

# **Still only “kind of plastering the cracks”? Distractions and dilemmas in providing help for children with ‘additional needs’**

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## **ABSTRACT**

Since the 2003 Green Paper, ‘Every Child Matters’, central and local government have been working towards providing children and young people with a united, multi-agency ‘Children’s Services’. This workforce of education, health, and social care practitioners aims to improve the well being of the young through a focus on five areas of outcomes, through better communication and joined-up working, and through early intervention to prevent troubles from escalating for the child. However, the Audit Commission report ‘Are We There Yet’ (October 2008) points out that, actually, we are far from there yet. The difficulties in providing a cohesive, inclusive approach, to give each child the best possible chances in life, are expressed in an education professional’s comment about just “kind of plastering the cracks”.

My doctoral research into the construction of ‘children with additional needs’ explores the issues influencing the help that children and young people are offered, and this paper will examine some of the day to day problems that still stop young people from getting help. While ‘children with additional needs’ is a broad category, defined within the Every Child Matters glossary (ECM 2009) as including all children needing support beyond that provided universally within education and health, some children may find it more difficult than others to get more than a temporary patch up for what might be a medley of deep set cracks in their lives. Since almost all children are seen in education, this would seem to be the place best positioned to identify children’s needs early. However, issues beyond paperwork and funding impact this work. The tacit needs and understandings of both adults and institutions create conditions under which decisions are made which affect a child’s future. This paper will use cases from my doctoral research to reflect on some of these more interactional issues. I will argue that helpful though a multi-professional task force might be, we need to look beyond the explicit processes and tools of Children’s Services if we want to do more than just ‘plastering the cracks’.

## INTRODUCTION

‘Every Child Matters’ is the title of the New Labour government’s rolling programme for the improvement of services to children, first used on a green paper published in 2003. The project was launched to coincide with the report into the tragic death of Victoria Climbié, seen as an example of disconnected, shallow practice on the part of the various bodies of practitioners who are intended to protect vulnerable children. The aims of Every Child Matters (ECM) – to provide a joined-up service with common aims and values, where professionals communicate with each other as well as working together in an integrated manner – can be seen as a step towards dealing with the complexity of children’s needs in a social context. An intention to catch potential problems at an early stage in order to stop children slipping into more entrenched difficulties provided the impetus for a new category of ‘need’ to come into official use – additional need, or more accurately, *children with additional needs*. ECM defines children with additional needs, for instance in its glossary (ECM 2009) and in its overview of the systems for recording need (ECM 2007 - see Diagram 1), as any children who have the need for extra support beyond that which is provided universally to all children through education and general health services. It is anticipated that between 20 and 30 percent of children will have an additional need at some point, although this may be for only a short period. Children with ‘complex needs’, whose difficulties may also be addressed through specialist or statutory services, are still part of this group, just as all children, no matter what their needs for help or support, are entitled to universal services.

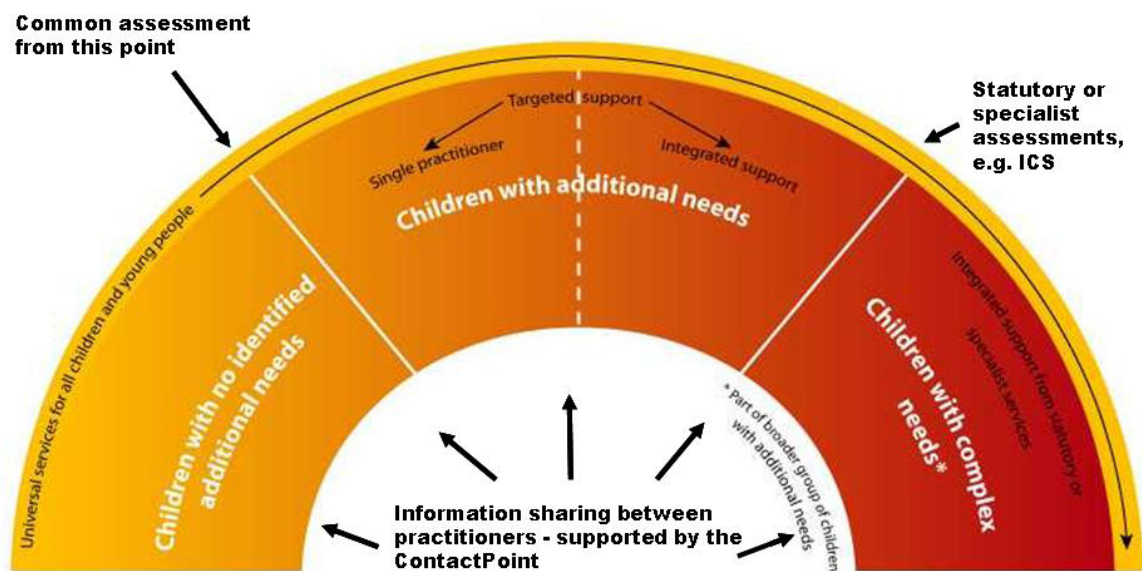


Diagram 1: Overview of the ICS, CAF and ContactPoint Systems (ECM 2007)

Although admirable in its aims and approach, ECM's implementation in terms of improving the well-being<sup>1</sup> of children and young people has proved problematic. The Audit Commission report of October 2008 stated that: '[f]ive years after the Laming Inquiry, there is little evidence that children's trusts have improved outcomes for children' (Audit Commission 2008:4). This report, titled 'Are we there yet?' highlighted some of the gaps and problems in governance arrangements, accountability and resource management, and relations with partners in implementation, indicating that there was still confusion about structure and intention, although largely agreement that ECM had provided a better focus for those involved. Less effort has been made though in the tangible areas of improving work directly with children and families than to the complicated business of setting up Children's Trusts (Audit Commission 2008). This may signify that the approach is still too 'surface' (Cooper & Lousada 2005), focussing on ways and means rather than allowing for the deeper, more complicated nature of human social relationships (see also Reder & Duncan 2003, 2004 re. these concerns). The view that we are still only "kind of plastering the cracks" as one education professional put it in my current research – both the cracks that children's problems cause in their lives, and the cracks to working cohesively and inclusively with those children – is therefore addressed here in a different sort of way than that provided by the Audit Commission. This paper will begin to look at some of the issues that emerge from looking at how children and young people are defined as having 'additional needs' at the level of *interaction* - how do language, body, and emotions influence the decisions and actions taken by both adults and children which affect the help that children do, or do not, receive. Rather than trying to explore all the 'distractions and dilemmas' to getting children the help that they need, I will concentrate on one of the major themes emerging from the early analysis of the larger project: the ways in which *emotion* and its processes affect the construction of 'need' through diagnosis, relationships within Children's Services, and the ways in which communication does, and does not, take place.

#### **STUDYING COMPLEXITY: A METHODOLOGY FOR EXPLORING THE CONSTRUCTION OF THE CHILD WITH 'ADDITIONAL NEEDS'**

The work for this paper is part of the initial analysis from my doctorate, titled *On Needing 'Need': an exploration of the construction of the child with 'additional needs'*. As such this paper is very much work in progress and should be read as such. The doctorate looks at how young people become constructed as having 'additional needs', questions whose needs are being addressed within this construction, and considers the implications of an understanding of the processes for providing services. The ways in which practitioners make decisions about who should or should not

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<sup>1</sup> Well-being is defined in the ECM Glossary (ECM 2009) as being aligned with the five areas of outcomes outlined both in the green paper and the Children Act 2004: being healthy, staying safe, enjoying and achieving, making a positive contribution, and economic well-being .

receive help, and what types of help are necessary, are not only the result of using official forms and processes, but are shaped by a multiplicity of personal, interpersonal, institutional, societal and cultural influences. These same influences also are active in the lives and actions of the children and young people who become constructed into certain types of need, and in those of their parents/carers. This complexity makes it difficult to understand the underlying processes which shape definitions of, and decisions about, the child. Cooper and Lousada (2005) argue that the processes at deeper levels may be more tricky to explore than those at the surface because of this complicated, potentially ambiguous nature of the personal and social worlds:

We do not think that the “depth phenomena” are more real than their “surface” counterparts, but we do hold that surfaces can obscure, and may be intentionally, as well as consciously and unconsciously designed to do so. A view of personal and social phenomena as multi-layered and thus susceptible to more than one account of their nature raises very contemporary questions about where, if anywhere, reality is to be found. (Cooper & Lousada 2005:19)

The non-linear nature of the social world, and of people, can cause those exploring it -scientists, mathematicians, and researchers for example - to attempt to simplify, to narrow down and ignore those things that are too uncomfortable to consider in order to create a linear order, or mode of examination (Dean 1997). This research takes what may be a complicated approach to methodology in order to address this, to accept not only the complex nature of the field, but also the ways in which the individual parts are interrelated and connected. On the one hand, it is grounded in interactionism, informed by the pragmatism of John Dewey who saw that the intricate arrangement of human beings could not be split into mind and body, but that both are dynamically connected – what he termed ‘psycho-physical’ (Alexander 1987:135) – and integral to understanding human nature and interaction. On another level, it uses a post-structuralist, Foucauldian analysis to explore the wider discourses which shape social action and reaction. These two approaches are argued by the philosopher Ian Hacking to be compatible not because they converge or fit neatly together and fill up the spaces of social research, but because ‘One needs to stand between the two men<sup>2</sup> in order to take advantage of both’ (Hacking 2004:277). A constructivist grounded approach to the analysis (see Charmaz 2000) allows themes and areas of interest to emerge through engagement with the data.

The project used twelve case studies of children in year 7 at a large South coast comprehensive. The participants rose out of a larger sample population consisting of 29 children from four categories of concern: they were either ‘action plus’ or with a statement on the SEN register; they were being considered by the SENCO for a movement to ‘action plus’ or applying for a statement; they were on a register of children the school considered ‘vulnerable’; or concerns about the child had been expressed to me by form tutors. The twelve cases which emerged, eight

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<sup>2</sup> Hacking refers here to Erving Goffman for interactionism, and Michel Foucault.

boys and four girls, were spread in terms of concerns, although the majority of them fell into the first category. All parents were sent letters explaining the project, and if parents were keen then the children were also asked whether they would be interested in taking part. The fieldwork, from October 2006 through November 2007, used an ethnographic approach consisting of non-participant observation, collection of documentation, and semi-structured interviews with children, parents, school practitioners and any other Children's Services professionals who were working with the child. Between them they were receiving help or attention from a wide range of Children's Services professionals outside of universal provision: CAMHS psychiatrists, developmental paediatricians, school nurses, family therapists, social workers, the Youth Offending Team, educational psychologists, inclusion mentors, and family and youth workers.

Most of the data from this paper comes via one case, a boy who I've called Martin. Martin is 11 and 12 during the data collection period, and is not one of the most 'difficult' of the children in the cases. He has a long standing diagnosis of ADHD and takes medication intended to help him control the angry outbursts which trouble him. He takes other medication to help him sleep. He is listed on the SEN register as 'Action Plus' with 'BESD' (behavioural, emotional and social difficulties), as well as noting the diagnosis of ADHD. He is viewed as manageable by the school, not problematic enough to have drawn their attention if his mother hadn't contacted them to tell them how unhappy he was: "If she hadn't done that I don't think anything would have happened for him, if I'm honest, I'm not happy about that, but that's the reality" (SENCO). Looking at this one case opens up a window on all the others. As in the intricate fractal representations that illustrate chaos theory, one small, randomly chosen area is as rich and fascinating as the whole picture.

### **ENGAGING IN AN EMOTIONAL FIELD**

An engagement with emotion as a theme for analysis necessitates some description of what is meant by 'emotion' and its affect in this context. Studies of emotion have come from the realms of the social, from biological sciences, from art and through literature, and as such, there is no simple, universal account. Even within a single discipline such as sociology or psychology, there are multifarious explanations and definitions, and endless attempts to create taxonomies of emotional states or types (see Denzin 1984:3-4). However, although debates continue over what constitutes emotion, and whether it is the same as affect, mood, or feeling, understandings of the ways that it is tied to reason, rationality and cognition have now been influenced by neurological research. This is beginning to show that the ability to think 'rationally' is linked to emotion, and that emotion can override clear thinking:

The whole thrust of recent neuro-scientific research findings points to the dependence of cognitive faculties on affective ones. People who manifest specific affective impairments are often severely hampered in their capacity to make ordinary rational decisions (Cooper & Lousada 2005:3, citing Damasio 2000)

This is not to say that emotions are always out of control, and preclude all ‘level-headed’ thought. If emotion is understood as the tone and tenor of our feeling, we are always in an emotional state, or one of what Denzin calls emotionality: ‘*Emotionality*, the process of being emotional, locates the person in the world of social interaction’ (Denzin 1984:3, original italics).

One important aspect of emotion is its embodied nature. Emotions are signified through our bodies, expressing themselves through the clenched fist of anger, the tremor in the voice or tears in eyes, the relaxed smile and open body language of love.

Emotionality radiates through the lived body of the person. The study of emotionality requires a conception of the human body as a structure of ongoing lived experience (see Merleau-Ponty, 1963; Plessner, 1970). The self of the person stands in the center of the emotions that are experienced. Self-feelings constitute the inner essence, or core, of emotionality.

(Denzin 1984:3)

They are linked directly to our bodies through the internal reactions that we cannot see but certainly feel, such as an adrenaline rush when anxiety or fear suddenly takes hold. We may also have thoughts linked to the emotion, although it can be argued that ‘it is that experience that is emotion, not the subject’s thoughts about their experience, or the language of self-explanation arising from the experience’ (Barbalet 2002:1), and certainly some emotions are beyond or above thought.

Dewey suggested that although emotion is embodied, there is a difference between the *experience* of emotion and the *expression* of it. With this, the ways in which communicative expression takes place differs according to the urgency of the situation: ‘the difference between a mute, uncontrolled “seizure” and the fully controlled and funded expressive gesture which realizes the aesthetic’ (Alexander 1987:138). This varies between individuals; some are more able to control the reaction to their emotions, and some, knowingly or unknowingly, use one emotional expression to mask another affect. When this takes place unknowingly, for instance, where practitioners take an ‘easier’ path for fear of a parent or child, or where anxiety or dislike create an uncomfortable relationship in practice or at home, agency becomes mediated by the emotion so that the action is taken with only ‘some degree of choice’ (Manis & Meltzer 1978:7), of conscious choice that is. The emotionally mediated decisions and actions taken with only *some degree of choice* have a very real effect on what happens in Children’s Services.

### **DEFINING THROUGH DIAGNOSIS: EMOTION AND CONSTRUCTING NEED**

The politics of diagnosis can be seen as a complex subject in a realm of simplification. Diagnosis is a tool used officially by highly trained professionals – psychiatrists, other medical doctors, or psychologists, for instance – in order to clarify problematic concerns so that a fix can be found. This often involves a label of ‘need’ which can be used in conjunction with the child to signify the problem which requires the fix, so that the child then becomes the ‘child with ADHD’, the ‘dyslexic child’ or

the 'child with epilepsy'. Official diagnosis may aim to simplify issues so that treatment can take place. Prescribed trade 'tools' are used to promote accuracy and regularity: medical tests for physical illnesses or disability, the Diagnostic Statistical Manual (DSM, currently at version IV-TR) and psychological questionnaires and surveys for those considered to have difficulties in the learning, affective or behavioural sphere. However the diagnostic process is not clear cut. Diagnosis is also made in the lay world to explain behaviours that are considered abnormal, by parents or teachers for instance. White & Featherstone point to the ambiguities in diagnosis related to differing discourses in professional talk (2005:211) and Timimi describes some of the classic criticisms of psychiatric practice: terms that are subjective and therefore rely on professional interpretation, broad categories which are as inclusive as necessary so that all children can provisionally be diagnosed, and political issues such as pharmaceutical companies' power in shaping what constitutes normality and abnormality (Timimi 2005:168).

Equally culpable however is feeling and emotion. Denzin (1984:4) points out that in studies of emotion emphasis is more often placed on 'negative' emotion such as anger, anxiety, or fear, rather than 'positive' emotions such as love, joy, or trust. Within the grounds of diagnosis and definition that may often be the overwhelming case, due to the often stressful circumstances in which children come to the attention of adults. This can be combined however with empathy, both for the individual and the situation, but even then the combination of, for instance, anxiety and empathy can produce a feeling of helplessness. In the following extract, the CAMHS (Child and Adolescent Mental Health Service) psychiatrist tries to pinpoint how Martin came to be one of her clients, reading from old case file notes as we spoke:

"he was three when he! three and a half, no so he was three and a half , no so *he's..he's been with us forever, bless him*, and the family had reached a crisis point. Mum had to be dragged away from Martin by her husband as she was going to harm him and she was terrified... she made clear she's terrified by her behaviour, she said she'd been capable of harming him and lost all control, she was horrified that she could have got to such a pitch and was asking for help." (my italics)

Her surprise that he had been with CAMHS that long, and her sympathy for him (bless him) is also indicative of the helplessness she feels in the face of mum's own emotion. This issue of losing control – becoming lost in the uncomfortable moment of what the pragmatist William James termed a 'coarser' emotion (1890 cited in Denzin 1984) – is one that comes up repeatedly in Martin's own talk about his experience of 'ADHD', for instance: "I've got to take tablets to make me feel better, otherwise I just lose control".

Although Martin has been defined for most of his life as 'having ADHD', the psychiatrist is actually highly ambivalent about whether this is even the correct diagnosis for him. She feels that perhaps the problems with his behaviour cluster around a loose combination of some developmental problems, difficulties with 'attachment' in the family, and mum's own depression.

“I think I’d always said to her that his ADHD was quite borderline because I’d always felt there were some issues around their relationship and the attachment, originally and then his own issues, and depression perhaps had impacted on her ..bonding and relationship with Martin.”

Less obvious in any of the talk about Martin and his diagnosis is where dad fits in. Although he is spoken of briefly, it is with hesitance, and only in terms of his relationship with mum and the ‘out of control’ emotions that he exhibited when early on he attended some sessions at CAMHS:

“I think he supports Mum a bit more than he used to, but certainly there was a long place when he would just...he would come in and get very...angry... I think she sort of ...almost wanted him to back off because he got too angry too quickly, but then she was quite exhausted dealing with ..Martin, I think he was quite difficult, quite... challenging. She was very keen to try umm... some medication..”

Since dad didn’t take part in the study I didn’t hear his own story about Martin’s ‘need’. It may be that he was angry and frustrated because he didn’t agree with the medicalised route. It may be that he was angry because he was helpless in the face of a very determined and depressed mum, who was also losing her temper at Martin. However his temper is never mentioned in relationship to Martin’s own temper, which Martin himself feels is his real problem.

The psychiatrist expresses her own sense of helplessness – trying to do her best – in the face of Mum’s ‘desperate need’:

“But I have to say, I’m going to be honest about Martin, he’s one of these kids who, and so many of them I see are like this, who doesn’t neatly fit into any one box either, so he is Martin, he’s himself, he’s an individual, and if you go and fit him into a box - when he was younger certainly the ADHD one. And I think this is a case where... her desperate need for some medication for Martin has swayed what I... in another family Martin’s behaviour might have been managed differently and he might not have needed medication. Umm, but I think you have to be quite responsive to the needs of the family as a whole, because without giving him the medication she probably would have murdered him! [both laugh]. It did seem to help and ummm, I think it’s you know my impression is that..as a person he’s ...doing quite well, I know he hates school but I think he’s one of these vulnerable... children that ummm big secondary schools don’t...aren’t always suited to.”

Although she admits here that she feels her actions with Martin are more to do with his mother than him, an expression of both helplessness and frustration, she diffuses the mood of the first part of her statement with her comment that medicating Martin has stopped mum murdering him (intended humourously as we laugh but evoking her anxiety that this might be true). In the end, ‘doing *quite* well’ is seen as good enough for Martin. Hating school, not functioning well in the large school system, is par for

the course for 'vulnerable children that big secondary schools don't...aren't always suited to', and not something that she can do anything about in her professional role.

The psychiatrist's unwillingness to speak directly with Martin's mum about her 'real' diagnosis of attachment disorder may be what she describes earlier as being "sensitive" to parent's needs but may also arise from fear and anxiety in the face of a well-spoken, well-informed, determined and distressed parent. However this rebounds in mum's own interpretation of their meetings. As the psychiatrist dances around the issue of diagnosis, mum interprets this as a form of professional control – "that's what their role is and that's what they'll do" – and a way of pushing her 'lay' concerns aside:

"And I used to say to her, she used to say to me there wasn't much of a problem and I actually said to her one day, if there isn't much of a problem, because he's doing so well at school now, why is he on medication? And she didn't answer me, she squirmed in her seat and she said, well we know that there is a little bit of a problem, but . . . And I'm like, but where was my answer? And then she went off at some tangent and I'm thinking hang on a minute, she hasn't answered my question! And out he goes to be weighed, to have his blood pressure taken and just basically see how things are, and I've resigned myself to that's what their role is and that's what they'll do"

Mum's angry description of the psychiatrist 'squirming', and then belittling mum's concerns as 'a little bit of a problem' are counteracted by her logic (based in a false diagnosis) that if Martin is on medication, there must be a real, medical problem with Martin. The psychiatrist may squirm because she is unhappy with her diagnosis but seems unable, in her anxiety, to assert her professional authority so that Martin's help might be properly directed.

### CREATING A DIVIDE

The relationships between child, parent, and professional are inevitably a setting for shifting emotion. Foucault describes power as set in the micro-capillaries of the social body, which suggest that the level of interaction is very important for power relations (Atkinson and Housley, 2003). However this is not to suggest that all power relationships are equal, Foucault suggests that they 'are rooted deep in the social nexus, not a supplementary structure over and above 'society' whose radical effacement one could perhaps dream of. To live in society is, in any event, to live in such a way that some can act on the actions of others.' (Foucault 1994: 343).

The power of diagnosis is part of what Foucault termed 'dividing practices' (Chambon 1999:67), which can be seen as the technologies of creating difference, or *othering* people. The DSM, which critically in every new version catalogues a wider range of behaviours or states of mind considered abnormal, is the tool of a specific range of professionals, mostly psychiatrists, and is used as a mode of authority for defining the child in specific ways. This does not mean that it is an accurate tool

(Rose 2007), only one that carries the weight of control. This definition of the child, lodged in normalisation practices aimed at producing a picture for professionals to measure against (Chambon 1999:66) may not provide anything useful for a different sort of practitioner to work with, instead creating a sense of unease and disjuncture between the label and personal opinion. The head of year 7 had taught Martin and also spoken with his mum. She describes Martin as “not a huge behavioural problem” although she wavers between suggesting that he “kicks off” and, a different sort of description, “he acts very much like a very silly little boy”. Although she describes herself twice as “not an expert” she feels confident enough to question what she seems to feel is mum’s excuse for his behaviour, that “it’s all because of his ADHD”. She comments: “myself and his tutor are not too sure how much the ADHD is responsible for... I then find it really tricky to say, hang on no it’s not, because I am not an expert.” She repeats this a moment later:

“because I am not an expert at all these things, and I cannot always see that it’s because of his condition or that it’s because he is an 11 year old boy. Some of it is an 11 year old boy thinking what I can get away with. It is sometimes hard for me to say to mum, I cannot categorically say it is not his ADHD it is him being silly, because I am not in that position”.

Although she is ‘not an expert’ she also seems to position herself as more authoritative than mum. She still finds it ‘tricky’ and ‘hard’ to countermand mum’s view that it is the ‘condition’ causing the problem, not Martin himself. However what she can do is create her own labels to make Martin small through discourse, repeatedly describing him as silly, or silly *and* little.

Other teachers also speak about Martin in terms of labels and diagnosis, even when it’s because they don’t understand them:

“But there’s also diagnostic problems, I mean, I’ve got that boy Martin, now, he’s ADHD and his parents think he’s autistic, he’s a Jehovah’s Witness, all I know is he’s just miserable and puts his head on the table. I just don’t get it. I mean, I *think* there’s a lot of influences going on in his life. ...I don’t know what the problem is.”

This teacher, in the lessons I observed him teaching, was inclined to shout and snipe at particular children. However he doesn’t seem to consider that it is anything to do with his own practice that may be making Martin miserable in his class, since there are so many possible conditions to blame first. Martin may be using his misery as a form of *resistance* on his part (Wang 1999:192). When asked if it would be helpful to know more about the children and what is going on for them, the teacher’s reply shows an unwillingness to engage with the idea of difference, while at the same time not being able to teach ‘as is’ either:

“Well, I could know the facts about him, but how would it affect me and how would it, how would it inform my practice? You know, if he’s ADHD, whatever that means, what’s that going to do for me? I’ve got some targets on IEP [individual education plan] that are pretty derisory to be honest with you. I mean they’re pretty pretty derisory, pretty

simplistic. How am I going to cope with an ADHD child, you know. He's going to need special attention isn't he, from someone, an ADHD worker with him, not me, who doesn't know anything about ADHD. I've just got some guidelines in an IEP."

The teacher *others* the child angrily, he is no longer a child to be taught like all the other children, "he's ADHD, whatever that means". His own anxiety and sense of helplessness in the face of all these new categories of need, "how am I going to cope", is accentuated by his refusal to find out any more about either individual children or the categories themselves.

Martin himself doesn't want to be different, doesn't want to rely on medication to stop him from losing control, as he sees it.

"Martin: I hate taking them, I don't like taking the medicines..."

Tish: Why's that?

Martin: I just don't like taking them, I just wanna be normal (sounding very disgruntled) I just...

Tish: Oh, ok, yeah

Martin: But I've got to take tablets to make me feel better, otherwise I just lose control, because we tried it in primary school with the same thing, and at secondary school like, a day without and I just went ballistic. And that's in a day."

A few minutes later we talked again about 'being normal'. This time Martin was able to show a bit more why he hated being 'medicalised' into normality, he really wants to stay as 'him' while being permitted to "do usual stuff", to function as others do, and to "be liked", an emotional plea for acceptance:

"Tish: Normal's a weird thing anyway, no one's really normal

Martin: No, but I just want to, like, be...and like do usual stuff that other people do and be liked, and stuff... without... changing stuff"

In a more friendly school context, Martin is more able to relax emotionally and be himself. Here Martin is perceived as a different sort of little boy, not silly, or maliciously giggling as one teacher describes him, 'out of control' or sitting outside the circle sulking, or miserable with his head on the table. Instead he is a 'lovely lad', an absolute sweetie. One of the school's Inclusion Mentors describes his participation in a new art group:

"We are lucky enough to have an artist in residence working with the school and all her work at the moment is focusing on self image and it just fits in so nicely with what I am doing. So Martin is with us in that group and he is just an absolute sweetie. He comes across as a really sweet little boy, I am just getting to know him so I haven't seen any different but yeah lovely lad."

There is no othering here, no pushing him out or defining him by condition. Although he is again described as a 'little boy', this is not to insult him or make the adult feel more important, it is a warm, empathic view of an eleven year old who wants to be included and work with the group. Within the research data, this warmer expression of emotion towards children is most expressed in schools by some non-classroom

staff, by health and social care staff, or in connection to a child eliciting sympathy through their family circumstances or obvious physical disability. It may be that for some school professionals this boxing-off of warm emotions, of empathy, sympathy and connectedness, is a protection from emotional hurt where a situation is too complicated to understand easily, on top of the already strained day's work. This defensive action stops them getting involved with children perceived as different, and allows them to judge in certain way.

### COMMUNICATIONS OF EMOTION

To try and split off communication from other sorts of differentiating practices, such as diagnosis and emotive actions, should be untenable since it is implicitly and explicitly involved in interaction. The use of symbols to interact, whether those are signs of verbal communication – words and tone – or body language – can be through the internal interactions between the 'I' and the 'Me' which are based in intention and expectation (Outhwaite 2005), or within the social world. In either event, communication should be about creating and *understanding* meaning, as a *transaction* rather than a way for one person (or side of the self) to impose information on the other: 'this is to be understood as a transactional event in which structure and ambiguity, actuality and possibility, order and disorder are present. The temporality and teleology of the event cannot be safely ignored' (Alexander 1987:156 citing Dewey). Reder and Duncan have argued on several occasions that communication is at the crux of failures within integrated services, since it tends to be understood from a position of logistics rather than internal processes: 'In particular, communication is an interpersonal process, so that its psychological and interactional dimensions must be addressed before practical measures can work effectively' (Reder & Duncan 2003:84, see also Reder & Duncan 2004).

In Martin's case, communication, or the lack of it, has created a situation where teachers insist that Martin doesn't listen to them, but Martin is equally adamant that he is not listened to either. His form tutor describes what he feels is happening:

"So what it comes down to with him is – and I've observed it – is that he will let himself get excited, and more and more excited, and more and more excited, and more and more wound up, and then someone shouts at him because he is ignoring, or, he's not ignoring but he's blinkered ...to what is going on, and they're saying 'sit down now Martin. Now please! Martin, please go and sit down'. Finally, you have to raise your voice, or, well you shouldn't really shout, but put on your steely voice, um, so that they know you mean business and then, um.. he then sits down. But then he says 'oh that's not fair they didn't give me a chance, they shouted at me' because he hasn't heard the other tutor. When you have been asking him politely, which you shouldn't have to do because you are not supposed to run in class, end of story! but you've said: Martin please stop it Martin sit down."

This narrative of Martin's deafness to instruction, full of shouting, raised voices, 'steely' voices, versus the politeness which the story ends with, tells one view of Martin's behaviour (and the teacher's of course). Martin feels differently about what happens: ignored, unacknowledged, unheard, unfairly treated.

"you talk to them, they don't listen to you? they don't acknowledge you, they don't do anything, they carry on talking to whoever they're talking to, or they carry on with whatever they were doing, and you ask them and ask them and then they go, they turn round and shout at you and give you a detention and you're like, just asked you a simple question and then they give you a detention straight away, it's just like, what? It's just... really weird."

These two narratives, both telling gloomy and frustrated stories, teeter on the edge of a yawning gap of misunderstanding between the adult and the child. In many cases, it is the adult's voice that will determine how others view a situation, despite some recognition that communication can be used as a tool to exclude unwanted children. Here, in discussing an incident involving another child in the research group who spent most of his time officially, or unofficially excluded from the school, the SENCO describes an example of this process:

"SENCO: if you don't want a child in your class, you can quite easily get them out, I mean like...

Tish: Rules can be used?

SENCO: Not even rules, I think just the way you are, with that kid, when they get to the door... You know, if Jimmy comes to your door a couple of minutes late swaggering about and you're like, get in here **now**, you're late, really rude to him and aggressive, he'll respond aggressively and it can be like, right, red card, gone, it's easy isn't it. It's easy not to have Jimmy in your class, you don't have to, you can just wind him up in two seconds, or Danny... And I don't even think sometimes that's done consciously or deliberately, it's just a response you know, oh god, there's Jimmy, oh god there's Danny, they're stressed, they're nervous, is he going to wreck this lesson I sat up last night preparing and planning and those poor other kids that want to do it and..."

Although Martin does not provoke the same level of fear and anxiety in teachers that Jimmy and Danny do, he still feels that these unfair practices are used, sometimes by other children as well, creating an easy scapegoat of him so that teacher's authority can be restored:

"Martin: And then when the kids... tell, say, like, blame it on me the teacher believes them, instead of finding out they believe them and tell me off and give me a detention for it. then you ask - and then, Mr P, you ask him a question, and he sends you out and then if umm, cause my friend X, at school he goes, um 'this stuff's boring sir', and so, so I said 'there's some interesting facts in there X!' and everyone starts laughing and then I got sent out for it! Cause I said it.

Tish: I expect you didn't think that was very fair

Martin: No I didn't, no (sounding dismayed)"

Although one of the standards explicit to teacher training programmes in England refers to 'communicating and working with others', and states that teachers need to 'communicate effectively with children and young people within and beyond the classroom, in order to build rapport and secure learning and well-being' (TDA 2008), there seems little support for this other than a link to the Every Child Matters *Common Core of Skills and Knowledge for the Children's Workforce* (ECM 2005). This is non-statutory guidance rather than mandatory for practice. The question of 'building rapport, secure learning, well-being' seems to only apply to those children who at some level adults don't fear. Just as the psychiatrist in this case seems to allow her own 'depth emotion' to over-ride her communications with Martin and his mum, many other Children's Service practitioners are creating anger, dismay, and confusion from their own uncomfortable emotions.

## CONCLUSION

This paper contains only some initial thoughts on the links between emotion and practice in Children's Services; a fuller conceptualisation will follow. Concerns that things still aren't working for children within Every Child Matters, that outcome targets for 'well-being' aren't being met, have failed to consider the influence that emotions have on the ways that children are defined and treated as a result. This treatment may be exclusion from school and all the social world that goes with it, it may be pharmaceutical intervention, it may be therapeutic work or the opening of new doors to well-being. In order to encompass some of the complexity involved, the effects to children and young may best be examined from different theoretical locations, and I have tried to demonstrate how a pragmatic, interactionist approach can be complemented by Foucauldian approaches to the power in emotions, and the normalising practices which divide us from each other. Finally, a psychosocial position can help to explore emotion, relationships, and 'depth phenomena', and with it the phenomena of trauma and healing (Hart, Blinkow & Thomas 2007).

This rather eclectic package seeks understand what are considered illogical practices, because despite the best endeavours of the enlightenment project, we are still beings who work from the irrational and the subjective: 'humankind remains subject to instincts and inner, subjective and value-based reasoning which frequently diverts human enterprise from proceeding according to the dictates of science or logic' (Dean 1997:70). My own emotions as a researcher, at all stages of the project, need to be openly interrogated with this in mind, and not ignored as unproblematic, uninfluential, or value-free. This life of feeling and values is what sets us apart from computers and logic models, and will give us the opportunities to do more than 'plastering over the cracks' in children's lives and the services we provide for them. Just as some current practice continues to make life more difficult for children with 'additional needs', there is hope that in bringing up some of these issues from the

depth into the light we might properly begin to do more than skimming the surface of children's problems from within Children's Services.

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