the third relationship now where there's significant concerns around (partners name), the fact that you've said today you don't feel that he presents a risk to the girls is a big concern for me..

Amy: Not the 2 girls because he's not allowed around them, he can't be a risk to the girls if he's not around them

Conference chair: Okay but you said that you didn't think that he presented a risk

Amy: To me no, he's not around the girls so I can.. (extract from case conference recording, team A)

The conference chair interjected at this point and continued in summing up the information. Amy's earlier comment in relation to her not thinking her partner was a risk had been taken out of context in the summary however this was dismissed by the conference chair who linked it to potential harm if Amy was the victim of violence when with her partner and afterwards had to return to her children, possibly referring to the emotional distress this may cause the children.

While this in and of itself was a valid observation, Amy's objection to the misrepresentation of her testimony was also valid.

In cases such as this epistemic injustice occurs

> *'because the individual is treated as a typical example of a particular*
> *social type, before she has been allowed to show who or what she is or*
> *does' (Murris 2015, 333).*

If epistemic stereotypes and doubt are largely accepted or perpetrated through professional knowledge and practice (for example 'disguised compliance' or 'toxic trio' are both commonly used concepts, despite a growing evidence base disputing the conceptual validity and their use within child welfare practice, see Leigh (2020) and Skinner et al, (2021) for further discussion) then the risk is they come first and counter testimony may be misinterpreted, never be provided, or heard (Hand, 2015). Combining a focus on epistemic injustice with intersectionality gives us an opportunity to stop harmful stereotypes earlier in the process of both our knowledge production and practice within social work by opening up the ways that we approach and understand families in light of their intersectionality. Amy's identity categories around gender, age and class possibly led to her testimony and evidence being discounted or rejected. She was not afforded a neutral standpoint from which to examine her credibility, nor were the structural and systematic circumstances of her life appreciated. Her testimony was eroded long before she stepped into the room, evidenced by the social workers report and professionals' testimony in this instance.

Research within social work using this explicit lens is rare but emerging (see Lee, 2022 and Baumtrog and Peach, 2019) and offers up unique ways of looking at practice, outcomes and opportunities for positive change.

Collins (2017) cautions that the coining of the term intersectionality and its popular entrance and uptake in academia has been met with persistent ignorance due to the clash between its focus on lived experience and academia's dominant epistemological paradigm of asocial objectivity. While social work research within the UK has strong qualitative traditions and a strong emerging culture of co-production it is still, relatively, in its infancy (Beresford, 2019) and still guided by the structures of the system, such as legislation and policy.

7.4 Exploring intersectionality and epistemic injustice within social work practice

During my time in the field I had numerous informal conversations with social workers where there was a recognition of intersectionality (though never formally named as this) and of associated difficulties with families' identity categories, such as growing up and living in deprived areas or being a young mum:

> *'She's (referring to a mother of one of the children on her caseload:*
> *Grace) had a heck of a life. She grew up in (name of extremely deprived*
> *council estate), her mum was a young mum, brought her up on her own,*
> *violent men in and out of the house all the time, drugs, drink. On and off*
> *the register (referring to child protection register), couple of stints in care*
> *(referring to foster placements). She has gone on to do the exact same but*
> *how can we expect any different when we look at where she came from?'*
> *(extract from field notes, near verbatim from social worker in team B)*

There was an acknowledgement of the difficulties that families they worked with encountered and how these impacted life chances:

> *'It's tough here (referring to geographical area), there's no money, jobs,*
> *opportunities. The drug use, the violence, the crime, it just keeps going, it's*
> *hard to get out of it, they've never seen anything else, their parents did it,*
> *they do it, on it goes…' (extract from field notes, near verbatim from social*
> *worker, team B)*

This social worker showed a good understanding of how coming from a lower socio-economic background combined with being a young mother, presented a combination of circumstances that impacted Grace's life chances. She was also able to see that intergenerational transmission of trauma, perpetrated at a structural level through the lack of opportunity and poverty in the area that Grace lived in. This is an important area of intersectional analysis in historical state policies, the resulting oppression and the opportunities for repair and change (Heberle et al., 2020).

The consideration and empathy that I observed during these informal conversations was however, often lacking in direct practice. I observed that the systems and interventions that

guided that practice did not lend themselves to intersectionality. Empathy from social workers often disappeared when social workers had to manage cases within the confines and constraints of the system, instead transforming into narratives of poor parenting and problem families, blaming parents rather that poverty and structural injustice.

Throughout my data collection the dominant identity category of 'parent' was shared by all of the adults involved with children's services, with an occasional reframing to care giver or guardian. While this is perhaps an obvious observation given the focus of the research, it is nonetheless an aspect that deserves some attention given it is the commonality from which intersectionality is examined. As noted above there were glimmers of acknowledgement of the socio-economic and structural context within which parenting was taking place by social workers, however this was overshadowed by observations of moralising, individualistic practice that align with neoliberal interpretations of 'parent blame' (Jensen, 2018).

Jensen (2018:125) observes that poor families are seen as:

> *'irresponsible and feckless, over-consumers, wanting the wrong things,*
> *unable to budget and constantly mismanaging the resources that were*
> *funnelled to them'.*

which echoes observations made in chapter 4, where a social worker criticised a mother because she had bought a beverage in Costa coffee. The description of poor families identified by Jensen was a thread throughout the data, from throwaway comments like buying what was perceived to be 'unnecessary' treats to more structured criticisms within formal documents like child protection conference reports:

> *'...(mother) has failed to provide the basics for her children since moving*
> *into the new property. The floors were filthy on (date of visit) however*
> *(mother) informed me that she did not have the money to purchase a*
> *dustpan and brush until her next payday. She also did not have milk for*
> *(child) and had not purchased the necessary treatments for her headlice.*
> *(mother) continues to use cannabis and is spending approximately £70 per*
> *week, which she cannot afford.' (extract from a social work child*
> *protection conference report)*

The extract above was in relation to a woman who, fleeing domestic abuse, had moved into the local area and an initial child protection conference was convened for a variety of reasons including domestic abuse, substance misuse and neglect. Informal conversations with the social worker provided an empathetic picture of a young mother who was struggling to cope after a violent relationship had forced her to move to a property far away from her support systems. The social worker described the poor condition of the temporary housing that had been allocated, and the financial difficulties as the woman tried to set herself up in her new home and adjust to claiming and managing benefits on her own. The social worker also had an empathetic understanding of the woman's cannabis use, locating it as self-medicating to deal with past trauma and a lack of coping skills. However, when tasked with presenting this information to a more formal audience and setting, the empathy, wider structural context and understanding disappeared, instead a picture emerged of a woman failing to meet her children's needs contextualised to her drug use and the financial implications. The above account of the woman is void of her intersectional identities in relation to age, class and socio-economic circumstances, choosing only to view her through a limited lens of gender, that of mother. While the report did go on to acknowledge the impact of domestic abuse on her, it was from a viewpoint of the impact on her ability to parent and the risks to her children rather than on her as an individual.

While it may appear logical that all information received and gathered is interpreted firstly through a parenting capacity lens in child welfare services, it could be argued that this clashes with the ability to fully utilise an intersectional approach. This is a theme that has been picked up across research into intersectionality and epistemic injustice. A tendency in professions to assign dominant identity categories can render people's true identity invisible, lead to unjust credibility assessments (testimonial injustice), ultimately risking a utilitarian knowledge and practice base that is created and built by dominant knowers devoid of lived experience (hermeneutical injustice) (Bacevic, 2023, Govindarajan, 2022, Baumtrog and Peach, 2019).

While the identity category of 'parent' was easy to identify as the dominant category in the analysis of data, in practice it was rarely explicit, rather it was an unquestioned given. Beneath this automatic category was an associated conceptualisation of what 'good enough parenting' consisted of. Again, this was rarely explicitly defined, rather it was guided by the assessments, process and procedures that framed practice. 'Good enough parenting' forms the bedrock of state intervention in parenting and the associated social work role. Stemming from the work of

Winnicott (1957, 1964) the concept has been built on and embedded in social work (Adcock and White, 1985). However, defining and agreeing what constitutes good enough parenting has remained elusive and continues as a site of much observation, discussion and debate within research (Norlin and Randell, 2023, Abdullahi, 2021, Choate and Engstrom, 2014).

Which side a parent sat on the invisible border of 'good enough parenting' appeared to be judged at two levels in my observations of practice, individual and structural. I observed a great deal of variation in how individual social workers, and other associated professionals within children's services, assessed parenting capacity. This is unsurprising, but some factors worth noting were levels of experience, interpretation of parental identity categories, areas of expertise and morality. These factors provided opportunities for insight into the interplay of intersectionality and epistemic injustice.

The Benson family (discussed in detail in chapter 4.4) provide an illustration of how levels of experience and the interpretation of parental identity categories impact on judgements of good enough parenting. The allocated social worker interpreted the ability of the family's capacity to parent to a good enough level as positive, viewing risk as relatively low and manageable within a supportive, collaborative plan. She based her assessment on capacity for change, citing the expectant father staying out of trouble since being released from prison a year earlier, observing a loving, warm relationship between the expectant parents (there had been concerns about domestic abuse in a previous relationship) and the creation of a *'lovely home'* which had been equipped with *'everything a baby could need'*. She viewed the parents young ages within a context of possibility for change and identified risks (substance misuse, domestic abuse and mental health) as areas to look for strengths and evidence of change:

> *'He (expectant father) has done amazing. He didn't really talk to me much*
> *at the beginning, you could tell he was wary but he has opened up in the*
> *last couple of visits. He is staying out of trouble, making sure he is doing*
> *the things he is meant to be doing, courses, all that stuff. He's still smoking*
> *(cannabis) but he is doing it outside away from the house, (expectant*
> *mother) won't let him smoke inside. Wait until you see the flat, it's*
> *immaculate, so lovely, I always offer to take my shoes off as I'm afraid I*
> *will dirty the carpets (laughter). And she has everything ready for the baby,*
> *wardrobes filled. She had a tough start and you can tell she wants it to be*
> *different for her baby. They are lovely together, tidy you know, speak nice*

As the case progressed the social worker's assessment of risk was dismissed and intervention for the expectant couple was escalated. The allocated social worker told me that a senior social worker had commented that her assessment was 'naïve', which she felt related directly to her status as a newly qualified social worker. The senior social workers' interpretation of the couple's identity categories of age, gender, class and socio-economic positioning based on a substantial number of years in practice coupled with her experience and knowledge of the family history led her to view the likelihood of risk as high, which could only be managed through a legally mandated footing. Testimony from both the parents and allocated social worker through the medium of the assessment was dismissed. This observation of the complexities of establishing what 'good enough parenting' looks like does not seek to offer any views on what is the right or wrong way to judge these levels, rather it seeks to offer an insight into how intersectionality can influence the credibility of parents when offering testimony about their lives, locating possible sites of epistemic injustice.

Expertise was observed to influence how parenting was assessed. To illustrate this, I return to the example of Amy who features in Chapter 4.6. This example was within the formal setting of a child protection conference, within which repeated instances of Amy's testimony were ignored or dismissed due to the expertise of professionals. Amy disputed the claims that she had 'missed' vaccinations for her children as she claimed that she had not received letters. Despite the health visitor being a proxy for the assigned professional and unable to provide conclusive comment on whether this was the case and confirming that historically there had been no issues in Amy's engagement with vaccination programmes, the conference chair dismissed Amy's testimony, concluding that concerns around her ability to meet her children's health needs were valid. This was a factor in the decision to place Amy's children's names on the child protection register, a confirmation that Amy's parenting was failing to meet the 'good enough' standard expected. While not explicit I tentatively suggest that part of the reason Amy's testimony was so readily dismissed within this example can be partly explained by her intersecting identity categories such as age, gender and socio-economic positioning eroding her testimony (a young mother, domestic abuse victim, living in poverty).

I have touched on morality in earlier chapters in relation to attitudes and judgements around drug use and the 'othering' of parents due to socio-economic positioning (chapter 4.3).

However, it is worth revisiting morality through the lens of intersectionality, considering themes around class and parenting noted during fieldwork.

> *'I had a casual chat with (name of social worker) today while driving to and from a visit. She was explaining how she is moving house as her current house doesn't meet her family's needs as there is not enough space. She was running through factors related to the neighbourhoods that she is considering and explained that she had found her dream house however it was in the wrong area as it was 'rough'. She explained that her children are in 'nice' schools but if she moved to that area she would be worried about what they would be exposed to and joked that they wouldn't be able to cope with the other children. She also laughed saying she probably wouldn't cope, commenting 'I'd never get away from work' referring to the socio-economic status of the area and the probability that there were high levels of social work intervention. It struck me how increasingly wide the class gap is in social work and how underexplored the effects of privilege are on how social workers interpret families lives and form their professional opinions in their everyday practice.' (extract from field diary, team A)*

Social class and socio-economic situation have come to be terms that are often used interchangeably in the associated literature, reflecting the broader move from defining class on the basis of occupation, wealth and education to incorporate more nuanced economic, social and cultural factors such as attending the theatre or friendships circles including professionals from highly regarded occupations such as doctors or solicitors (Savage and Mouncey, 2016, Côté, 2011). Social work has become increasingly professionalised, far removed from its charitable origins. Social work is now heavily guided by legislation, welfare provisions, codes of conduct, professional registers and service standards (Pugh et al., 2005). The workforce has also transformed dramatically, with an ever-increasing focus on producing highly educated social workers with knowledge located and based within research (Pughet al., 2005). Research has explored how the implications of this move has resulted in a wider political project to regulate professional conduct (Pugh et al, 2005). Fenton (2016:212) argues that social workers' professionalism has increasingly become defined within the constraints of organisational frameworks rather than occupational, meaning that *'adherence to procedures and the*

prioritisation of bureaucratic tasks and decision-making direction from managers' erode the *'right thing to do… which requires legal, ethical and theoretical knowledge aligned to 'occupational professionalism.'.* This move erodes social workers' criticality, moral courage and agency in practice which perhaps provides a framework to understand the dissonance mentioned earlier in this chapter, and throughout the thesis, of holding empathic and intersectional understandings of families but failing to carry these through the assessment and decision-making structures within the system.

> *'… people are really struggling, and there's a massive impact. You could argue that the majority of the people with substance misuse… well they shouldn't spend their money on drink and drugs blab la bla, but it's much more than that. Because 9 times out of 10 you've got the toxic trio, which has that knock on effect, I'd say at least 80% of my cases with child protection and substance misuse is mental health as well…*

> *I think children and child protection social workers , they need to know about substance misuse… You cannot work with someone and understand them after a day course on substance misuse…*

> *And the problem was, especially when I was working, my placement was in child protection. Now I've worked in drugs and alcohol all of my career, in one way or another. And I get that you've got to put the child's wishes first, thoughts and feelings, that child is paramount, and I absolutely get that. But timespans are unrealistic for people. Timespans are.. you know, if you're not clean, within 3-6 months, we're taking your child off you. Getting that person to even contemplate giving up… Because 98% of the people that we work with… have been abused, messed up childhoods, learnt behaviour, and have got in that cycle of living on the breadline… They're disadvantaged from like babies, because their parents use substances… lots of domestic violence involved… parents' mental health wasn't addressed, so then that child fights for survival almost, and gets in that habit of benefits I suppose…It's constant.*

> *… my family… there was domestic violence involved, there was drugs involved… I was protected by my grandparents in like a bubble of love, so I learnt a different side to it than others. But I could have easily gone down*

the same route. Now if child protection had come to my parents, I'd have been taken straight away. but they wouldn't have addressed the domestic violence, my mum's mental health, and the reason she was drinking was because of the domestic violence. My step dad would have been put on a perpetrator's programme, would have done them things to keep his children safe? ... they had a clean house, they were working, and they were doing dodgy dealing, it was fine ... on the surface.

And I think lack of understanding ... not many social workers have lived in that. So, you see it from both sides ...your expectations are a lot higher than me. I'll come in, and if there's food on the floor, at least they've eaten. ... I was battling, even when I was doing my job with the assessment team in (geographical location), in child protection, because I was like this family will manage, they just need support. 'Yeah but you can't do that (social workers name), child comes first. Can these parents sort themselves in 6 weeks?

I could never work in child protection again, I still have nightmares about working there, we weren't helping, we couldn't.'

(verbatim transcription from interview with social worker, team C)

In these extracts the social worker unpicks the difficulties of working with families within the confines of the child welfare system. She was clear with me that she considered herself a 'drugs worker' rather than a social worker (her official role) and distanced herself from the system. She was one of the only social workers that I met during my field work that openly identified as being from a working-class background and closely identified her upbringing as similar to those with whom she worked. Her lived experience appeared to furnish her with an epistemic base from which to understand where families were coming from and alternative interpretations of professional observations, such as the example of 'food on the floor' as an indication that children were being provided with food, a parental strength, rather than automatic correlations with failure to keep a house clean, which usually is associated with neglect. While she had undertaken a degree to become a social worker, meaning she had an academic base of theory and research, she was clear throughout the interview that it was often at odds with her lived

experience and the result was that she did not feel that she could ethically function within the statutory confines of the statutory system.

Social work's interpretation of 'good enough parenting' is increasingly dictated by a tightly defined procedural base which is heavily influenced by political narratives of 'morality', located within strong neoliberal and meritocratic beliefs. This is at odds with practising in a truly intersectional and epistemically just way.

7.5 Parental experiences of their identity as constructed within child welfare systems

Throughout the previous findings chapters I have explored the ways in which families involved with the child welfare system can experience epistemic injustice, from testimonial injustice to hermeneutical injustice. As stated earlier in this chapter identity categories are never neat, both parents' and social workers' positionality create shifting sands of oppression and privilege. This section aims to explore parents' testimony in relation to their experiences of identity as created within child welfare services.

On my first day in the field I was invited to observe a CLA (child who is looked after) meeting. The social worker explained that while the child was living with his parents he was under a care order, so the local authority shared parental responsibility with the parents. This was due to a maternal history of drug use, the mother had two older children who lived with extended family. On entering the room, I recognised the mother of the child, Sarah, as someone who I had worked with a number of years ago in a social work role for a drug and alcohol service. When I was involved her drug use was chaotic and the local authority were securing alternative living arrangements for her two older children. I explained why I was there and offered to leave however she was happy for me to stay and stated she would stay behind afterwards to *'catch me up'*. The meeting was a model example of friendly and positive relationships between the family and professionals, with a plan agreed at the end for the local authority to begin the process of discharging the care order as the family had made such positive progress. As the door closed behind the professionals Sarah's smiling, cordial demeanour instantly changed and she exclaimed *'fucking bunch of child snatchers'*. Sarah went on to *'catch me up'* bringing me through the last few years, in which she had met a new partner, got pregnant, and sought help to address her drug use so that she could keep custody of her child (who was 3 years old at the time of the meeting).

See all their fake, nicey nice in that meeting? You can't trust them as far as
you'd throw 'em. We have been to hell and back since having (name of
child). You know how I was Angela, back in the day, didn't take shit from
no one. They are all liars, say one thing to your face then do something
different. So, I play their game, you have to, no other way. And it's
working, we are nearly there. Nod and smile, say yes, don't argue.' (extract
from parental recording with Sarah)

Sarah described 'figuring out' what she had to do to keep her child in her care, one of the aspects of this was conforming to the identity that social workers appeared to want, one of compliance and a 'good' parent.

Sarah: I have a house now in (geographical area). Keep it spotless, they
(social workers) are always 'popping in' (Sarah used her fingers to mimic
inverted commas when saying this). They come in and stamp around like
they own the place, noses in the air looking down at me, always judging,
treat you like shit, innit.

I didn't stop using 'phet (amphetamine) just brought it right down and used
now and again, drug tests proved that, I only ever had low levels since
having (name of child). But that wasn't good enough, once a druggie,
always a druggie to them. I've had to completely stop as they won't get rid
of the care order until I've had 2 clear tests, I've already got one so should
have the next one after this (Sarah had a drug test carried out prior to the
meeting)

Angela: you planning on staying off the 'phet?

Sarah: (laughs loudly) I'm not answering that! (extract from parental
interview, team A)

Sarah identified various sites of oppression and categorisation of her identity within our brief chat. She felt that she had been labelled as a bad mum due to her first two children being removed from her care (albeit it this had happened with Sarah's consent as she had identified she couldn't cope at the time) and this still followed her, with social workers judging her and heightened levels of surveillance. She also identified her label as a 'druggie' which was

resistant to evidence that her pattern of drug use had substantially changed and been maintained since her original involvement with children's services. She also felt judged on her class, feeling that social workers believed themselves to be better than her. These perceived intersecting identities bore no resemblance to how Sarah viewed herself as she described herself as *'doing great'* in her life, in a happy, settled relationship, living in a nice house and enjoying being a mum to a happy, *'cheeky'* little boy

On leaving the room I caught up with the allocated social worker who exclaimed how lovely the mother was and how well she was doing, there was no hint that the social worker had picked up on the underlying resentment or mistrust that Sarah had expressed after the meeting.

This chance encounter contained a thread that would run through parental accounts throughout my time in the field, one of very different interpretations of their identities through social work eyes.

Parents often felt that they were assigned identities at the outset of involvement with children's services and that those identities were resistant to change and moulded the ways that they were viewed and interacted with by professionals. This is touched on in the example above, however one parent (Tina) expanded on this theme explaining how it led to her feeling invisible within the process, instead codified through the lens of domestic abuse.

'I get it, the referral was because of the domestic abuse so it makes sense that things always came back to that but it didn't help me. I felt like he (ex - partner) was still controlling everything even though I had left him!

See thing is I had a shit childhood, I was sexually abused, my parents were crap, too busy doing drugs to notice, we never had nothing. House was always in a state, no money for food, I lived in (name of council estate) so people looked out for each other, we could always find some food from someone on the street, they knew we had it tough.

I got a job in the local beauty place when I was 16, trained up and I loved it, not that you would know looking at me now (Tina laughs). I loved it, had my own cash, loved going out with the girls, would have a couple of lines (referring to cocaine), couple of drinks, nothing major, I didn't want to be

like my mum and dad. Then I met (ex-partner), got pregnant and it all fell
apart and you know the rest!

None of that came across in the reports or the meetings, everything was
about the couple of years that he kicked me about. So, I'm a crap mum
because I let that happen, and, listen, no one understands the guilt I feel
about that but I'm not a druggie, I'm not a scrounger, I always worked
before I had (child's name).

All of the stuff I had to do, courses and things, were through (organisation
name). So, everything always comes back to him. He was a little bit of my
life and don't get me wrong it was bad but my childhood, the abuse, those
things were much worse, nobody has ever helped me with those things.

(extracts from parental interview with Tina, team B)

Tina felt that social workers had failed to understand her as a person in her own right (aligning with the predominant identity categorisation of parent that is discussed in the previous section) and then had chosen a dominant lens to interpret and support her life that did not align with her identity. This failure to understand the intersecting vulnerabilities that Tina saw in herself meant that she did not value or feel that the support offered met her needs. A failure to assign appropriate levels of credibility to Tina's testimony resulted in her experiencing epistemic injustice. Govindarajan (2022) identifies a similar concept in credibility assessment within the asylum-seeking context, where credibility is under or overly assigned based on a dominant identity category, remaining resistant to counter evidence, she refers to this as 'testimonial pigeonholing'.

The final element of parental testimony in relation to their intersecting identities within social work intervention that I want to explore it the theme of trauma and shame. Trauma and shame feature in both chapter 5 and 6 of this thesis as key features of parental experiences in relation to their epistemic positioning. Considering parents' testimony about shame and trauma through their intersectional positioning allows an alternative view of how epistemic injustice is created.

Debbie (who features in Chapter 6.10) had minimal involvement with social workers at the time of our interview, having had her children returned to her care and all statutory basis for involvement removed. Her interview was however filled with feelings of shame and trauma.

She recounted a particularly acrimonious relationship with her children's allocated social worker. She described how initially she had shared in detail her background with the social worker which included childhood trauma, growing up in poverty and leaving education early, severe levels of psychological abuse, physical and sexual violence during a ten-year relationship with the father of her children and her decision to move across the country to a refuge in a place where she had no support, to escape her situation and protect her children. Debbie openly admitted that at this point her drug and alcohol use was problematic and she was willing to engage with whatever support available or deemed necessary however she identified that support for her was not appropriate or sufficient, instead she felt the social worker had an evidence gathering agenda:

> *'I couldn't like… I don't know, it was like... I think it literally gave me…*
> *she gave me sleepless nights, it was just the whole way... she'd go around*
> *it, so like when we were going to court, and I… the whole court process*
> *was like horrendous, like I just... I just felt like... even if I tried to be nice to*
> *her, to try and get a relationship with this social worker, she'd cut me off.*
> *She thought I should just be able to do everything asked... I couldn't, I was*
> *broken. Meanwhile I was spiralling on drugs and alcohol and (support*
> *worker from drug and alcohol services) was trying to help me but she was*
> *being pulled into it all… constant meetings, doing their spot checks.'*

(verbatim from parental interview with Debbie)

Debbie was able to compare this with the changes that came when her children were allocated a new social worker. She felt listened to and felt that a holistic plan was created that gave her the help she needed and allowed her to turn things around and get to the point where she no longer needed to be involved with children's services. Debbie credited this understanding to the new social workers ability to listen to her story without judgement and empathise with how difficult her life was. Her account of her involvement showed the stark differences that can occur when parents are considered as people in their own right, with vulnerabilities associated with different identity categories such as gender and class not considered.

When I commented to Debbie how traumatic her story was, she replied:

> *'Yeah, yeah, definitely. It was, literally a traumatising time, definitely. I*
> *think more traumatising was the whole ordeal with the relationship with*

social services, was more traumatising than the 10 years of violence, on
me. 100%.' (extract from parental interview with Debbie)

Debbie's account of her struggles to be seen and heard within the child welfare process and get the help she needed, and how this resulted in trauma worse than 10 years of violence is a stark image of the potential impacts of epistemic injustice on families.

7.6 Conclusion

This chapter has considered the dynamics between intersectionality and epistemic injustice. It has provided an account of how, at the practice level lives are shaped by dominant identity categories, shaping families' narratives within the system. The initial category assigned to adults within the child welfare system of 'parent' was explored with attention to how this impacted on the starting point of assessment and intervention and how 'good enough' was defined within the system. How parents were then codified according to identity categories such as class, gender and age were explored, with the tendency of practice to look only through the lens of what social workers identified as the main problem explored. Finally, and perhaps most importantly, this chapter looked at how parents experienced their identity as created within the child welfare system, rarely identifying with it, at best finding it frustrating and at worst, traumatising.

Chapter 8 - Discussion and conclusion

8.1 Introduction

This chapter sets out the concluding discussion for my research. I provide a brief summary of the research aims before highlighting the main findings of the research and its key contributions to knowledge. Limitations and strengths of the research are discussed followed by recommendations for future research, policy and social work practice.

8.2 Research aims

Poverty and inequality have received increasing attention over the last decade within the context of child welfare practice, with evidence that there is a causal link between childhood abuse and harm and poverty emerging (Bywaters et al., 2022). Concerns about the lack of attention to structural and socio-economic factors when working with families have led to increased calls for an alternative approach that moves away from looking at individualised risk factors, instead focusing on the social determinants of harm (Featherstone et al., 2018).

To change the way that social work practice operates in the child welfare system we must first understand the mechanisms of practice and its relationship to the individualising and pathologizing of families when seeking to prevent or address harm to children. As established in the literature review, substance misuse as a parental risk factor accounts for a sizable sub-population of the families that are involved with the child welfare system. While a research and evidence base has emerged over the past couple of decades around harms and best practice in intervening with parental substance misuse, recent research has highlighted the lack of scrutiny on the simplified assumptions in this area. Whittaker et al. (2020) identified that parental drug use was largely correlated with 'bad' parenting in isolation of the wider structural and socio-economic circumstances that this parenting was taking place in. They proffered that this has resulted in increased, unwarranted state intervention in families lives and crude solutions that further marginalise and stigmatise families.

This piece of research set out to explore the intersect of poverty, inequality and parental substance misuse within child welfare practice with families guided by two overarching questions:

- How do social workers practice with families who have been identified as using substances and what guides this practice?

- How do families experience social work practice when substance use is identified as a risk factor in their case?

Social work purports to have social justice at its core (BASW, 2021) however there is an ever-growing body of evidence that illustrates the gap between the laudable aims of the profession and the gritty realities of the injustices that families who are involved with the system face. As my questions arose from concerns around injustice within social work with parental substance use I chose to use the theoretical framework of epistemic injustice to explore my data. Dore (2019:378) notes that *'social injustice is always embedded in a range of attitudinal, individual, institutional, and societal processes'* and epistemic injustice is generated from within these processes.

8.3 Discussion of findings

Using epistemic injustice as a theoretical framework for analysis allowed for an exploration of how families credibility was assessed and assigned within everyday social work practice. I align this with testimonial injustice, exploring the various ways in which families were specifically wronged in their capacity as 'knowers' (Fricker, 2007). Utilising the concept of hermeneutical injustice allowed for a more general overview of how families' experiences were shaped and understood within the systems of knowledge and interventions that were in use in the practice I observed, and how families suffered significant disadvantages within this system. Finally, I consider the interplay between intersectionality and epistemic injustice, considering how families can suffer injustice due to the narrow lens that child welfare interventions can create. The following three sections discuss the findings outlining their contributions to knowledge.

Distorted voices – Testimonial injustice within child welfare services

During both my time in the field and while analysing my data there was a clear theme of families' voices being distorted within the child welfare system. I found that families' credibility was systematically eroded due to prejudices throughout all the sites where social work practice was seen to take place.

Within the informal office environment, I observed peer support that clearly benefitted the social workers, allowing them to decompress after stressful events and seek informal advice and guidance to inform their decision making, which strengthens existing research on the value of informal peer support (Ferguson et al., 2020b). I also observed a process of 'othering' within some informal exchanges, enacted through language choice and casual case discussions. I noted the use of descriptive terms such as *'poverty families'*, *'druggie'* and *'pleading poverty'* and how they served to create hierarchies of deservedness when discussing families (Pynn, 2021). I noted individualisation of the causes of poverty, with social workers expressing beliefs that families were struggling financially due to making poor choices in what they spent their money on or viewing living on benefits as an easy choice. This aligns with findings from various pieces of research that observe that poverty and inequality have become *'the wallpaper of practice'* with social workers failing to consider structural factors, instead defaulting to practices of individualisation (Morris et al., 2018, Gupta, 2017).

I also observed that social workers' knowledge about families gleaned from historical involvement with the system, or personal knowledge from living in the area, played a part in how social workers made decisions about how credible families' testimony was. These exchanges were often informal relying on individual social workers' recollection of involvement or social workers interpretations of families' situations outside of their professional roles. This creates a hidden aspect to how credibility is assigned to families, denying them a full picture of the information held by the system in relation to their situation. Goffman (1963) explores how biographies attached to documented identities can limit how individuals choose to present themselves in absence of equitable access to all the information. I feel that this is an underexplored area in social work practice, an area that is likely to contribute to epistemic injustice for families.

Home visits by social workers illuminated further instances of testimonial injustice with observations of parents' testimony being ignored or misinterpreted to align with social workers' beliefs based on prejudices around poverty or drug use. For example, Emma (chapter 4.5) had her account of struggling to meet the demands of a child protection plan due to late stage pregnancy, living in overcrowded and insecure accommodation and parenting three young children dismissed by the social worker who believed that the amount of money she was receiving on benefits were more than sufficient and she had ample time to complete tasks such as attending courses as the children were in school during the day (the youngest was 4 years

old and therefore only attended for two and a half hours). I observed a clear operation of both active and passive power during home visits with social workers. The phenomenon of power is a significant area of research in social work (Karim, 2023, Saar-Heimann, 2023, Okitikpi, 2011) however this piece of research provides a deepening of understanding, illustrating how the power and control that social workers possess in their role as dominant knowers provides an ability to dismiss narratives from families that do not fit within their 'dominantly experienced world' (Polhaus, 2014).

Observations of formal meetings cast a spotlight on how the structure led to a natural imbalance in credibility, with parents often appearing to sit outside the process. Meetings were centred around testimony from professionals, often presented in written reports. Parents offered their testimony in response to assertions of risk or harm however there were clear instances of their testimony being undermined or dismissed in the absence of evidence to the contrary (see chapter 4.5) with professionals, again, asserting power due to their position as dominant knowers. While all of the meetings I observed contained clear evidence of actual or risk of significant harm in relation to the children, instances of epistemic injustice arose when parents' testimony about different facets of their lives were dismissed due to systematic prejudices. For example, Amy (chapter 4.5) had her testimony in relation to not receiving an immunisation appointment for her child dismissed despite no concrete evidence to dispute this, and a report confirming that she was proactive in meeting her children's health needs. Systematic prejudices around domestic abuse appeared to influence professionals' decisions to disregard Amy's testimony about her life causing an individualistic interpretation of evidence, with professionals indicating that Amy's choice of relationships was the source of risk for her children, failing to identify factors relevant to her wider structural and socio-economic positioning. Maitra (2011) proffers that when audiences reject testimony wrongly for good reasons it is a violation of the rules of testimonial exchange, referring to the phenomenon as the 'knowledge rule of acceptance'. When parents have their testimony rejected without logical evidence or reasoning it can lead to frustration, humiliation and low self-regard which holds the potential to undermine their working relationships with professionals (Pynn, 2021). This finding aligns with existing research around the oppressive nature of formal meetings such as child protection conferences (Diaz, 2020, Muench et al., 2017) and lends support to the call for a move to more egalitarian decision-making processes such as family group conferences (Nurmatov et al., 2020).

While the above outlines instances of families' credibility being eroded by practices and processes within the child welfare system I observed distinctive practices of silencing within the system that led to families' voices being quietened or smothered.

As detailed in chapter five, testimonial quietening occurred when the audience, in this case social workers and associated professionals, either intentionally or unintentionally failed to identify a speaker as a knower owing to pernicious ignorance. Social workers or professionals' ignorance was classed as 'pernicious' either when it was a 'reliable ignorance'; an ignorance that was consistent or followed from a predictable epistemic gap in cognitive resources (Dotson 2011:238) in line with their social positioning (2011:248); or when professionals showed counterfactual incompetence (2011:242). Testimonial smothering occurs when a speaker limits their testimony due to perceiving a reasonable risk of it being misunderstood or misappropriated by the audience.

I argue that these particular practices of silencing are a particular form of epistemic violence, as identified by Dotson (2011). Garbe (2013:3, author's translation) defines epistemic violence as:

> *'a forced delegitimation, sanctioning and repression of, or negating,*
> *certain possibilities of knowing, while attempting to enforce, or obligate,*
> *other possibilities of knowing.'*

The quietening or smothering of families' narratives was often caused by, or a result of, adversarial relationships. Families' interactions with individual professionals were frequently combative, but also interactions with the structures of the child welfare system and its associated assessments and, often mandated, interventions were experienced as coercive by families.

Professionals' knowledge claims outweighed families' knowledge, resulting in the testimony of parents being interrupted or ignored (see case examples of Adam and Cassie in chapter 5.3). While professionals cannot be expected to know everything, it is reasonable to expect social workers to have a good working knowledge of issues they come into contact with on a daily basis or seek advice from experts in these areas. There was a clear epistemic gap in relation to social workers' knowledge of drugs, given the prevalence of substance misuse as a parental factor in cases involved in the child welfare system (established in chapter 1) this is perhaps

surprising. Where expert advice was sought there were inconsistencies in its uptake and use (chapter 6). Some of this was observed to be a result of a lack of knowledge, however there were also times where it appeared to stem from social workers social positioning, moralistic judgements or practicing within the confines of the child welfare system.

Cannabis was one of the most common drugs identified in the cases that I observed during my ethnography, and it also featured heavily in the narratives of team C social workers that were interviewed. It was one of the areas where I observed the highest levels of reliable ignorance and counterfactual incompetence which are threaded through the data used in all four finding chapters in this thesis. Social workers often held strong, moralistic views about its use, associating it with being dirty and viewing it as wrong and illegal (chapter 5.6). There were also numerous examples of cannabis being used disproportionately as reasoning for case decisions, with scant to no evidence of actual or possible risk or harm to children (see case examples Cassie, chapters 4 and 5, Adam, chapter 5 and social work interview extracts, chapter 6). These findings add to the emerging body of research that questions the efficacy and ethics surrounding core policy, social work practice and the research and evidence base for assessment and intervention with parental substance use in the child welfare system (Saar-Heiman et al., 2023, Whittaker, 2020). Framed within epistemic injustice, we are able to uncover examples of the harm done to parents when their knowledge is dismissed or undermined by social work practice and procedures, perhaps most neatly captured by returning to Cassie's description in chapter 5.3:

> *'They just don't want to hear it. As long as all the professionals around are*
> *getting their say, well then it doesn't matter what you think. And it's.. It is*
> *a nightmare.' (extract from parental interview with Cassie).*

Restriction of testimony was a common theme in parental interviews. Parents spoke about a variety of aspects of their lives that they believed social workers would not understand, such as the effects or costs of drugs, their local culture in deprived housing estates, their socio-economic situation or complicated relationship dynamics with ex-partners who had been categorised as abusive within the child welfare system. This meant that relationships with social workers were not always open and honest, and often parents did not ask for help or support. Another parental reason for restriction of testimony was fear. Parents had often experienced involvement with children's services in their own childhoods and held a deep mistrust of the system. Closely related to this was a fear of losing custody of their children,

which resulted in many parents controlling their emotions and actions, scared that if they let social workers see they were struggling they would be judged. They also were afraid of disclosing information where they felt could result in repercussions from the criminal justice or benefits systems, such as disclosing drug use, where they obtained their drugs from or working cash-in-hand jobs. Uncovering and considering how and why parents silence their testimony adds a unique insight to the large body of literature that explores the difficulties in establishing honest, open and productive working relationships with parents within child welfare practice (Gibson, 2013, Shemmings et al., 2012, Ferguson, 2009) and adds to the calls for redefining the risk averse and power laden rhetoric of 'disguised compliance' that currently exists in practice (Leigh et al., 2020).

I have discussed that testimonial injustice can occur when narratives of parents do not align with dominant narratives within social work in the child welfare system and how this can lead to silencing of families' knowledge. I argue that this ultimately leads to damaged knowledge production as it compels parents to provide inauthentic narratives and excludes their interpretations or lived knowledges of their situations or experiences. The dominant discourse within social work practice in child welfare practice is heavily shaped by the evidence base (see next section), which as discussed throughout this thesis, tends to ignore structural issues such as socio-economic positioning or inequalities. Instead social work correlates the causes of harm to children with individualistic parental deficits and its associated interventions to address harm aim to equip parents to overcome their individual failings.

Social work discourses are informed by, and reflect, wider societal discourses. While social work values claim to place social justice and human rights at the core of everyday practice, this practice takes place within a meritocratic society, where people living in poverty are characterised as scroungers and the 'war on drugs' continues to wage, disproportionately stigmatising and criminalising the most marginalised groups within our society. With the poorest and most marginalised in society accounting for the vast majority of families that are subject to child welfare interventions, excluding their authentic knowledge from dominant discourse results in epistemic injustice and harmful knowledge production. This research joins an emerging body of research that calls for interrogation of the knowledge and processes that inform and are utilised within child welfare practice through a lens of epistemic injustice, to redress the damaged knowledge base on which it is built (Bostock and Koprowska, 2022, Washington, 2022).

Lenses of interpretation – How the hermeneutical resources used within child welfare services create Hermeneutical Injustice

The rise of 'parental substance misuse' as a particular focus in identifying and addressing child abuse and neglect in child welfare practice emerged, to a great extent, in response to the publication of '*Hidden Harm*' in 2003.

While my research has explored the contextual conditions in which families' voices are constrained and their credibility eroded on the basis of harmful stereotypes, it also argues that these harmful stereotypes were baked into the hermeneutical resources that underpinned social work practice observed, creating hermeneutical injustice. As discussed in chapters 2 and 6, hermeneutical injustice occurs when there is a gap in collective interpretative resources that puts marginalised people at a disadvantage when they try to make sense of their experiences (Fricker, 2007). Within social work practice these interpretative or hermeneutical resources consist of the interpretative tools, methods and frameworks that are used for sensemaking in everyday practice. Social workers use them to navigate and make sense of the complexities of family life that they encounter in their practice.

My research explored the concepts and tools that informed social workers day-to-day practice with parents who used substances, and how these were experienced by families. I found that within the children's services teams that I observed, the vast majority of social workers viewed all substance use as misuse. Social workers from team C identified the harms inherent in this conceptual standpoint, feeling that this starting point meant that social workers within children's services often conflated risks or harms from other parental problems such as domestic abuse or mental health issues with substance use, leading to plans centred around stopping or reducing substance use with the assumption that this would reduce or remove the risks or harm to children. Social workers in Team C felt that at best this was often ineffective but at worst led to considerable harms for families or increased risk for children (see chapter 6.4 for examples). Parents within my research offered insights in to the impacts of their use of substances being labelled as misuse. Shame and stigma were core themes in their experiences, echoing an existing body of work in both social work and substance use academia (see Gibson, 2019, Kreis et al., 2016, Gupta, 2015 for examples). They echoed the observations of team C social workers, identifying misplaced, automatic, negative correlations between their substance use and social workers' observations of their presentations or circumstances, for example

associating anger with drug use rather than a reaction to upsetting events or money problems with spending money on drugs rather than living in poverty.

A parenting intervention to assess and raise awareness of the harms associated with substance use, provided by team C, was commonly referred into as part of children's services support plans in the authority where my research took place. The intervention was viewed as useful and often progression in child protection plans hinged on successful completion and positive feedback from the intervention. Team C social workers however, identified flawed use of the intervention, feeling that information was often cherry picked or reframed to legitimise actions or decisions that related to other parental risk factors that were harder to evidence, for example citing continued use of drugs as a reason to remain involved in cases where the social work assessment from team C was that drug use was not problematic (See chapter 6.5 for details). They also identified numerous examples of children's services referring parents when there was no evidence of harm or risk in relation to substance use, with cannabis being identified as one of the most common drugs that they received inappropriate referrals for. Parents interviewed echoed this point, while they valued the support and positive working relationships they had from team C social workers they often felt that the intervention was inappropriate for them, for example, one parent who had been abstinent from drugs for over a year and a half (see case example of Dave, chapter 6.9).

These findings endorse the criticisms of Flack (2019) and Whittaker et al. (2020) that the crude, underdeveloped and unchallenged concepts contained in the '*Hidden Harm'* report and subsequent research and literature are being used to justify and legitimise increased state intervention into the lives of people that use drugs. They also highlight the disproportionate reactions around cannabis use within the child welfare system, in line with the concerns raised by Saar-Heiman et al. (2023).

My observations above sit in line with the broader conceptualisation of hermeneutical injustice, in that the observation that parents or professionals outside of children's services were not rendered unable to understand or make known their experiences or knowledge about substance use, rather that their narratives were defeated, obstructed or perverted through the unjust and distorting parental substance misuse concepts and tools in use in child welfare practice (Falbo, 2022). I argue however that the use of drug and alcohol testing within the children's services teams that I observed aligns more closely with Fricker's lacuna-based conceptualisation of hermeneutical injustice.

Drug and alcohol hair strand testing was commonly used in the children's services teams that I observed. As discussed within chapter 6, the evidence base for the use of hair strand testing is sparse, with little to no consideration of its use within child welfare practice (Lloyd and Brook, 2019). It is an expensive tool to use within child welfare practice, with associated costs often running in to thousands of pounds. Social workers spoke about an increase in its use over recent years, moving from exclusive use within cases that were involved in court cases to forming part of child protection plans and occasional use in children in receipt of care and support plans. It is not possible to establish if this is unique to this local authority or a trend across the system due to the lack of evidence around its use. The use of testing was viewed mostly as unproblematic and valuable by both children's services and team C social workers, allowing for concreate evidence that could be used to make case decisions, and opportunities for parents to 'prove themselves'. Social workers in children's services showed a poor understanding of how results from tests should be interpreted, for example not knowing what level of alcohol consumption constituted 'chronic excessive' (see chapter 6.6 for details), and a tendency to correlate test results with evidence of risk in absence of any observations of use of a drug or risk to children (for example see chapter 6.4). Tests were also seen to provide proof of parental dishonesty. Children's services social workers tended to unquestioningly privilege test results over parents' testimony, even when other professionals provided evidence that their testimony should be considered (see chapter 6.6).

Parental accounts of drug and alcohol testing provided rich data. Narratives included raw accounts of feelings of loss of autonomy over their bodies, with testing resulting in large bald patches. One parent spoke about this as being given a 'badge' that identified them as a bad parent within their community and the associated stigma of members of their community knowing that they were using drugs (see chapter 6.10 for details). This resonates with Goffman's (1968) observations of the origins of stigma, which in ancient times were physical marks branded on people deemed unfit to be in society. The accuracy of tests was a universal theme in parental accounts. Examples were given of when tests had provided positive results for substances that parents were adamant they had not taken, instances when drugs that they had taken did not show and disputes about the accuracy of the stated levels of use. Outcomes of these inaccuracies were recalled as traumatic and severe with two parents describing nearly losing custody of their children. While the removal of their children did not transpire (see chapter 6.10 for more details) it does raise serious concerns about the lack of oversight and evidence about testing. Serious failings within child welfare services were noted in Canada in

relation to the use of hair strand testing and its accuracy nearly a decade ago, however this has not led to any scrutiny or knowledge production in this sector in the UK (Tsanaclis, 2017).

Considerations of the costs of using drug and alcohol testing in cases did not seem to be a feature of practice. There was evidence of thousands of pounds being spent on testing to provide 'proof' of failure to comply with the expectations of children's services. In stark contrast funding for identified therapeutic inputs for parents to address mental health concerns where not deemed as something that could be offered by children's services when waiting lists within the NHS where outside the timescales of the child (see chapter 6.6 for example).

The testimonies of the parents with whom I spoke point to moral complexities in the use of drug and alcohol testing, such as the stigma, dehumanisation, physical and mental distress they experienced due to the testing process. The lack of this narrative within social work evidence, and practice points to a clear gap in collective resources, resulting in hermeneutical injustice.

The steady rise in 'parental substance misuse' being seen as a factor in children entering the child welfare system and its disproportionate presence in the most serious end of child welfare interventions could be viewed as a result of social workers' knowledge of substance misuse and increased skills at identifying and intervening where needed. This research provides a counter narrative, one which questions the evidence base for defining 'parental substance misuse' and the hermeneutical resources and tools employed within child welfare practice.

Complex identities – intersectionality, epistemic injustice and child welfare practice

The final area I looked at within my data was intersectionality and epistemic injustice within child welfare practice. Intersectionality has become well utilised and embedded within social work scholarship due to its natural fit with social work values and the numerous identity categories that cause social and environmental inequalities for the vulnerable families it serves (Simon et al., 2022, Statham, 2021, Matsuzaka et al., 2021, Webb et al., 2020, Baumtrog and Peach, 2019, Robinson et al., 2016). It's visibility and use in social work practice is less clear, as discussed in chapter 7. Intersectionality focuses on the overlap of identities and how prejudice and discrimination due to multiple identity categories can result in harm that is more than the sum of its parts. This makes it a natural fit with epistemic injustice. Epistemic injustice allows for the uncovering of the mechanisms of how intersectional identities cause unique patterns of discrimination and inequality, allowing for unique ways of looking at practice, outcomes and opportunities for positive change within social work (see Lee, 2022 and

Baumtrog and Peach, 2019). I found that at a theoretical level some social workers tended to understand and empathise with families' lives through an intersectional lens, however this disappeared when working within the confines and structures of the child welfare system. I observed practice to become individualistic and moralistic, aligned to interpretations of 'parent blame', echoing Jensen's (2018) observations of parents becoming the neoliberal state's scapegoats, individualising their poverty and struggles.

While it may appear logical that all information received and gathered by social workers within children's services was interpreted firstly through a parenting capacity lens, I argue that this clashes with the ability to fully utilise an intersectional approach. This aligns with research into intersectionality and epistemic injustice, where the tendency in professions to assign dominant identity categories can render people's true identity invisible and lead to unjust credibility assessments (testimonial injustice), ultimately risking a utilitarian knowledge and practice base, that is created and built by dominant knowers devoid of lived experience (hermeneutical injustice) (Bacevic, 2023, Govindarajan, 2022, Baumtrog and Peach, 2019). I explored how 'good enough parenting' was constructed at both an individual practice and structural level in the practice I observed. At the level of individual practitioner, I noted that levels of experience, interpretation of parental identity categories, areas of expertise and morality influenced how parenting was perceived. These factors provided opportunities for insight into the interplay of intersectionality and epistemic injustice. They highlighted areas where identity categories combined to create conditions for parental testimony to be unfairly dismissed based on stereotyped beliefs from individuals and imbalances of power within formal meetings (see chapter 7.4 for examples). I also noted that practice was influenced by morality, which at times appeared to be linked to the differences in class and socioeconomic positioning of social workers and the families they worked with.

Parents provided an insight in to how they felt their categories were constructed within the child welfare system, identifying a sense of 'othering', where they were judged on aspects of their identity such as class, age and socio-economic position. Parents frequently felt that they were assigned identities at the outset of involvement and that those identities were inflexible, moulding the ways that they were viewed and interacted with by professionals. This led to feelings of invisibility within the system and impacting on how credibility levels were assigned to their testimony (see chapter 7.5 for examples). These feelings of invisibility were associated with a failure to identify or meet parents' needs, which had negative consequences for both

themselves, and their children. The feelings of invisibility often combined with feelings of shame and stigma, and parents recounted stories of their involvement with children's services as traumatic and dehumanising.

I argue that for child welfare practice to truly be intersectional it has to be informed by epistemic justice, supporting the work of Bacevic (2023), Govindarajan (2022) and Baumtrog and Peach (2019). Parents have to be viewed in their own right and their needs assessed in a holistic manner, rather than the current processes that tends to assign dominant categories to parents such as parental substance misuse, and then look to assess and intervene through this lens.

8.4 Limitations and strengths

As set out and discussed in chapter 3 this piece of research was originally designed as a 6-month ethnography in a single local authority with time split between 3 children's services teams and a statutory adult services drug and alcohol team. The COVID-19 pandemic meant that the ethnography had to be cut short by three months. I identified that while I had an abundance of rich data, families' voices were comparatively a lot less present than those of professionals. As parents' experiences were a key part of the aim and research questions that underpinned the study I made the decision to supplement the ethnographic data with a series of remote interviews with parents. While I initially had concerns about building the rapport necessary to discuss sensitive issues this did not transpire as an issue, with parents engaging well and showing no hesitancy to discuss their experiences, often disclosing raw, emotional and trauma laden recollections. There is no doubt however that the data gained from these interviews does not share the same contextual and immersive depth as the ethnographic data. The data relating to team C was also collected via remote interviews and again while no issues were encountered in building rapport or eliciting views the data needs to be caveated with the knowledge that when interviewed people often choose to present their best self or a version of themselves or their activities that they believe the interviewer wishes to hear (Lichtman, 2013).

One of the main criticisms of ethnography as a research method is its 'messy' nature, combining different methods and approaches (Plows, 2018). However, this flexibility was experienced as a strength, allowing for a variety of methods to observe and record practice, echoing Ferguson's (2017) views on the use within social work research. As the data were collected in one local authority using ethnographic methods, my findings have moderatum

generalisability, in line with Payne and Williams (2005) conceptualisation. The findings are not claims to absolute knowledge, but they have been arrived at through careful consideration of the particular landscape of child welfare practice and knowledge both in the UK and further afield. The claims to knowledge have been located within current scholarship and provide insights into social work practice and the experience of parents, and provide sensitising concepts to build upon.

Data gathered during this study were inevitability guided, facilitated and guarded by professionals within the local authority. While most professionals were happy to participate it was clear that others did not want their practice observed (see chapter 3.12 for further details). There were also elements of 'cherry picking' of cases that I got to shadow by social workers, with them choosing families based on their interpretations of what constituted substance use and what would be a 'good' or 'bad' case for me to observe.

My positionality within this research presents both limits and strengths. Having worked as a social worker within the local authority that I carried out my research in, I held the role of an 'intimate insider' within the ethnographic element of the research due to existing relationships and friendships (Taylor, 2011). While the role of 'intimate insider' eased access and allowed for insights that an outsider would be unlikely to gain into everyday practice, navigating this role necessitated careful considerations and high levels of reflexivity (see chapter 3.11 for further details). As this research stemmed from interests gained while practicing as a social worker in the field of drug and alcohol services I brought with me a depth of knowledge and sensitizing concepts alongside a critical perspective towards children's services role in the lives of families that used substances. This familiarity provided a solid base of knowledge to begin to observe the peculiarities of practice however it also required attention to biases that I held, and preconceived explanations for why practice happened in the way it did. The two-year gap between leaving social work practice and re-entering the field as a researcher helped to overcome some of these concerns alongside careful attention to reflexivity within my data collection (see chapter 3.11 for further details).

While ethnographies are becoming an increasingly popular method to explore social work practice, one of the greatest strengths of this piece of research is the use of epistemic injustice as the conceptual framework to analyse the data. This provides unique interpretations of the data that hold potential to investigate the way social work takes place with families and the way it is shaped both at individual practice levels and structural levels. It provides examples of

how families' voices and experiences can be uncovered and centred in both research and practice, aligning with the growing movement towards a social model of social work (Featherstone et al., 2018). It also adds to the growing use of epistemic injustice to interrogate more general aspects of social work mentioned throughout the thesis.

8.5 Considerations for future research, policy and practice

Areas for future research

As noted throughout this thesis, the knowledge base surrounding parental substance misuse has, in the main, not been subjected to scrutiny since its infancy, over twenty years ago. The mainstream base of policy, knowledge and research correlates substance use with 'bad parenting', without consideration to the social determinants of health and wider social functioning of family life. This crude evidence base has been used to justify and legitimise increased state involvement in the lives of families who use drugs (Whittaker et al., 2020). Interventions used to address parental substance use such as drug treatment, child protection and a focus on professionals governing *'risky parents'* further marginalise and stigmatise families, resulting in a dearth of alternative approaches that seek to understand, represent and respond to the complex needs of families who are *'disproportionately affected by health and social inequalities'* (Whittaker et al., 2020:170). This research recommends that research is undertaken to redress these deficits in the knowledge base around parental substance use.

While my doctoral research considered the views of parents essential, a lack of co-production is a clear deficit and paradoxical given the focus on epistemic injustice. Future research should be co-produced with families who have lived experience of the child welfare system. This research did not include children's voices, which again constitutes a form of epistemic injustice given that they are the reason that parents become involved with the system. Future research should place children's voice at the centre of its purpose and aims.

Drug and alcohol hair strand testing have been highlighted as an area with a poor knowledge and evidence base despite clear evidence of concerns around its ethics and use within the current child welfare system. It is vital that future academic research focuses on its use within the child welfare system and the parental narratives that run alongside.

Policy recommendations

What was clear from this piece of research was that families involved in the child welfare system were some of the most vulnerable within our society, living in poverty and suffering disproportionate health and social inequalities. The starting point for any change in the circumstances that cause families to come to the attention of the child welfare system has to be addressing and remedying the structural cause of poverty, health and inequality. While the child welfare system tends to individualise the causal factors for child neglect and abuse to parental deficits and choices, there is substantial evidence that poverty and inequality is causal (Bywaters et al., 2022, Wilkinson and Pickett, 2009). The part that poverty and inequality play in child abuse and neglect needs to be explicit in future policy for the child welfare system and the voices of those with lived experience privileged and afforded genuine opportunities to share knowledge and shape policy.

The Welsh Government has previously co-ordinated and guided the delivery of services to people impacted by substance misuse though national strategies since 2000, including principles and services for working with parents impacted by substance use, however, the last strategy ended in 2022 and has yet to be replaced. A new strategy or plans for how this policy sector will be organised and governed is essential if people affected by substance misuse are to receive holistic care and support.

The unproblematised use of hair strand testing should be questioned and guided at a policy level. In an environment where resources are extremely tight, is the use of large amounts of money on hair strand testing when the evidence could be gathered in alternative ways the right decision. My research indicates that drug and alcohol testing is used as 'concrete' proof in making decisions, however it is not subject to standardised regulation and lacks a proper evidence base. Given the descriptions of stigma, dehumanisation, physical and mental distress that parents experienced due to the testing process I argue that there should be a clear, evidence informed direction on the parameters of its use at a policy level.

Recommendations for social work practice

This piece of research argues for a placement of epistemic justice at the heart of social work practice. Without families' testimony and knowledge being afforded a central role in creating, informing and guiding social work practice true epistemic justice cannot be achieved.

Social work practice with families should ensure that adult caregivers are firstly considered as people in their own right rather than automatically cast in the role of parents. This would provide holistic assessment, care and support for the whole family.

Facilitating the creation of peer networks for families involved with the child welfare system so that support can be provided to each other within the system and groups can advocate for their needs and share their knowledge and testimony to inform and influence practice should be seen as paramount. To enable the voices of the communities that social work takes place within to penetrate the 'expert knowers' knowledge base we must acknowledge our privilege and redress it by facilitating the sharing of knowledge at the practice level.

8.6 Conclusion

This piece of research aimed to explore social work practice with families affected by poverty, inequality and substance use within the child welfare system. It explored how families' voices were distorted and silenced within the system by testimonial injustice and how the lens they were viewed through, shaped by social work hermeneutical resources, created hermeneutical injustice. It also explored the realities of intersectionality within the child welfare system, noting the epistemic injustices arising from a lack of consideration of peoples' identity categories. Although I have endeavoured to explore various ways that families involved with the child welfare system are epistemically vulnerable, they constitute a mere drop in the ocean of the different ways that marginalised families can be harmed through flawed epistemic structures and practices. It is both my recommendation and hope that future research, policy and practice embeds epistemic injustice at its core.

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