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# **“In the Best Interest of the Child”: Official Court Reports as an Artifact of Negotiated Reality in Children’s Assessment Centers**

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## ABSTRACT

This paper deals with the way in which official court reports are constructed at a Children’s Reception and Assessment Centre in London, England. These reports and their recommendations serve as a key resource for the court in helping the magistrate to decide what is “in the best interest of the child.” The work deals with the unequal distribution of status and power between the agency and the parents of Assessment Centre children. The analysis demonstrates how, in the case of serious differences between the agency and the parent regarding what is in the child’s best interest, the agency’s status and power advantage are used to convince the court that the agency and not the parent has the authoritative version of what is in the best interest of the child. This is done by invoking a series of strategic written maneuvers in constructing the official court report, such that the agency’s version of reality is understood by any intelligent reader to be the correct one, and the parents’ version of reality, as it appears in the report, the discredited one.

Governmental authorities and parents often have widely divergent views of the appropriate care of children perceived by the authorities to be neglected or dependent. After a child is placed in the legal custody of a child welfare agency, the courts are often called upon to make lasting decisions about the future of the child.

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A six-month participant-observation study of children's reception and assessment centers in London, England, found that child care officers invoke one of eight different recommendations. In any individual case one of these is selected and passed on to the court magistrate in an effort to assist and guide him in acting "in the best interest of the child." The recommendations are:

1. Return the child to his/her parents, subject to certain constraints imposed by the court, and monitored by the field social worker.
2. Place the child in a long-term care facility.
3. Place the child in a foster home.
4. Place the child in a boarding school.
5. Place the child in a special therapeutic setting.
6. Place the child in a training school.
7. Place children 18 or over in a "hostel."
8. Leave the child in the care of the reception and assessment center for relatively long periods of time.

This paper will be concerned with one reception and assessment center (referred to in the text as Oxford) and how the agency and staff decided which of these options to choose. The "gloss" on this process was that the decision was the outcome of the assessment (Garfinkel, 1967). The following is an outline of this process:

1. A "remand" or "care order" must be acquired from the courts.
2. A field social worker is assigned to the case.
3. A professional meeting is called.
4. A family meeting is initiated.
5. The child is given a battery of psychological tests.
6. The staff discusses the daily progress of the child at "handover time."
7. Teachers report on the child's progress in school.
8. Case conferences are initiated involving the staff, psychiatric consultants, field social worker, and parents.
9. A staff conference (or conferences) is called, where reports from all relevant parties are considered and a final assessment is made.
10. The "placement officer" assesses the availability of real options for placement.
11. The recommendations are forwarded to the court.
12. The recommendations may be accepted by the parents or contested in court.
13. There is a final outcome and the child is "placed."

These 13 steps are generally subsumed under four main stages: 1) Staff Meeting; 2) Family Meeting; 3) Report Construction; and 4) Case Conference

(final conference). Let us now consider in some detail how this scenario is played out.

While the study is based upon the author's participant-observation of staff meetings, inhouse and outside social events, tape-recorded interviews with residential child care officers (CCO's) and an analysis of official case records, this paper will restrict itself to the question of report construction. This in turn will bear upon the resolution of competing claims and realities (Lyman and Scott, 1970) of the agency staff, the children they care for and their parents. In this respect, the agency has a distinct advantage. In cases of parent-agency disputes regarding what is in the best interests of the child, magistrates tend to accept the agency's version of reality as the authoritative one. There are three primary reasons for this:

First is the battery of professional expertise the agency is able to muster to legitimate its claims. For example, there are the professional reports of the child care officers, school teachers, field social workers, and psychiatric and psychological consultants. This "scientific" evidence is weighted against the "uninformed" lay opinions of the poorly educated, and frequently unemployed parents.

Second, should these differences result in a court battle, the parents are, of course, provided legal assistance. However, such assistance comes at the level of public defender and is far from "the best that money can buy." Add to this the court's predisposition to accept the agency's recommendations and the fact that the magistrate (as well as the agency) cannot know on the basis of past experience what is in the best interest of the child. (The data that longitudinal studies could provide regarding the effects of agency or court recommendations upon the child are conspicuously absent.) We can readily see how outcomes are badly weighted against the parents.

Third, in England, unlike the United States, these evaluations take place in one officially designated place—children's reception and assessment centers. One does not shop for favorable evaluations or opinions the way one might in this country. This feature also tends to favor the agency's claims in legal disputes.

## CONSTRUCTING REPORTS

I will consider in the following discussion and analysis, how the consultants with their "scientific" outlook, and the court and family with their lay or "common-sense" perspective succeed or fail to reach some agreement regarding the child's problems. This is done through an analysis of the assessment team's final report to the court, which is comprised of three parts: 1) the psychiatric report; 2) the psychologist's report (based primarily upon the results of a battery of psychological tests); and 3) the "house report" of the residential child care officers.

These reports inform as much by what they do not say as what they do.

The author's analysis will provide alternative ways of interpreting the content and show how the consultants sought to construct matters so that the court would accept their version of reality over competing versions. The entire text is given in order to allow the reader to follow the detailed process analysis to its conclusion. The court report was prepared by the consulting psychiatrist. The analysis is based on my observations and conversations with the participants.

## **THE COURT REPORT**

### **Introduction, Paragraph 1**

This report is based on the information I have obtained from my involvement with Joan W and her family since September 1977 when she was transferred to the Assessment Centre from St. Mary's following the complete breakdown of her placement there. I have had five meetings with all the professional workers involved in her care, and in addition many informal discussions, particularly with her social worker, Miss JS, and her childcare worker at Oxford, Mr. J. The assessment practice at the Centre is to see the children with their families and not individually. I have had five family meetings with Mrs. W, Joan and Sally (her twin sister), together with Miss JS and Mr. J on one occasion in their own home. I have arranged for Joan to be assessed psychologically by Mrs. E (psychologist), who saw her originally in 1974. Because of pressure of time, I am incorporating her report here. Previous Court Reports and the three to six monthly reports on Joan made by the staff at St. Mary's throughout her stay have also been made available to me.

## **THE ANALYSIS**

### **The Analysis, Paragraph 1**

In the introduction, the consulting psychiatrist (author of the final written report to the court) outlines for the magistrate the extent of her (and other experts) involvement in the case. This serves to show that the basis for the evaluation is well founded and that their assessment of what is in the best interest of the child is in no way casual or off-handed.

### The Report, Paragraph 2

As the court is aware, our original intention was that I should attempt to make a therapeutic relationship with the W (family) by means of working with them as a family, in order to alleviate the serious emotional problems, considered by all who know them, to exist in this family. I feel it is necessary to point out that I believe it likely that the divulgence of the contents of this report to Joan and her mother and the personal appearance of myself and Mr. J in Court may jeopardize the fragile working relationship which we now have with the W (family). I recognize that this may nevertheless be unavoidable. I think it is important to point out that Mrs. W has throughout cooperated with our wish to see them as a family. Whilst what has been achieved so far is very limited, this is the first time that Mrs. W has agreed to work with a psychiatrist with her children. This may reflect, again for the first time, a covert acknowledgement by her that the family has some psychological problems.

### The Analysis, Paragraph 2

After the preliminary introductory paragraph, the report begins with the consultant stating that the original intention of the court was for the consultant to establish a "therapeutic relationship" with the family. This same consultant told the author during the taped interview that she (and the others) made no attempt at therapy inasmuch as this would be impossible to accomplish in three to six weeks (the time officially allotted by the court for an assessment). Given that the report was written in December 1977, and the therapist's first involvement in the case was September 1977, the child had already been "in care" for about 12 weeks. Could the staff have perhaps "alleviated the serious emotional problems [that] exist in this family" in that period of time? Apparently not, for we are told later in the report that Mrs. W is contesting the court order in order to gain legal custody of her daughter, and that the "professional staff are finding it extraordinarily difficult to provide her [Joan] with . . . the consistent, limit setting, but caring control which she requires." Indeed the author knows from informal talks with the staff that they consider Joan a "failure" and have given up trying.

The above characterizes the inherent dilemma faced by the consultants and staff of the Centre. On the one hand is the contention that family therapy is important to both the child and the staff, and that it should be an integral part of the as-

essment process. On the other hand is the belief that while more time was needed to do family therapy, the children were already kept longer than was in their best interest.

Leaving this dilemma unresolved, we go on to consider the question of Joan's "serious emotional problem." This too is peculiar in that we learn later in the report that "there is no evidence of formal psychiatric disorder."

Continuing on in paragraph two, the consultant notes that for the court to divulge the contents of the report to the parents or child would "jeopardize the fragile working relationship (the staff) now have with the family." Doubtless this is true; however, not to divulge its contents would also mean that the charges against Mrs. W by the agency would remain unknown to her at a time when she is legally contesting the Centre's Care Order. This is but one instance of the general case of the unequal balance of power confronting the parents of children in care of their effort to regain custody of their child.

Finally, we are told that Mrs. W's agreeing to work with a psychiatrist for the first time "may reflect a covert acknowledgement by her that the family has some psychological problems." Maybe so, but it may also reflect the fact that she is trying to oblige the judge by "cooperating," inasmuch as she is in the midst of a legal battle to regain the custody of her child for the first time as well. This is not to mention the fact that Mrs. W and Joan have steadfastly

maintained that there are no psychological problems.

To summarize, the consultant in the second paragraph, attempts to establish for the court the existence of emotional problems in the family and the need for a therapeutic relationship over and above the family's contentions to the contrary.

### **The Report, Paragraph 3**

The court is aware of the details of Joan's background, but in order to understand the present situation in which Mrs. W is contesting the Care Order again, certain important factors should be noted. Joan and Sally were born after the death of their father, and Mrs. W has been largely unsupported by family and friends throughout their childhood. I understand that Joan spent much of the first year of her life in the hospital and during her first five years had as many as five different homes. For much of this time, she was not cared for primarily by her mother. At the age of five, the girls joined their mother in England, but were soon admitted to St. Mary's nursery in 1970. From the records and from what I have been told by the workers involved with the family, from that time on there does not appear to have been a time when Mrs. W has cared for the two girls unaided. It is known that children whose early life history is characterized by frequent moves of home and changes of caretakers are predisposed to psychological disturbance in later life, and in particular to antisocial behavior

### **The Analysis, Paragraph 3**

The third paragraph in the report picks up the theme of emotional problems, and outlines for the magistrate, background material from Joan's case, which, given the consultant's psychoanalytic orientation, establishes the existence of Joan's emotional problems and their causes, and lends support to the consultant's appraisal. It does so while (and by) discrediting the contentions of Mrs. W that she is a fit mother, that it is in Joan's best interest to return home, and that Joan's "problems" do not result from her familial relationships, but from her institutional ones. The report states, "Joan spent much of the first year of her life in hospital and during her first five years had as many as five different homes," and that "for much of this time she was not cared for primarily by her mother." Furthermore, Joan and her sister were committed to a children's home from 1970-1977, and "there does not appear to have been a time when Mrs. W has cared for the two girls unaided." Allowing this, and the further psychoanalytic contention (noted in the report) that "children whose



and depression. Some of Joan's behavior noted throughout professional contact with her from the age of five may be attributed to the difficult start she had. It is worth noting that since Joan's move to Oxford, Mrs. W has been looking after Sally at home by herself, apparently successfully. It is possible that the intensive help given to Mrs. W has now resulted in an increased capacity to mother her children and may soon mean that she is able to care for the relatively undisturbed child that Sally appears to be. But there is an important difference between the two girls, in that, again from the records, it appears that Joan was less favored by her mother from her earliest years. Still today, Joan regards herself as the "mad, bad twin," and her sister as the "good twin."

#### **The Report, Paragraph 4**

Although there were times when an affectionate relationship was observed between Mrs. W and Joan, the more usual picture has been of an aggressive, attention-seeking, miserable child who was not obviously attached to her mother. She, in turn, seemed largely indifferent to Joan. As time went on, Joan became more openly defiant and aggressive towards her mother and Mrs. W's re-

early life history is characterized by frequent moves of home and changes of caretakers are predisposed to psychological disturbance in later life and in particular to antisocial behavior and depression" (she might have included suicide), and we see how the consultant has in one paragraph, discredited the mother, given support for her own assessment, and established Joan's "serious problems." Every effort is made in this maneuver to "cover the rear" as it were. After all, Joan's twin sister also experienced a broken home, institutionalization, and many of the other untoward events that Joan had, and she seems "relatively undisturbed." This is dealt with by noting that the twin was favored by the mother. If true, this and not the list of particulars noted above, may be responsible for Joan's "disturbance." The notion that broken homes or other forms of "early childhood trauma" per se, predispose to depression and/or suicide in later life has been disputed elsewhere (Jacobs, 1974).

#### **The Report, Paragraph 4**

Paragraph four goes on to characterize Joan in the family therapy interview as an "aggressive, attention-seeking, miserable child who was not obviously attached to her mother." The mother "in turn, seems largely indifferent to Joan." This observation is designed to strengthen the consultant's position regarding the existence of family problems. However, one can only wonder why, if

jecting attitude toward her became more obvious. For example, she would take Sally home for weekends but not Joan. At home, in contrast to Sally, Joan apparently carried out many household chores for her mother, and still does, presumably partly as an attempt to please and placate her mother, a characteristic of some rejected children. Nevertheless, it must be said that Mrs. W has not neglected the children's physical needs and is generous to the point of indulgence. At the time, however, when her junior school was unable any longer to tolerate Joan's disturbed behavior (e.g., throwing chairs) at the age of nine years, and a recommendation for maladjusted schooling was made; there was a shift in Mrs. W's perception of Joan. From having been seen by her mother as bad, Joan has been perceived in the last two to three years, as the victim of a destructive persecuting world as exemplified by St. Mary's Social Services, and the Educational Services. Her behavioral disturbance, whilst acknowledged by Mrs. W, is attributed solely to her experiences in care and Mrs. W draws the conclusions, based on this view, that Joan will only deteriorate further if she remains in care, but will be able to lead a normal life, albeit with help, if she returns home. Joan shows the extreme loyalty that children have for their parents, particularly when there is an intensely ambivalent relationship and hence shares publicly her mother's persecuted view and her wish for return home. But the fact of her great behavioral deterioration fol-

the mother is indifferent to her daughter, she is engaged in a legal battle to contest the Care Order and return her daughter to her home. While it was true that Joan was "aggressive, abusive, attention-seeking," and frequently "miserable," and "not obviously attached to her mother," it was just as obvious that she was that way at Oxford as well, and that she was not attached to the staff, or for that matter, they to her. Given the above, where would her "best interests" lie?

This question is especially telling when we read that when Joan is in her mother's home she "apparently carried out many household chores for her mother, and still does." This is interpreted by the consultant, (given her orientation) as "presumably partly as an attempt to please and placate her mother, a characteristic of some rejected children." Maybe so, but she rarely volunteered at Oxford to do chores in order to placate the staff. It should be noted that while the staff worked to make the house a "home," the children rarely saw it that way. In fact, it may be argued that Joan helped her mother because she *was* attached to her, and that the above gesture indicated this in some "obvious way." That the mother was also "attached" was indicated (apart from her legal battle) by the fact noted in the report that "Mrs. W has not neglected the children's physical needs and is generous to the point of indulgence."

There follows next Mrs. W's contention (within the last three years)

lowing her mother's decision to appeal against the Care Order and her increasingly difficult behavior at Oxford when this hearing was adjourned is probably evidence of her anxiety about a return home, as well as a reflection of the effect on her of a further period of insecurity. Joan has not known where she was going to live permanently for the last three years and this is a factor in her present day disturbance. Joan is a physically well-developed, attractive, and occasionally charming girl, of average ability, who has despite her difficult circumstances reached the scholastic attainments of an 11 year old. She is ambitious but finds it hard to persist in the face of failure, which she tends to attribute to external factors. She lacks confidence and her extreme restlessness means that she requires much individual attention of the sort she is likely to find only in a school, such as chalet, which she is presently attending.

that Joan's behavioral problems stem not from her familial associations but her having become "the victim of a destructive persecuting world as exemplified by St. Mary's [the Children's home] Social Services, and the Educational Services." Mrs. W further believes that "Joan will only deteriorate further if she remains in care, but will be able to lead a normal life, albeit with help, if she returns home." What's more, Joan believes as her mother does.

This contention is discredited by the consultant in the following fashion. First, upon hearing of her mother's intention to contest the Care Order, Joan exhibited "behavioral deterioration" at Oxford, "probably evidence of her anxiety about a return home, as well as a reflection of the effect on her of further period of insecurity." This "behavioral deterioration" needs to be put in context. Joan's behavior while at Oxford was according to staff, never anything "to write home about." She was always loud, abusive, aggressive, and indifferent to house rules. Indeed, she stood out in that regard. To say that her behavior deteriorated upon hearing of her mother's custody battle, is no indication that it had deteriorated from some normal state, i.e., that Joan was happy and/or well adjusted at Oxford, and unhappy to learn she might have to return home to her mother. Indeed, we have already been told that in many regards, she behaved more appropriately at home. There is also the real possibility that her "deteriorating behavior" was a

function of her relationship to the Centre's staff, and not her "anxiety" about returning home. In fact, it would come as no surprise to the author to find that Joan was in a constant state of "anxiety," given the fact that she "has not known where she was going to live permanently for the last three years," and that she had not lived anywhere permanently prior to that.

In summary, we find in paragraph four that both the consultant and mother believe that Joan's behavioral problems stem from the past. The difference is this. The consultant, because of her Freudian orientation, tries to establish Joan's problem in "broken homes," "early childhood trauma," and "maternal deprivation" (Dorpat et al., 1965). This would locate the cause of the problem in the "family dynamics." Mrs. W chose another piece of Joan's biography to focus on, the last three years (the consultant focused on the first three). This would locate the blame not in the family, but in the institutional care Joan received. Given their different "purpose at hand," their different allocations of blame are in no way surprising.

### **The Report, Paragraph 5**

There is no evidence of formal psychiatric disorder. Psychological testing, however, reveals a very emotional, immature and deprived girl functioning at the level of a six-year-old who still hopes for her early needs to be met, but tries to avoid the

### **The Analysis, Paragraph 5**

Paragraph five of the report opens with the observation that "there is no evidence of formal psychiatric disorder," but then goes on to state that psychological testing suggests "the development of paranoid traits." The psychological profile is one of

pain of disappointment by remaining relatively uninvolved with the people in her environment, distrustful and suspicious. She is miserable and angry and there is some suggestion of the development of paranoid traits. There is also evidence of a capacity to use help in the form of a psychotherapeutic relationship, but she would require a relatively stable environment for this.

### **The Report, Paragraph 6**

Her behavior in Oxford, described in Mr. J's report, at school and to some extent in the family sessions, bears out the test results. When I have seen her, usually she is rude, uncooperative, and unforthcoming. She is very restless, finds it difficult to concentrate, to listen or participate in the sessions for any length of time. She appears to be anxious, on guard all the time and very wary of her mother's responses. The discussions in the sessions are very much limited by Mrs. W's refusal to acknowledge the very serious nature of Joan's problems, which makes it difficult for

a girl who "tries to avoid the pain of disappointment by remaining relatively uninvolved with people in her environment, distrustful, and suspicious." Given her past experience and current environment, can this be viewed as maladaptive?

The paragraph ends with the notation: "There is also evidence of a capacity to use help in the form of a psychotherapeutic relationship, but she would require a relatively stable environment." Given the fact that by the time the study was over, Joan had been at Oxford for 12 months and shown no signs of improvement, one can only conclude: (a) Oxford could not provide a "psychotherapeutic relationship"; (b) Oxford does not provide a "relatively stable environment"; or (c) psychotherapeutic relationships take longer than 12 months to establish.

### **The Analysis, Paragraph 6**

Paragraph six is really an extension of the topic treated in paragraph five. Here, Mrs. W acknowledges that Joan has behavioral problems (is sometimes difficult), but does not acknowledge the existence of psychological problems. She attributes Joan's misbehavior to outside agencies, while the consultant sees them as symptomatic of psychological problems caused by family dynamics.

Joan to participate in a realistic way. But there have been indications that Joan sees herself to some extent as responsible for her actions. Mrs. W fluctuates so that on the one hand she has been supporting of the staff's attempts consistently to contain Joan's behavior but on the other hand attributes its source to outside agencies. Mrs. W has occasionally hinted that she has found Joan's behavior extremely difficult.

#### **The Report, Paragraph 7**

I have the impression that Mrs. W does not have the resources required to provide Joan with the consistent limit setting but caring control which she requires and which professional staff are finding it extraordinarily difficult to provide her within her present state. It has become apparent in the family meetings, that for understandable reasons there is little evidence of Mrs. W, Joan, and Sally functioning together as a family. There is a limited but fairly affectionate bond between Sally and Joan but that relationship is intensely rivalrous, with much competition for their mother's favors. Sally sees her sister as the "mad" one in the family and is on the whole overtly complacent with her favored position in relation to her mother. Sally is apparently socially conforming. She appears quite negative in the home. She is usually unforthcoming and sullen.

#### **The Analysis, Paragraph 7**

Paragraph seven cautions the court that Mrs. W probably "does not have the resources required to provide Joan with the consistent limit setting but caring control which she requires." Of course, the latter part of the same sentence indicates (in a badly understated way) that the staff cannot provide these resources either. We will see how this hedging strategy provides a basis for the conclusions forthcoming in paragraph nine. First, let's look at paragraph eight.

### The Report, Paragraph 8

There has been little evidence of any mutual affection, interest or respect expressed or demonstrated between Mrs. W, Joan, and Sally. In fact, Mrs. W has stated that she does not believe that girls of 12 require physical affection any longer. The relationship seems to be founded on Mrs. W supplying the girls with their material requests for sweets, cigarettes, and so on and their angry response if their wishes are frustrated. The girls show some impatience with Mrs. W's persecuted attitudes at times, but on the whole, they do not express individual opinions. The only obvious strength in the family is their fierce loyalty to one another in the face of authority.

### The Analysis, Paragraph 8

This section of the report opens with a reiteration of the fact that there seems to be little overt mutual affection between Mrs. W and her daughter. The fact that as much could be said for the overt mutual affection demonstrated between Joan and the staff, is conspicuously absent. The report goes on to note that Mrs. W "does not believe that girls of 12 require physical affection any longer." The report fails to note that if the staff at Oxford think girls of 12 require physical affection, they rarely demonstrate it. In short, if Mrs. W does not show Joan physical affection from conviction, the staff do not show it either, for whatever reason. I suspect both failed in this regard for the same reason, i.e., Joan was not a "loving child." She was abusive, "uncooperative and unforthcoming." It is not only very difficult to generate feelings of affection for a child of this sort, but even if one manages it, it is extremely difficult to display them without untoward consequences.

The report continues by noting that the mother's "relationship seems to be founded on . . . supplying the girls with their material requests for sweets, cigarettes, and so on." This comment is included not only to describe the nature of the relationship between Mrs. W and her daughters, but to indicate the staff's displeasure with parent's "bribing" their chil-

dren, and how these "bribes" serve to undo what good the staff has managed to accomplish at the Centre. However, this may be read in another way, that is, as an indication of Mrs. W's attachment to her child. The staff, for their part, preferred viewing these efforts as stemming less from generosity than guilt.

The final line notes that "the only obvious strength in the family is their fierce loyalty to one another in the face of authority." In terms of "family dynamics," this is indeed a significant strength and perhaps a key one in keeping the family together. After all, Joan and her mother have spent a lifetime dealing with authority from a disadvantaged position. That the family gains some strength in this undertaking from a "fierce loyalty" ought to be seen as a big plus. Clearly, the staff viewed it otherwise, and depending upon the context, sometimes saw such "antiauthoritarian tendencies" as stemming from "paranoid tendencies." Lemert (1962) has shown how the organizational attribution of paranoid tendencies often results in a self-fulfilling prophecy. As such, they may be not only misleading, but therapeutically counterproductive.

### **The Report, Paragraph 9**

In conclusion, I would respectfully suggest to the court that in this case there is no straightforward answer to the question as to whether there should be a Care Order or not. It is clear that if the battle over Joan's

### **The Analysis, Paragraph 9**

This leads us to paragraph nine and the beginning of the "conclusions." As noted in our discussion of paragraph seven, the strategy of hedging one's bets on what was in the child's best interest was a prelude



care, custody and control continues, her emotional development, already seriously jeopardized, will be further impaired, and as a consequence her behavior is likely to deteriorate further. Mrs. W has indicated her intention to continue the fight for her daughter whatever the outcome of this case. It is also my opinion that what Joan requires ideally is to live in a therapeutic setting where she could obtain help with her emotional problems, whilst maintaining some contact with home and her mother. It seems unlikely that this would be obtainable without a care order. It is very doubtful that Joan's behavior, rooted as it is in a long-standing emotional deprivation, is likely to alter radically if she goes home, in the long term, despite Mrs. W's belief and Joan's statement to that effect. It may be that there would be an initial honeymoon period which might last several months, but I think that eventually, the situation is likely to break down once again. Although Mrs. W has stated her intention to continue working with us if Joan goes home, without a Care Order, the past experience of Social Service with Mrs. W makes it difficult to rely on that intention in Joan's interest.

of things to come. For example, this section opens with "in conclusion, I would respectfully suggest to the court that in this case there is no straightforward answer to the question as to whether there should be a Care Order or not." This would seem an honest and straightforward appraisal on the part of the consultant. Given the preceding discussion, we have seen that there were good grounds for questioning what was "in the best interest of the child."

However, this was not the consultant's "bottom line," and the initial ambiguity is resolved in the following fashion in favor of a Care Order. First the blame was put squarely back upon Mrs. W: "It is clear that if the battle over Joan's care, custody, and control continues, her emotional development, already seriously jeopardized, will be further impaired, and as a consequence, her behavior is likely to deteriorate further. Mrs. W has indicated her intention to continue the fight for her daughter whatever the outcome of this case." Clearly, from the consultant's perspective, Mrs. W is not acting in her child's best interest. At this point, the consultant strengthens her positions by recommending what she thinks would be in the child's best interest: "It is also my opinion that what Joan requires ideally is to live in a therapeutic setting where she could obtain help with her emotional problems, whilst maintaining some contact with home and her mother. It seems unlikely that this would be accomplished without a Care Order."

What is conspicuously absent from the report is a fact that the consultant and staff were both well aware of, that achieving this ideal situation would be just as unlikely with a Care Order. In fact, therapeutic settings were unavailable, at the time or in the foreseeable future. This left the child with one of two "real options," namely, to remain at Oxford (where she has already spent 12 months) for some indefinite period of time until a therapeutic setting becomes available, or be moved out of Oxford into a "long-term care facility" of some sort, at least on a "holding basis." It is clear that these options were not ideal either. In fact, there are good grounds for supposing that, given the alternatives, returning the child to her mother was not a bad idea.

This possibility is discredited by the consultant in the last paragraph. It also effectively resolves the ambiguity about what to do with Joan found in the beginning of paragraph nine. The consultant's position is given the force of authority through the list of credentials following her signature at the end of the report. If the consultant's contention is true that "it is very doubtful that Joan's behavior, rooted as it is in long-standing emotional deprivation, is likely to alter radically if she goes home," it is equally true that it is unlikely to alter radically for the better if she remains at Oxford. Mrs. W and the staff were both convinced that 12 months there has done little to improve Joan's disposition. Furthermore, recognizing that the staff has "given up on

Joan," there is little reason to suppose that matters would improve with time.

Quite apart from what was in Joan's best interest was the staff's off-the-record concern for what was in the best interest of the other children. Joan's disruptive influence upon the Centre had made it extremely difficult for them to work with the other children. Given all of this, one might have expected that the assessment team, headed by the psychiatric consultant, would have recommended to the court that a Care Order was unnecessary and the mother be given custody of the child. We have seen that such was not the case. Part of the reason for this can be accounted for by the consultant's professional orientation to which facts in the case were important and how they were to be interpreted. Add to this, the staff's contention that "when in doubt, believe the consultant," and we can see how and why "a consensus" was reached and the report took the form it did.

The question arises, given the procedures noted above and the greater authoritative weight the court tends to attribute to the agency's version of reality, is it likely in any particular case that the best interests of the child are served? To be generous, the author feels that such outcomes are problematic at best.

## **RECOMMENDATIONS**

Having outlined the functioning of English Children's Reception and Assessment Centres with respect to how recommendations are made and presented to the

court, let us consider briefly some clinical implications of this analysis. First, and perhaps foremost, is the fact that there is little basis in past experience to assess what course of action, if it were ideally available, would be "in the best interest of the child." Neither the court nor the agency personnel have ever collected the longitudinal data necessary for such an evaluation. The assessment is made (the staff proposes), and the court disposes. The effects of these recommendations and dispositions for any child, or collection of children remain unknown. To begin at the end, the author recommends that private research firms or state agencies skilled enough, collect such data, evaluate it and present their findings, not just to the child care officers and consultants, but to the court. Without these data, the efforts of the court and agency personnel to act in the child's best interest are likely to be more random than rational. Second, for the agency and allied personnel (including the courts) to have some reason for existence, the choice of which of the eight available alternatives listed on page one would be best for the child must be seen as problematic. This was after all the basis for the evaluation in the first place. Child care officers at the agency studied did not view matters this way. All were convinced before the assessment that returning the child to his/her home and natural parents was always best. Other therapists, including Anna Freud, were also of this conviction. This contention rested not upon the belief that things at home were good for the child, but that they would be even worse if the child were committed to a boarding school, foster home placement, or long-term care facility.

Alternatively, if one of the eight options for placement seemed better than returning the child home (a least-bad choice) it was a good bet that option (if recommended) would not be available. This would lead to an alternate placement, viewed by staff as worse than returning the child home.

Notwithstanding this dilemma, and the staff's belief that the child's best interest would probably be served by returning him/her home, staff frequently recommended one or another form of "care." After all, to have done otherwise would have made both the evaluation and the evaluators redundant.

Given this situation, the staff at Children's Reception and Assessment Centres need to be convinced of the relative virtue of available real options, or if the staff was correct in its assessment (and London Social Services wrong) new real options should be made available for children in need.

A final recommendation has clinical implications not for the child or staff but for the parents. When serious disputes occurred between the agency staff and parents (such as those outlined in the above Court report) the staff sometimes sought to discredit the parents' position by discrediting them. Some of the ways in which they attempted to do so have been considered in "The Analysis" above. Another maneuver was their attempt to label the parent "paranoid." Some of these labeling attempts were undertaken in bad faith. A quote from one of the child care officers is illustrative.

One of the advantages of sometimes having a full care order is that if you're working with the family, when the child comes into care, you take responsibility away from them [the parents]. And when you're working with a family and things are looking like the child may get home again, you're handing them [the parents] back the responsibility. But the big chunk of responsibility is to say, right, we're going to give you responsibility for yourselves and Mary [the child], we're revoking the care order. . . . So you get it [the responsibility] all back [if you act responsibly].

Such covert behavior by the agency was not done vindictively or with the intent of punishing either the parent or the child. Rather it was an altruistically motivated strategy intended to encourage safe and responsible behavior by the parent. However, good intentions aside, such practices were less than honest and to the extent they were recognized or suspected by the parents, it gave them good grounds for their "paranoia." One rather obvious recommendation in such a case is that the staff act in good faith to generate good faith. Covert behavior of the sort noted above is unlikely to generate "basic trust."

## CONCLUSIONS

The above analysis goes to great lengths in its interpretation to maintain the "ethnographic context" in which the report construction actually occurred (Schwartz and Jacobs, 1979). The author was privy to all sorts of information and understandings not shared by the reader and/or, in some instances, particular members of the agency staff. It is this information and understanding, accumulated by way of the author's accepted but marginal status in the agency's everyday workings, that allows for his being able to "read between the lines" and "fill in the gaps." It is probably clear by now, how reconstructing what was not said or acknowledged was as important to reconstructing the negotiated reality of the report, as presenting what was said.

It should be noted that the author does not intend the reader to accept the above analysis solely as an academic exercise. These reports serve for the court magistrate as a key source of information upon which he/she must decide as to what is "in the best interest of the child." Such decisions routinely effect the lives of thousands of children. The problematic statements and recommendations they contain, based upon the negotiated reality of the participants and their different goals, tacit understandings, and background expectancies (Garfinkel, 1967) should be better appreciated by magistrates, agencies' staff, outside consultants and all other persons associated with the assessment process. Such an appreciation would go far toward insuring a more just treatment of assessment center children and their families.

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