Disentangling an Invisible Trade

To Bertjan and Loes & Theo

Disentangling an Invisible Trade

State Interventions in Dutch and Dutch-Curaçaoan single-mother families

Het ontrafelen van een onzichtbare uitwisseling
Staatsinterventies in Nederlandse en Nederlands-Curaçaose alleenstaande-moedergezinnen
(met een samenvatting in het Nederlands)

Desenredo di un Interkambio Invisibel
Intervenshon di Estado den famia di mamanan soltero Ulandes i Kurasoleño-Ulandes
(ku un resumen na Papiamentu)

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Chapter 1

An introduction to state interventions in single-mother families

1 Aim and focus of the study

This book is about state interventions in so-called multi-problem families. Official state policy on 'multi-problem families' in the Netherlands is premised on the belief that children must be prevented from developing behavioral and emotional problems, shielded from child abuse and neglect, and are consequently to be protected against parents who fail to consider their interests in this respect. 'Multi-problem families' are characterized by the presence of a variety of problems, such as debts, unemployment, poverty, causing a nuisance, child maltreatment and juvenile delinquency, and risk factors, such as single-mother parenting, a low social economic status and originating from an ethnic minority (e.g. Steketee and Vandenbroucke 2010; Zoon 2012). Hence, child neglect, maltreatment, juvenile delinquency and multiple problems in families are often seen as closely connected.

'Multi-problem families' are also frequently associated with voluntary and compulsory (legal) Youth Care (*Jeugdzorg*) and Child Protection interventions and, moreover, with high-profile family dramas. Those dramas receive a great deal of media attention, particularly since the Savanna case in 2004 that caused a public outcry in the Netherlands (Kuijvenhoven and Kortleven 2010; Youth Policy 2013). I here present just two examples of news items that attempt to represent 'multi-problem families'. On 26 January 2013, an article in a local newspaper *Noordhollands dagblad* reported on 'multi-problem families' as follows:

> "A multi-problem family in a tiny cottage. It is blue with smoke, bottles of beer lying around and children jumping around without any control".

A leading Dutch national newspaper *de Volkskrant* stated on 22 December 2011:

> "In the case file Melissa (28) and her daughters Ebony (8) and Precious (4) are described as 'MPF', which is a 'multi-problem family'. The situation of

the family two months ago was very clear: enormous debts, a neglected household, a cockroach infestation and an eminent eviction".

The two newspaper excerpts show how 'multi-problem families' are portrayed as 'stereotyped' anti-social families in the Dutch media. The two examples reflect only certain aspects of these family situations. The case in Excerpt 1 below demonstrates the different problems with which a Dutch-Curaçaoan single mother, named Martina[1] (33-year old), is confronted and how she perceives her own situation.

Excerpt 1. Martina's compiled narrative in 2011

Martina has two children: a fifteen-year old son Giovanni and a five-year old daughter Jara who has been placed in care. Martina has incurring debts, does not speak Dutch very well and has no job. In 2007, Martina voluntarily went to institution A to obtain help in finding suitable housing, applying for unemployment benefit, taking Dutch-language lessons and finding a job. However, this help was not very effective since Martina was left with many problems.

Then Martina became pregnant with her second child. Her living conditions were regarded as poor, not only by herself, but also by social worker B and agency C. She was given a home and gave birth to Jara. Jara's father was living with them, but their relationship soon ended and Martina had to raise Jara by herself. Martina developed health problems. She obtained help from social worker B concerning her financial administration and financial problems. She received letters from agencies, creditors and bailiffs and often did not understand the (legal) contents of these letters. Social worker C came into the picture to help Martina with her financial situation. At a certain moment social worker C started to interfere with Jara's upbringing; Martina and the social worker fell out about this, albeit, overall, Martina was satisfied with the help that she received from social worker C.

At the instigation of social worker C, Martina's intelligence was tested and it appeared that she had a mental disability. Therefore, didactic support was requested and social workers D and E came into the picture. Social worker C left. Social worker D mostly focused on Martina's financial situation while social worker E focused on Martina's and Jara's well-being and also helped with Jara's upbringing. When social worker D was transferred to another region, social worker E's work was intensified. In the meantime, Martina had found a job and slowly began to pay off her debts. Social worker E gradually started to interfere with Martina's life and aspects such as Jara's diet and the layout of her home. At a certain moment, this resulted in a disagreement.

One day, Martina and social worker E brought Jara to the daycare center. When coming home from work, Martina found out that Jara had been picked up by social worker F and had been urgently placed in foster care. This was too much for Martina. Social workers E and F were now out of the picture and the same

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1   Martina's name is fictitious as are all the other names of individuals and institutions mentioned in this book.

was true for their replacements, social workers G, H and I. Since being placed in care, Jara has lived at four different locations and is now displaying problematic behavior.

Martina's financial problems have become worse during the last few years and she cannot make ends meet with the € 50 she receives on a weekly basis. She needs special medication and she incurs travel expenses when visiting Jara (once every six weeks). These travel expenses are being reimbursed, but it does force Martina to travel without a ticket. This leads to fines that she cannot pay. Partly because of this, Martina sometimes does not turn up for appointments that she has with the social workers and other authorities. This is held against her; she cannot lay claim to certain arrangements and the chances of Jara living at home again have become significantly small.

Martina is currently not doing well. She is very worried because her problems are continuing and some of them have become even worse. She also worries about Jara's wellbeing and future since it is unlikely that she will live at home again. Due to this situation, Martina is at her wits' end and is even thinking of committing suicide.

Whereas the media often give an image of families with multiple problems as being disordered and dysfunctional, Martina's case shows the complexity of the problems that many of these families face. As we can learn from Martina's case, different interrelated and dynamic factors, circumstances and/or problems[2] are present at various levels: 1) with Martina, 2) in the interactions with social workers, and 3) in the system of social services. These 'problems' often go together and emerge at different moments and in different forms and, within this complex family situation, every intervention must have the endeavored effect to make the whole process a success. In such circumstances it appears to be difficult to provide effective care and help to such a family in either a voluntary framework of family care or a legally mandated compulsory state intervention, namely child protection. In reality, this appears to be very difficult to realize in families like those of Martina's and poses questions as to why state interventions in the Netherlands have so little effect in addressing the families' problems.

In general, voluntary care for multi-problem families is considered to be ineffective and inefficient despite the high costs involved (cf. Dutch Inspectorate for Youth Care 2012, 2013; Van der Steege 2009, 2011; Van den Broek et al. 2012; Knot-Dickscheit et al. 2011; ZonMw report 2013). Hence, partly due to the insufficiency of voluntary-based interventions and risk aversion policies which seek to prevent (possible) problems (cf. Parton et al. 1997; Beddoe 2010; Coussée et al. 2010), the number of compulsory state interventions in the form of supervision orders (*Ondertoezichtstellingen van de staat*) increased by more than 150 per cent from circa 30,000 in 2002 to circa 50,000 in 2011

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2 Strikingly, the mothers did not always experience a 'problem' as a problem but as a mere circumstance (Verhallen 2013).

(Berends et al. 2010; Youth Care Netherlands 2011; Statistics Netherlands 2011). According to Clarijs (2013: 115) 40,000 children are placed in care annually. The demand for Youth Care is expected to rise even further between 2011 and 2017 (Sadiraj et al. 2013). Particular groups, such as single-mother families, are identified as being at risk and are therefore highly overrepresented in the Child Welfare and Child Protection System. They comprise more than 75 per cent of the total number of supervision orders (Komen 1999; personal communication August 2014).[3] Particularly Dutch-Curaçaoan single-mother families and Dutch-Moroccan families are seen as a risk, due to a significant overrepresentation of male adolescents in recorded crime (cf. Van der Leun, 2010; Distelbrink and Pels 2008; Van San, De Boom and Van Wijk 2007; Jennissen and Blom 2007, Nicis Institute 2010).

In March 2009, it was decided in a collaborative research proposal to conduct an explorative ethnographic study of thirty single-mother so-called 'multi-problem families' of either Dutch or Dutch-Curaçaoan origin to investigate whether ethnic differences between the families could explain the ineffectiveness of state interventions.[4] After I took up the project, I decided to move away from this initial comparative focus on ethnicity as an isolated explanatory factor because the assumed ineffectiveness of state interventions could be explained by other factors than ethnicity. Instead, I decided to take a holistic view to scrutinize from the inside the implementation of state interventions in and their impact on these families. The longitudinal approach that I have adopted combines an ethnographic study on families who are subjected to state interventions, with a critical discourse analysis of social work encounters taking place in these families. This approach is relevant because it reveals the 'invisible trade' of the assumptions, practices and interactions in family care and child protection. This dimension is generally overlooked; my ethnographic inquiry is especially suitable to uncover state intervention processes in families (see Hall et al. 2014: 80).

Hence, the purpose of the present study is to seek an answer to the following core question:

How are state interventions in the Netherlands shaped by institutional discourse and power asymmetries in the encounters between single-mother families with multiple problems and state representatives, social workers in particular?

It does so through an explorative longitudinal ethnographic study of (1) the life-worlds of thirty single-mother 'multi-problem families', such as Martina, and (2) by analyzing their successive and multi-sited encounters with state representatives exercising interventions.

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3   This concerns e-mail from a confidential source.
4   The background of the applied research project, upon which the ethnographic study draws and which underpins this book, is described in more detail in Appendix 1.

It is essential to focus on how state interventions take place in families because of their 'invisibility' to the public. An investigation on the single-mother families' lives and the state intervention processes exercised in these families from the mothers' perspectives and experiences, as opposed to a service provider perspective, is crucial to improve the effectiveness of state interventions (e.g. De Vries 2006; Pijnenburg 2010).[5] Recently, Clarijs (2013) carried out a study to scrutinize the ineffectiveness of state interventions through a public administration and historical focus on the Dutch Youth Care system. In addition to his approach, this study uses an ethnographic perspective to examine the interplay between the service providers (the state representatives[6]) and the service users (the single-mother families); to date, this interplay is seen as key in obtaining successful intervention outcomes (e.g. Knei-Paz 2009; Sousa et al. 2006; Ribner and Knei-Paz 2002) and has not been sufficiently investigated (Hall and Slembrouck 2009; Hall et al. 2014).

Because a state intervention is mainly communicative work (Fairclough 1992; Hall et al. 2014) an analysis of the interactions between the mothers and the state representatives is necessary for understanding how state interventions are exercised in single-mother families. This study argues that one must focus on successive and multi-sited interactions between the state representatives and the mothers in order to understand and reveal how state interventions take place in single-mother families. Inspired by Fairclough (1992, 1992b) I constructed a methodological framework to scrutinize the successive social work encounters using both an inductive ethnographic process – i.e. empirically-grounded categories (Glazer and Strauss 1967) on the meanings of the life-world of the interactants vis-à-vis institutional discourse[7] – and a deductive process – i.e. power differentials informed by concepts of institutional discourse (Agar 1985). The object of this study is, after all, to scrutinize how state intervention processes take place in practice and, by doing so, it endeavors to reveal the power relations behind the interactions and discursive practices which play a major role in shaping these intervention processes.

The aim of this book, as the title indicates, is to disentangle this so-called invisible trade. The notion of 'invisible trade' refers to Pithouse's (1998) apt observation that social work takes place behind the scenes away from the public gaze in private 'places', such as behind the front doors of family homes.[8] The

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5 These authors call for research on service consumers' perspectives and experiences because their opinions are (even) more important for assessing the effectiveness of state interventions than the perspectives of service providers.

6 These include: policymakers, a broad range of (frontline) social workers who support the families in a voluntary framework, a broad range of state representatives who exercise compulsory (legal) interventions, such as family supervisors, child protection board members, juvenile court judges, lawyers and police officers.

7 Meaning is intersubjectively determined, i.e. socially constructed (Bernstein 1991).

8 I refer here to the national policy document of the Ministry of the Interior and Kingdom Relations (BZK), called 'achter de voordeur aanpak' [behind the front door approach] in 2012.

concept of 'trade' refers to the apparent driving forces, namely institutional interests, behind the interaction between state representatives and the single-mother families. Therefore, the following four research questions derived from the core question are central to the next four chapters of this book:

1. What is, according to Dutch policymakers, a 'multi-problem family', and what consequences does the definition of 'multi-problem family' have for social workers in practice, in terms of defining, selecting and recruiting families?
2. What is the role and the institutional function of institutional (re)diagnosis in the process of state interventions carried out in the single-mothers families?
3. How does institutional discourse shape a child protection interaction between a mother and a family supervisor in practice, and how does the child protection interaction, in turn, shape the institutional discourse in which the interaction is embedded?
4. Which interrelated epistemological, methodological and ethical dilemmas did I encounter in my ethnographic research on single-mother families experiencing child protection interventions, and how did I navigate these conundrums?

Below, I will first clarify some important concepts that emerge from these questions and that I often use throughout this book.

State interventions
The concept of state interventions in this study concerns 'multi-problem family' interventions, which draw on the Dutch national policy on 'multi-problem families' (BZK 2012). Since there are in practice more than one hundred types of family interventions (Tabibian 2006), this PhD thesis makes a global distinction between family interventions in a voluntary framework, like for instance child-rearing assistance and assistance with financial administration, and family interventions in a compulsory (legal) framework which involves child protection interventions. These interventions include: a supervision order (OTS), an extended supervision order (VOTS), being placed in care (UHP) and the abrogation of parental authority.

Compulsory versus voluntary state intervention
Families can either apply for care on a voluntary basis or become subjected to compulsory state intervention. Since there is no uniform definition of what a voluntary and compulsory state intervention entails, it is difficult to make a clear distinction between them. In this respect, Harding Fox (1997) describes that social work as a profession can take different positions along a continuum from voluntary service-user involvement to compulsory state intervention. I consider an intervention to be 'voluntary' if the family can 'walk away from it', i.e. they can decide that they no longer want to be involved therein without legal

consequences, and a compulsory intervention is then an intervention whereby this is not possible. The latter includes the child protection interventions implemented by a family supervisor since a juvenile court judge legally establishes these orders.

Multi-problem families
As opposed to the 'multi-problem family' terminology, this study prefers to use the term 'family with multiple problems' and this is used throughout the ethnographic study *in dialogue* with the families involved for two reasons. First, the adjective term 'multi-problem family' has been criticized in the international literature by the argument that it stigmatizes and reifies 'multi-problem families' (see also Sousa et al. 2006; Verhallen 2013), thereby doing more harm than good to the families as well as to the researcher-participants relationship. The second reason is that there is no uniform definition of 'multi-problem family' (see Chapter 2) while the notion 'families with multiple problems' simply refers to a family that *has* multiple problems.

Albeit this book does not focus on the complexity of the problems of the single-mother families, which were discussed elsewhere (see Verhallen 2013), I acknowledge that the families' problems (or circumstances) play a major role in the possibilities for and the limitations of state interventions. I identified 43 different 'problems' in the thirty families under scrutiny. The ten most important problems are: financial situation, health problems, no steady job or education and income from informal or criminal activities, didactic questions or problems, problematic behavior of the children, sexual abuse of the mothers in the past, problems with an ex-partner, physical life circumstances and/or living in an insecure neighborhood, the low IQ of the mothers, an insufficient understanding of the Dutch language and, in particular, a limited understanding of legal correspondence.

2 Conceptual framework

The empirically grounded theory of Agar (1985) on institutional discourse functions as a thread in this book in order to disentangle the state interventions in the single-mother families. This is viewed as both a mode of representation and a tool for the construction of reality. Institutional discourse unravels the 'invisible trade' phenomena step-by-step descending from the macro-level, via the meso- and micro-, to the ego-level. I will first explain the 'bare bones' of Agar's theory (Agar 1985: 166),[9] supplemented with insights from others, and

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9   In my view Agar's notion of 'bare bones' refers to the fact that despite endless case studies on Institutional Discourse there remains an insurmountable gap with Grand theories on discourse, such as Foucault (1984) and Habermas (1979) who theorize discourse as an expression of the social order. Simply put, one cannot verify 'grand discourse' and one cannot fully capture it either.

then link it with the descending order of how state interventions (re)produce institutional discourse at the level of analysis.

Institutions play a central role in the production and maintenance of social order through, for instance, the distribution of services to citizens. These powerful organizations serve to a substantial extent as "arbiters of opportunities in society" (Mäkitalo and Säljö 2002: 58) and are "designed to repair" (Agar 1985: 149). Institutional discourse theory serves as an intermediate-level framework whereby it tries to link human contact that led to the discourse and the broader characteristics of the society in which it was embedded (Agar 1985). According to Agar there are common patterns that characterize institutional discourse, as it "must accomplish three things" (1985: 149). The first function of institutional discourse is diagnosis.[10] An institutional representative must diagnose the client in order to fulfill institutional tasks or agendas. S/he must define who the client is. Of crucial importance are the following questions: to whom does the institution provide services, and/or for what reason is the client in contact with the institution (Agar 1985)? Diagnosis thus refers to the 'problem-definition aspect' of institutional discourse (Sarangi and Candlin 2011: 9). It is a prerequisite because institutions provide a limited number of ways, i.e. institutional frames, to describe clients, their problems and the possible solutions (Agar 1985). A diagnostic label is a form of categorization that is constructed on the identification of specific 'signs and symptoms' (Sarangi and Candlin 2011: 7). It constitutes the institutional reality for further action. In a similar vein, Mäkitalo and Säljö (2002: 59) describe that institutions think in terms of categories, and are organized through concrete categories in order to pursue their tasks. They state that categories express and rely on *indexicality* (Mäkitalo and Säljö 2002: 62). Hence, a certain diagnosis is not only embedded in a moral order but also an accomplishment of social order. It is furthermore 'activity bound' (Sacks 1992).

Diagnosis is the process through which the institutional representative fits the client frame to the institutional frame (Agar 1985: 149). These frames may misalign. At the institutional level, a client may be wrongfully diagnosed because of institutional mistakes. Also differing interpretations of institutional representatives have consequences for the diagnosis of a client. This may occur through processes of 'recontextualization', which in general involves the transformation of spoken interaction into written language, or a variant thereof, namely 'bureaupretation', which concerns the strategic reformulation of a client categorization to fit the institution's agenda (Sarangi and Slembrouck 1996: 43; Sarangi and Candlin 2011: 8). In addition, frames may also mismatch because clients have their own views about themselves, their problems and the

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10 It is important to distinguish between diagnosis in Anglo-Saxon language/institutional discourse whereby the connotation of diagnosis refers to 'medical' diagnosis (Danaswac conference 20 August 2014) as opposed to Dutch language/institutional discourse whereby diagnosis implicates a state of affairs.

relationship with the institutional representative (Verhallen 2013). However, although clients may resist the diagnosis, as diagnoses are often deficit oriented, institutional representatives have the authority or power to generate consequences; they make the identification matter regardless of whether the client agrees or disagrees (Caswell et al. 2010).

Hence, the second function of institutional discourse, and one of the goals of diagnosis, is to provide directives. The directives can be seen as the problem-solution aspect of institutional discourse (Sarangi and Candlin 2011: 9).[11] Institutional representatives direct the client to do certain things and/or direct other colleagues or institutions to do certain things to, or for, the client (Agar 1985: 149). This means that services are distributed according to top-down directives through the socially constructed ideas of diagnosis, for instance through categories of normality or abnormality. The directives determine what actions are taken as well as how the life of the client is shaped by the endeavor. The role of language plays a vital part herein, as it is a powerful instrument to construct certain 'realities'. It may therefore, in the institutional process, render the 'reality' of the client or other state representatives invisible and/or illegitimate (Fairclough 2000). Institutional language[12] is not neutral and embedded in an asymmetric setting (Agar 1985; Marková 1991; Drew and Heritage 1992; Slembrouck and Hall 2011). Hence, the most powerful language is primarily produced by the language of the powerful, which, by means of certain topics or questions (or forms of questioning) controlled by the institutional representative, comes together in the report (Fairclough 2000; Agar 1985: 150-152).

The third function of institutional discourse is the report in which the institutional representative establishes the 'reality'. A report is another sense-making device that may hold the state representative accountable for decisions (not) made, advice (not) given, and actions (not) taken (Garfinkel 1967; Sarangi and Candlin 2011). "A report is the summary of the institutional discourse that the institutional representative produces" (Agar 1985: 149). Agar describes that the client may not be present when the institutional representative generates a report, which may be in written or oral form. Moreover, the report may be directed only towards other institutional representatives and not towards the client whereby it remains hidden for the client. "The institutional frames prescribe how a report should look and what it should contain" (Agar 1985: 149). This means that the professional discretion of institutional representatives is limited, whilst the report is crucial because the progress of the diagnosis is measured along these frames. This indicates that a report is an example of

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11   What exactly constitutes a diagnosis or directive can be disputed within and across institutional orders (Sarangi and Candlin 2011: 9).

12   I define institutional language as language between one citizen (a citizen of a modern nation/state) and a representative of one of its institutions (see Agar 1985: 147).

institutional representative control of the outcome of institutional discourse (Agar 1985: 155). Additionally, the report can be the basis for new directives.

Agar (1985: 152) describes that in the verbal dance of producing institutional discourse through diagnosis-directives-report[13] the institutional representative takes the lead over the client, because institutional discourse is by definition oriented toward obtaining an institutional goal.[14]

In line with Foucault (1984) and Habermas (1979), Agar concludes that:

"Even a motivated institutional representative/client pair can do little to alter the institutional discourse. An institutional representative can be more sympathetic and the client can be more manipulative, but that is about it. […] You cannot fight city hall, unless of course you are a judge or a corporation executive officer" (1985: 165).

Hence, we may conclude that institutional discourse is very powerful and is intertwined in the intervention practices, which are mainly transferred by, and utilized and produced in, the face-to-face interaction between the institutional representatives and the clients. Borrowing Maynard's words:

"Language and interaction operate as a site for the exercise of control, dominance, resistance and other activities ordinarily associated with struggle at the level of social structure [social order]" (Maynard 1988: 31).

Throughout this book the institutional discourse theory will be used as a lens to view and analyze the empirical data at the different levels.

3 Disentangling child protection interventions

Macro-level
At the macro-level of Dutch society, the Law on Youth Care (the Youth Care Act) prescribes, firstly, that high-quality care must be available to children and their parents who are in need thereof, and secondly, to strengthen the (at risk or problematic) position of children and their parents (Bosscher 2014). Based upon this point of departure, Dutch policymakers must formulate social welfare policy, which is for instance established as 'multi-problem family' policy in the Netherlands (BZK 2012). The first step is therefore to define upon whom the 'multi-problem family' policy focuses. This is where the 'invisible trade' begins to unfold.

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13 This sequence is not fixed and can develop in different ways (Agar 1985).

14 An institutional goal may be a priori formulated by the institution or institutional representatives or may arise in situ dialogue (Juhila and Abrams 2011) between the client and the institutional representative. Institutional goals are thus also situationally accomplished because they are intersubjectively established by the different interactants.

At the local level of policy, policymakers determine 'multi-problem family' policy. They must distinguish between normal and abnormal families in order to categorize 'multi-problem families'. By so doing, they outline the directives for social work professionals to implement 'multi-problem family' policy since certain types of families are already earmarked as 'multi-problematic'. Through processes of 'bureaupretation' (Sarangi and Slembrouck 1996: 43) the social work professionals translate 'multi-problem family' policy into social work practice, and therewith they determine who is eligible for 'multi-problem family' support. However, the aim and targets of 'multi-problem family' policy do not automatically correspond with the reality of social work professionals due to constraints of managerialism, risk aversion, bureaucracy, ICT, a lack of time and large caseloads (cf. Parton et al. 1997; Lonne et al. 2009; Munro 2010; Tilbury 2002; Verhallen 2013).

Also at the implementation level several power differentials play a role, as the different social work professionals must achieve their own institutional targets, goals and interests. There are, for example, differences between the managers of social service agencies and the social work professionals but also among the different social workers – 'voluntary-based' social workers are less powerful than the legal authoritative family supervisors who work with the families in a compulsory framework and who put child protection interventions into practice.[15]

The 'frontline' municipal social workers of 'multi-problem family' policy, also known as 'street-level bureaucrats' (Lipsky 1980), use their professional discretion in deciding which services are eligible for the 'multi-problem family' in question (Östberg 2014). In most cases, the social workers must think in terms of categories in order to provide the 'multi-problem family' with support. Based upon the way they classify families, for example as normal or as 'multi-problem', they diagnose certain (multi-problem) families for state interventions. The macro-level will be addressed in Chapter 2.

Meso-level
The longitudinal process of state interventions in the single-mother families with multiple problems is my focus at the meso-level. As was briefly mentioned, the social work profession is inherently political since it is shaped by the policy context in which it operates. Single-mother families with problems may voluntarily ask for social work assistance or child protection interventions, albeit the latter form of support is often coercively, as opposed to

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15　However the latter group appear to have less professional discretion (see also Axford 2009; Verhallen 2013) for diagnosis with distinct eligibility criteria because of the strict guidelines outlined, their legal mandate and responsibilities to protect children from harmful situations, and to prevent false-negative cases from occurring.

voluntarily, carried out in families through family supervisors.[16] 'Just walking away' and 'neglecting one's position' as a single mother is not possible, or has, at a minimum, severe sanctions and consequences for the mother in question (Juhila and Abrams 2011: 287). Social problems are here addressed on behalf of the state through the legal frameworks provided, which Payne (2006) calls the social order approach. Child protection interventions take place within a contradicting framework of both care (for the family) and control (preventing the child from suffering undue harm) (Van Nijnatten et al. 2001). Hence, the setting in which state interventions are carried out is by definition asymmetrical (Juhila and Abrams 2011).

At the institutional social service level, the three functions of institutional discourse (Agar 1985) – diagnosis, directives and report – are important in exercising state interventions in families, whilst the social work relationship is, particularly with reference to the family supervisor's legal mandate, exceptionally asymmetrical – due to the caring and controlling nature of the relationship that accompanies the family supervisor's involvement (Garland 1985; Blewett 2008: 239).

Additionally, over the years of state interventions in the single-mother families, the different institutional representatives involved repetitively diagnose the families, through using directives and reports. This recurrent process is not only essential but also typical for state intervention processes in the families in order to obtain institutional tasks, goals and interests (see Agar 1985). The meso-level is the focus of Chapter 3.

Micro-level
The third level to be analyzed to unravel the state intervention processes is the actual implementation of state interventions in a single case; how a family supervisor carries out child protection interventions in a family. Through a micro-level perspective we gain an insight into the asymmetrical setting in which the interventions take place, the controlling and caring roles of the family supervisor and how diagnoses, directives and reports are repeatedly produced in practice.

Because a state intervention is to a large extent a discursive event (see Fairclough 1992), the face-to-face child protection interaction between a family supervisor, a social worker in a voluntary framework, and a single mother is the crucial site. The child protection interaction is embedded in an institutional setting, in which both the family supervisor, the social worker and the mother use, produce and negotiate their identities (Juhila and Abrams 2011: 281-283). In doing so, they may orientate to the institutional setting, (professional) knowledge, cultural categorizations, 'the interaction order' (Gofmann 1983) and the larger child protection policy context (Juhila and Abrams 2011).

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16 The family supervisors, and also the social workers delivering services in a voluntary framework, "serve as agents of the state" (Gibelman 2004: 96).

Neither the family supervisor, nor the social worker and the mother can escape the asymmetrical setting, which underpins intervention practices and underwrites their knowledge. Moreover, child protection interactions are never value-free because institutional discourse is, at the micro-level, task-driven and goal-oriented whereby the professional judgment of the family supervisor is key (Sarangi and Candlin 2011; Taylor 2011; Slembrouck and Hall 2011). This is accompanied by limitations on language use (in text and talk format) and participation, which is further complicated in intercultural or interracial settings, as this involves access to knowledge and social mobility (Sarangi and Candlin 2011; Erickson 2011). Hence, the essence of how professional child protection practice manifests itself, as a strategy to safeguard institutional interests, is determined at the micro-level. Chapter 4 delves into the micro-level context of the intervention practice.

4 Epistemics

Ego-level
Whereas at the macro-, meso- and micro-levels the conceptual framework concerns the object of study, the ego-level involves the epistemic position of the researcher because it is in my view important to be straightforward in how I have assigned meaning to the empirical data derived from the study at hand. Hence, I provide an insight into my way of data analysis with reference to the aforementioned levels on which this study relies. Moreover, issues of power and knowledge did not exclusively play a role at the different sites of study but are also brought in by the researcher.

This fourth step aims to explain my epistemic position and frame of reference in observing the encounters between the single mothers and the family supervisors (and also the other state representatives involved), and how I subsequently interpreted and analyzed these encounters through a critical discourse analytical perspective. Critical discourse analysis functioned as both a tool and an approach to analyze the social work encounters.

Partly inspired by postmodern epistemology, I view reality as being socially constructed.[17] This paradigm emphasizes that there are no universal truths but competing epistemological claims, which are situated in particular contexts. Its validity depends upon acknowledging different perspectives. Truth claims are viewed as the product of discourse and are neither value-free nor ideology-free (Foucault 1980; Bourdieu 1986; Habermas 1979; Gergen 1999; Bernstein 1990; Giddens 1991; Miller 2003).

In contrast, positivism, or the Enlightenment epistemology, underlies a dominant approach to knowledge acquisition in the Western world (Sexton 1997) that is commonly associated with the conviction that there is an objective

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17 I am aware that there are many interpretations of 'postmodernism' (see Slattery 2013). I refer here to the general 'postmodern' conviction that reality is socially constructed.

reality and that it is therefore possible to discover and claim truths about reality by using its tool, i.e. science (Anderson 1997; Hansen 2010). The constructivist approach that I favor rejects such an essentialist and reifying epistemology, as there is no singular (or correct) essence. Any perception may be justifiable depending on the needs of a particular group of receivers (Hansen 2010).

Cultural, ethnic or class differences were often noticeable in the child protection interactions between the state representatives, the single mothers and the researcher. These differences should be *Verstehen* and not be judged (Abel 1948; Wimmer 2008; Rampton 2011; McCarthy 2011; Clapton et. al 2013; Korbin 2002).[18] By means of *Verstehen* or "thick description" (Geertz 1973), which is a tool/method for explaining with as much detail as possible the reason behind human action, I aim to understand the social realities of the single mother and the encounters that shape child protection interventions.

In line with the postmodernist paradigm, I do not claim that my knowledge is 'objective' and my view is 'the truth' (see Miller 2003) because historical, political and socio-cultural contexts shape subjective 'truths', i.e. how people give meaning to themselves and others (Gergen 1999; Bernstein 1990). Hence, I am interested in re-constructing the behavior of the participants involved, as social action is produced in dialogue. Hereby I endeavor to avoid generalizations and abstractions – due to the limited dataset and the unique nature of each family situation, and to provide the reader with a thick description analysis of what was said and done.

As applied to the fields of social work and child protection, positivism presumes that a truth exists about the condition of single-mother families and their children, and that these conditions could be known. In line with this, social work practitioners, as agents of the state, reify human difference as 'deficient' (Slee 1993; Anderson 1997; Hansen 2010; Rogers 2011; Hennum 2011). Kahn (2013) and Anderson (1997) describe that this approach has led to the establishment of deficit-based classification systems, which categorize human behavior into normal and deviant/abnormal. These systems shape hierarchies of knowledge, language and power (Foucault 1980; Fairclough 1992) and position social workers and family supervisors as the holders of truth about the families' lives (Anderson 1997; Gergen 1999; Carlson and Erickson 2001; Hennum 2011; Kahn 2013). With this, they claim, according to Clapton et al. (2013) 'moral righteousness'. Hence, their claims pretend being more valid than the mothers' claims, either devaluating or ignoring such claims (Hennum 2011).

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18 To avoid confusion, in concurrence with Abel (1948) I prefer to use the German term *Verstehen* instead of its English equivalent "understanding". "Understanding is a general term approximating the German Begreifen and does not convey the specific meaning intended by the term *Verstehen*, which implies a particular kind of under-standing, applicable primarily to human behavior." (Abel 1948: 211). Whereas "understanding" is the goal of (all) science, *Verstehen* is viewed as a method by means of which we can explain human behavior (Abel 1948).

My research strategy offered an in-depth insight into the data, but also placed me in a dilemma on several occasions, for instance between the aim for gathering 'objective' data to be 'scientific' and my subjective and engaged position as a researcher. Hence, because the disentanglement of child protection intervention processes led to several ethical, methodological and epistemological dilemmas, I will reflect extensively upon them in the fifth chapter.

5 Research methodology

This study applies a triangulation of research methods in order to disentangle state interventions in single-mother families with multiple problems at the different macro-, meso-, micro- and ego-levels. A triangular approach was used to study the phenomenon from multiple points of view, providing a richer and more useful way of addressing the issue and to improve internal validity. In this respect, I used data triangulation to capture the context of state interventions, the different points of view at the different levels and to enhance the credibility of the findings.

Albeit generalizations cannot be drawn from the small sample of case studies (see Boeije et al. 2009), through an insight into the single-mother families' lives from both an emic and an etic perspective (Lett 1990) we may be able to better understand how other (single-mother) families who are subjected to state interventions may perceive and experience these processes at the larger level of Dutch society. This study aims at internal validity by allowing the research participants and (interactional) "data speak for themselves" (Gould 1981), which allows themes, patterns, and processes to emerge.

This study does not seek to answer the question whether it was, or is, the 'right' decision to subject the single-mother families to compulsory state interventions. And neither does it aim to discuss whether the intentions of the state representatives involved were 'right' or 'wrong', nor whether their interventions were 'effective' or 'ineffective'.

Research strategy and design on a macro-level
The research strategy on the macro-level was primarily to seek an answer to the question of who are categorized as suitable for 'multi-problem family' interventions. Hence, I collected data on Dutch 'multi-problem family' policy and about the ways in which families with multiple problems are selected and recruited for state interventions. This enabled me to embed the state interventions taking place in the single-mother families with multiple problems.

From June 2009 onwards, I conducted an extensive literature study to understand the context of the implementation of state interventions in single-mother families with multiple problems. I investigated, among other things, the 'multi-problem family' phenomenon, 'multi-problem family' policy and the function of institutional discourse. Moreover, I scrutinized the policy documents of both Dutch national and Dutch local policy on so-called 'multi-

problem families' to assess for what reason families are selected and recruited for policy interventions. In addition to the literature study, I interviewed fifteen policymakers and eighty-five[19] state representatives to obtain an insight into (single-mother) families with multiple problems from their particular view and how they experience the process of implementing state interventions in the families. Furthermore, I held two focus group meetings with social workers on 30 March 2010 and on 1 November 2011 to discuss the ways of implementing interventions in general, and particularly to present the answers of state representatives whom I had interviewed, awaiting to see if there were signs of recognition or affirmations among the focus group participants. In most cases I either used an audio-recording device to collect interview data and/or I made extensive field notes in my notebook.

Research strategy and design on a meso-level
To disentangle the implementation of state interventions in the single-mother families with multiple problems, I conducted a longitudinal ethnographic study to capture the life-worlds of the single-mother families with multiple problems and the state interventions carried out with them. This explorative holistic design was used to interpret (in the sense of *Verstehen*; Abel 1948; Weber 1947; Geertz 1973) the state intervention process in the families at different sites and by multiple sources of data.

The following steps in the data collection process were taken in order to untangle the families' state intervention processes. At first, I relied on the informal interview with the mother and her narratives of her life history and the participant observation of the families (atmosphere, relationship, interaction). I collected data by making field notes of the observations, which I jotted down in my notebook. The interviews and narratives were either recorded with an audio-recording device (with the mothers' consent) and/or the content was written down in my notebook. Since from the dataset of thirty families, seventeen families were subjected to compulsory child protection orders I endeavored to obtain access to more private sources of data on state interventions. I made notes or hard copies of various documents such as their case files[20] (some containing over a hundred documents including official documents from social services, the child protection agency, psycho-diagnostic tests, assessments and

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19 I interviewed forty social workers working with families with multiple problems in a 'voluntary' framework. Additionally, I interviewed forty-five other state representatives, including family supervisors, the managers of social services, youth workers, police officers, juvenile court judges, lawyers, and doctors, fifteen academic experts, and the mothers' network (including their parents, children, nephews and nieces). Due to the scope and aim of this study, not all voices will be touched upon and will only function as background information.

20 In addition to scrutinizing the single-mother families' case files I also examined some other families' case files (around ten) in order to understand and assess how judicial decisions have been made and I frequently consulted www.rechtspraak.nl for judicial decisions regarding supervision orders.

judicial decisions); diaries, bank statements, newspapers, letters and other test results in order to scrutinize, and cross-check, data. It appeared that the role and function of diagnosis (Agar 1985) and power/knowledge asymmetries between the state representatives and the mothers (Marková 1991) play a major role in the families' state intervention processes.

Since I followed the families longitudinally, I aimed at assessing the intervention process at multiple sites, to obtain as detailed a view as possible of the role and function of (re)diagnosis and to understand the power/knowledge differentials. Multi-sited ethnographic research is a design that connects macro-theoretical concepts and ethnographically constructed life-worlds in different yet interlinked sites (Marcus 1995: 96). Hence, this research strategy is perfectly suitable for understanding the 'realities' of state intervention processes taking place in single-mother families, whilst it reveals how an intervention carried out by a state representative at a certain site gives rise to institutional discourse, as institutional discourse is co-constructed by, and in, the encounter between the mothers and the state representatives in question.

Whenever I was at the families' home and a social worker, a family supervisor or another state representative visited the family I observed the social work encounters between the mothers and the state representatives. In addition, I endeavored to be present during the next encounter in order to capture the (dis)continuity between the meetings so as to assess if what was said/decided or agreed upon in the previous meeting corresponded with the present state of affairs. This meant that I conducted my fieldwork where the meeting took place to learn more about the different sites where state interventions are put into practice.[21] Hence, I had to renegotiate my identity at the site of intervention, akin to Marcus' notion of an 'ethnographer as circumstantial activist' (1995: 113) whereby the professional role is played out as methodological in practice.

How I collected data was dependent on the site and setting. In general I made use of field notes and an audio-recording device to collect interactional data. If it was possible, I used the audio-recording device to capture home visits, because I had the informed consent of the families to record their encounters. If this was not possible, I relied on field notes of the home visits, which I sent to myself by means of my telephone and/or wrote them down in a small notebook, and I furthermore recorded my own experience of the encounter immediately thereafter. Also during supervised meetings, office meetings and court meetings, I used the latter strategy to capture interactional data. I preferred to capture 'what was said' on tape because of methodological and

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21 So, if the next meeting would be a supervised meeting, I either asked, or was invited, to join the mother to the supervised meeting; and if the next meeting would take place at the mother's home or at the institution's office I collected my data at that specific site. In most cases we went in my car or in the family supervisor's car to the different sites, which I consider a setting of data collection in itself because the 'unofficial' encounters took place during the journey to the different meetings.

analytical advantages. Methodologically, it enabled me to concentrate more on observing (non-verbal) communication and the setting (Bognar and Biklen 2006). This was analytically crucial because I could carefully re-listen through the conversations once again to hear what was said and thereby to assess which topics were essentially important to the further process of child protection interventions and to allow for critical discourse analysis.

Research strategy and design on a micro-level
In addition to the inductive ethnographic design of data collection to untangle the families' state intervention processes, I used a deductive critical discourse analytical approach to scrutinize the fine-grain details of child protection talks and texts. An ethnographic approach enabled me to contextually embed an encounter and to study successive and multi-sited encounters and thus 'institutional discourse', whilst a critical discourse analytical approach enabled me to scrutinize excerpts in detail on power/knowledge asymmetries because it reveals how institutional discourse (diagnosis, directive and report) is actually constituted in talk or text. The institutional discourse theory of Agar (1985), described in section 2, is thus both used as an analytical tool and an intermediate frame of analysis to disentangle state interventions.

    Hence, I developed a methodological contextual framework whereby I integrated critical discourse analysis into the ethnographic study because this combined approach was key to disentangle how power differentials are (re) produced by micro-level institutional interactions and in this way feed into state intervention processes in families at the meso-level. The methodological issues of integrating critical discourse analysis into the ethnographic research design are addressed at the ego-level (see also section 4).

Research strategy and design on an ego-level
Through an ethnographic strategy, I was able to capture the different 'voices' of the policymakers, state representatives and the mothers as well as the different 'dialogues' generated by talk or text. The different voices and dialogues have no significance in isolation because they draw upon one study tied together by the connections the ethnographer weaves, comprising elements of 'analytic auto-ethnography' (Anderson 2006: 378). Borrowing the words of Atkinson et al. (2003):

> "Ethnographers-as-authors frame their accounts with personal views of the self. Their ethnographic data are situated within their personal experiences and sense making. They themselves form part of the representation process in which they are engaging and are part of the story they are telling. Thus the 'stories' […] are interwoven with personal journeys and narratives" (2003: 62).

Hence, the ethnographer can be regarded as a solitary traveller between the different sites of this study comprising the scientific literature, the Dutch

policymakers in their offices, the Dutch social workers in their offices and on the street, and the single-mother families at multiple sites, such as, for instance, their homes, at the different social services' offices, at supervised meetings, at the lawyer's office, in my car, and in the juvenile court.

So, the methodological advantage of being one's own research tool in the social world under scrutiny is that it gives access to a wide range of insiders and thereby also meaningful interactional data (see Anderson 2006) on the intervention process. Despite the fact that the use of such an intimate and personal approach to researching is a condition for gathering interactional data, and its methodological and analytical benefits to lay bare 'an invisible trade', it also raises some important questions about research ethics and integrity. Studying the child protection processes of single-mother families, besides being a delicate matter, also has some risks attached. I will therefore explicitly reflect on my ethical and integrity considerations and choices in Chapter 5 of this book.

6 Research practices

Access to the families
In line with the research proposal (see Appendix 1) the idea was that the researcher would be introduced with the help of the three municipalities involved in the project, via different social welfare institutions, to the families. Although I approached twenty-five institutions providing services to families with 'multiple' problems in 2009 and 2010, after nine months of (re)negotiations I had still not met a single family via the social services.[22]

This route to families turned out to be unsuccessful and occasionally led to frustration, as my field notes at the end of 2009 illustrate: "how on earth am I going to find single-mother 'multi-problem families' and find as many as thirty? What are 'multi-problem families' anyway?" This experience was not only a waste of time and energy because I had met more than seventy social workers and managers from different social service institutions. Hence, I often took the opportunity to interview them about 'multi-problem families' and their (registration) procedures or ways of targeting 'multi-problem families'.

I learnt from this experience that I had to be patient, persistent, outgoing and creative in finding and recruiting single-mother families. I was convinced that I should be prudent in approaching families, as I needed to build long-term sustainable relationships based on trust and rapport (Geertz 1973) with families who found themselves in disadvantaged positions. So, I concluded that some reticence, flexibility and unpretentiousness on my part were not only prerequisites but also appropriate to connect with the families' life-worlds.

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22 Some of these institutions were particularly involved with children or juveniles (e.g. judicial institutions for juveniles) in order to get introduced to the juveniles and, via them, also to their mothers, whereas other institutions were mainly directed on providing support to the mothers.

Hence, in order to find families I went to certain public places where single mothers might 'hang out'. So, I went 'on tour' with the local police in order to obtain background information about the 'right hanging-out spots' in the neighborhood. I furthermore participated in social events and parties to meet young mothers and I went to churches and to children's playgrounds. In addition to this, I placed posters on the bulletin boards in shopping centers, supermarkets, and advertised on some social media websites. Another strategy was more formal; I went to conferences to meet people who might be able to help me find single mothers with multiple problems. Although most of the above 'recruiting strategies' had a limited effect (I recruited one family via a poster, one via the project manager, two via social media, and one at a party), I eventually succeeded in finding 'gatekeepers' (i.e. lawyers and doctors), and via them I approached women who were likely to be a single parent of either Dutch or Dutch-Curaçaoan origin facing multiple problems. By means of telephone calls, I asked the women if they were willing to voluntarily participate in an ethnographic study that focuses on the life-worlds of single-mother families with multiple problems. All of the women approached agreed to participate, but some of them did not meet the criterion of being a single parent of either Dutch or Dutch-Curaçaoan origin facing multiple problems. So I continued this process until fifteen Dutch and fifteen Dutch-Curaçaoan single-mother families with multiple problems were willing to participate in the ethnographic study.

Approaching families
By means of careful self-presentation, patience and time (Hammersley 2003) I eventually succeeded in conducting an explorative ethnographic study of fifteen Dutch and fifteen Dutch-Curaçaoan single-mother families with multiple problems. It was probably beneficial that I was not affiliated with the social services and that I was an 'independent' PhD student, employed by the Willem Pompe Institute for Criminal Law and Criminology, in conducting the ethnographic study. With hindsight I believe that it would have been very difficult to maintain enduring relationships with these single-mother families if I had been introduced to them via the social services due to issues of distrust. So, adopting the strategy of recruiting single-mother families by myself was, with regard to 'entering the field', laborious, but with regard to access, it was effective. Yet, access took considerable time and effort because I aimed to be 'culturally accepted' by both the gatekeepers and the single-mother families. The fact that I went to Curaçao on two occasions for a one-month period and learned some basic Papiamentu was helpful in bridging the 'psychological distance' (Wolcott 1996) between the Dutch-Curaçaoan mothers and myself. Being a woman of (more or less) the same age was also beneficial to building a relationship, because I could easily relate to them – which also meant that I was careful (certainly in the beginning) not to 'look down upon' or to 'judge' their way of living. Hence, I aimed to remain an outsider, as I did not face the same problems and harsh circumstances in my own life and I would also remain an outsider since I was not a single mother involved

in state intervention processes. The most effective way to build and maintain a long-lasting relationship with the mothers was by being attentive, empathic, non-judgmental, patient, flexible and by showing also my own 'weaknesses' and emotions. The fact that I went to them in my old, inexpensive car and smoked cigarettes with them was much appreciated. The downside was that I largely effaced myself in order to sustain rapport.

Visiting families
It soon transpired that of the thirty families, eight families were not involved in the social services. Although these families stated that they faced multiple problems, the mothers explicitly acknowledged that they did not seek support from the social services due to a fear of becoming involved with compulsory child protection support. I therefore interviewed and observed them on only a few occasions in order to make an inventory of their life history, life-world, problems/circumstances, network, and their reasons for not asking for assistance from the social services.

Since I was particularly interested in how state interventions were executed in practice, I chose to study in depth the twenty-two families subjected to state interventions. Of the twenty-two families, five were assisted in a voluntary framework and seventeen were involved in compulsory child protection interventions, often in addition to voluntary assistance. I frequently visited these twenty-two families. On some occasions I planned three or four meetings on one day (at a maximum) in order to stay in contact with all of the twenty-two families on a regular basis. If this was the case, I stayed a few hours with the first family in the early morning, drove to the second family around 11.30 am, stayed there until 14.30 pm, visited the third family from 15.15 until 17.30 pm and visited the fourth family from 19.00 until late in the evening, and then drove back home.

However, this way of conducting fieldwork was very time-consuming and intense and frequently went differently than planned, as some families were difficult to reach by telephone or had 'forgotten' their appointments. When I spontaneously visited them (which I did after a while), I was sometimes lucky and sometimes not; sometimes I chose to stay and waited in the car for the family to show up – when I had driven a long way and had a planned appointment with the family – but on other occasions I called some other families who lived nearby and drove by car to their homes. It occurred a few times that I went in vain to another part of the Netherlands; on some occasions I succeeded in making a 'back-up' appointment with a social worker or social service agency, but sometimes I simply returned home.

It turned out that I was able to observe in five Dutch and five Dutch-Curaçaoan families the successive and multi-sited social work encounters – out of the sample of the twenty-two families involved with the social services (this concerns eight families in a compulsory framework and two in a voluntary framework, see Table 1 for an overview) – I decided to study these families in

depth and to discontinue studying the other twelve families (or to only study them on a very low-profile basis) since it was impractical, too intensive and time-consuming to maintain close contacts with all of them. In total I observed in these ten families more than seventy social work encounters between the mother and the social workers and/or family supervisors involved.

Table 1. Single-mother families with regard to types of assistance and the depth of the analysis (in italics)

Single mother	No assistance	Voluntary assistance	*In depth*	Compulsory child protection	*In depth*	Total	*In depth*
Dutch families	3	1	*1*	11	*4*	15	*5*
Dutch-Curaçaoan families	5	4	*1*	6	*4*	15	*5*
Total	8	5	*2*	17	*8*	30	*10*

7 The institutional context of intervention: the Dutch Youth Care system

In order to place my ethnographic study into context, I will only generally describe (as it goes beyond the scope of this study[23]) how the Dutch Youth Care system operated during the course of my ethnographic study.

Since 2005, the Youth Care Act (*de Wet op de Jeugdzorg*)[24] is the legal framework of youth care services for children at risk and their families in the Netherlands. "According to this law, children who receive an admission to care from a Youth Care Agency can claim their right to actually receive youth care" (Bosscher 2014). However, there is tension between protecting children and supporting families in child protection work. The history of the past few decades shows fluctuations in whether the priority lies with the needs and rights of children or with the needs and rights of their parents (see Baartman 2008). In line with the UN Convention on the Rights of the Child (Article 3 CRC), the wellbeing of the child is currently the prime concern of Dutch government policy. Various assessment instruments are used to examine whether children are at risk, such as *CARE-NL,* and the Delta security list.[25]

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23 See for a detailed description of the Dutch Youth Care system, for instance, Clarijs' PhD thesis (2013).

24 See for more details: http://www.law.yale.edu/rcw/rcw/jurisdictions/eurow/netherlands/Neth _Youth.pdf

25 The CARE-NL list is a method to evaluate Child Abuse Risk, and the Delta security list is the implementation method of the Better Protected Program [*Beter Beschermd*], used by Child Protection Agencies, i.e. family supervisors.

Dutch child welfare and child protection is a complex system at national, provincial and municipal levels of government (see Figure 1). The figure mainly includes the Ministry of Security and Justice part of the system, which is of particular relevance for this study.

Figure 1. The Dutch Youth Care system[26]

The Ministry of Security and Justice (in the figure entitled 'Ministry of V&J') is responsible for the Child Protection Board. The Ministry of Health, Welfare and Sport (in the figure entitled 'Ministry of VWS') has been responsible for national youth policy and most specialized services for children and families (see Specialized care in the figure). The Youth Care system falls under the political and administrative responsibility of the latter, and is a mixture of public and private initiatives (Veldkamp 2005). In addition, 15 provincial authorities and 403 local authorities also have responsibilities regarding youth policy and related services. They have a high degree of autonomy in carrying out their tasks (Bosscher 2014).

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26 The * refers to the Child Abuse Counseling and Reporting Centre (AMK), the Domestic Violence Support Centre (SHG); the ** includes the different non-public Child Protection Agencies in the Netherlands; the *** refers to a broad range of social work institutions; and the **** includes all forms of specialized care in the Netherlands such as the GGZ (*Geestelijke Gezondheids Zorg*).

The Youth Care system has become a complex system of 'contractual governance' (Knijn and Selten 2006) among the different (semi-)public and private stakeholders in the system, which uses performance indicators to measure outputs or throughputs (Clarijs 2013),[27] institutional targets and management goals and accompanying piles of bureaucratic administration (Munro 2005, 2010; Holland 2010). That the operations of stakeholders in the Youth Care system are managed by contracts is largely the result of 'new public management' government policies (Cedersund and Olaison 2010). Also the (public-private) Youth Care Agencies, and their practitioners, are evaluated in light of this system. Moreover, the future budgets of child protection agencies in the Netherlands, as in other European countries, depend on current scores on performance indicators (Munro 2005, 2010). A supervision order is such a performance indicator (see National policy document for funding models 2012: 34) and therefore a perverse incentive in the system (Clarijs 2013). In this regard, Poiesz and Caris (2010: 58) point at the insufficiencies of the system; there is no incentive to perform efficiently and no sanction for performing inefficiently – providing a subsidy for social service agencies in order to eliminate waiting lists is an example of the latter. The increased amount of child protection interventions (Buysse et al. 2010; De Boer 2008) can be explained by the fact that agencies are funded on the basis of the number of interventions (e.g. Van der Meer 2010).

The Child Protection Board functions at the national level and forms part of the Ministry of Security and Justice. It attends to matters of child maltreatment and custody. It informs the juvenile courts of situations in which coercive interventions in a family are recommended. The Child Protection Board provides investigative services and may recommend a child protection order. The range of orders includes a supervision order, an extended supervision order, a care order and an order discharging the parents from their parental authority (Knijn and Van Nijnatten 2011; Lamers 2006).

The Youth Care Agency (*Bureau Jeugdzorg*) is largely organized at a provincial level. This public Agency functions as a gatekeeper for child welfare providers. It identifies children at risk and performs preventive (compulsory) interventions in addition to other kinds of supportive and voluntary interventions for children and families. It also brings child protection cases to the Child Protection Board (including cases from the Advice and Reporting Centre on Child Abuse and Neglect which are incorporated in the *Bureau Jeugdzorg*) to which every citizen may report suspicions of child maltreatment. The same child protection case may, after an order from the juvenile court, be returned

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27 Performance-based funding means that funding takes place on the basis of an activity performed, a performance or a performance of activities. Other names for this type of funding are 'performance-based', 'p x q funding' or 'output funding'. Defining, invoicing and monitoring care services are central to the care product. There is thus a relationship between the output performance (activity, trajectory) and funding.

to the *Bureau Jeugdzorg*. A family supervisor from the *Bureau Jeugdzorg* (or another mandated agency in the private sector) will subsequently execute the order (Knijn and Van Nijnatten 2011; Lamers 2006).

At the municipal level, in addition to public health care and public welfare care, Centers for Youth and Family (*Centra voor Jeugd en Gezin*) are still organized in order to bring basic necessities closer to families (Bosscher 2014).

Summarizing, the complex Dutch Youth Care system has a strong focus on the notions of care and control at different levels of governance, whereby the responsibilities of the different stakeholders are hybrid due to their complex fragmented structure. In general, the private (or semi-private) stakeholders execute (specialized) care whilst the public agencies have the controlling function of indicating and coordinating care.

8 Outline of the book

This PhD thesis is based on four single-authored articles, which are previously published in or submitted to journals.[28] The articles are presented in the next four chapters drawn from the ethnographic study on state interventions in single-mother families with multiple problems. The four chapters all address a very specific, albeit crucial, ethnographically challenging issue, which is not sufficiently addressed in the literature and is to be noted. Each one of the four formulated research questions posed in section 1 is addressed in a separate chapter, thereby unraveling the 'invisible trade' phenomena step by step descending from the macro-level to the ego-level, which, taken together, will answer the main question in the final chapter.

Chapter 2 entitled *'Upon whom we are focusing? Defining a 'multi-problem family' in theory and the consequences for social workers in practice'* delves into the definition of 'multi-problem families' from the perspectives of the (inter)national literature, Dutch policymakers and social workers who work with 'multi-problem families' in a voluntary framework at the macro-level. It demonstrates how multi-problem family policy is translated into social work practice and furthermore discusses the social workers' room for professional discretion – as 'street-level bureaucrats' (Lipsky 1980) – in defining and recruiting 'multi-problem families' for social policy. This chapter aims to provide an insight into 'multi-problem family' policy in theory and practice in the Netherlands by scrutinizing the family diagnostic category 'multi-problem family' and its usefulness in practice. It reveals how processes of defining,

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28 Chapter 2 has been submitted as article to: *Journal of Comparative Policy Analysis: Research and Practice*; Chapter 3 has been submitted as article to: *Children & Youth Services Review*; Chapter 4 has been published as: Verhallen, T. (2014). In whose interest? An analysis of exemplary interaction between a family supervisor and a Dutch-Curaçaoan single-mother. *Children & Youth Services Review*, 43, pp. 105-117; Chapter 5 has been submitted as article to: *Current Anthropology*.

selecting, and recruiting families for 'multi-problem' interventions occur in practice on the basis of a nebulous definition of a 'multi-problem family'.

Chapter 3 entitled *'Caught in the Child Protection System: the impact of institutional diagnosis for Dutch and Dutch-Curaçaoan single-mother families in the Netherlands'* analyzes the (re)production of institutional diagnosis in the families' state intervention processes and its impact for the single-mother families. It does so through focusing on four important episodes in the intervention process: at the moment of entering the child protection system, the child protection encounter, the written report and the judicial decision. Because state intervention processes are very rarely scrutinized from the perspective and experience of service users (as compared to care providers) (Hall and Slembrouck 2009; Hall et al. 2014) whilst the service users' experiences and views are of major importance to the assessment of the effectiveness of state interventions (see De Vries 2006; Pijnenburg 2010), this chapter endeavors to fill the knowledge gap through unraveling the role and the institutional function of institutional (re)diagnosis in the single-mother families' state intervention processes. Epistemologically, this chapter aims to assess the utility of deficit-based labeling, as this seems to be the driving force behind the single-mother families' ensnarement in the child protection system.

Chapter 4 entitled '*In whose interest? An analysis of exemplary interaction between a family supervisor and a Dutch-Curaçaoan single mother*' contextually analyzes a child protection interaction between a family supervisor and a Dutch-Curaçaoan single mother. By so doing it demonstrates how child protection interventions occur in practice. Through focusing on one case study, this chapter endeavors to demonstrate how a child protection interaction reveals, shapes and reinforces power differentials in communication practice to safeguard institutional interests. Methodologically, the chapter aims to contribute to a contextual analysis of child protection practices by providing a contextual discourse-analytical framework, disentangling how institutional interests shape an encounter, the family supervisor-mother working relationship and the intervention process.

Chapter 5 entitled *'Dancing in Dry Rain: ethics during situated fieldwork in single-mother child protection families'* analyzes interrelated ethical, epistemological and methodological dilemmas encountered in my ethnographic study of single-mother child protection families by applying six core dimensions of ethnographic research ethics and integrity to my own study. The chapter demonstrates that the anticipatory anthropological ethical principles are often incommensurable with the demands and challenges of ethnographic research and consequently inadequately address emergent ethical dilemmas that arise during the course of study. This is particularly stressful when considering the sensitive character of the subject of study and the pitfalls of the research design. Hence, the chapter aims to respond to the recent calls to improve methodological integrity and transparency in ethnographic research (see Hodge 2013; Bell 2014) by disclosing the methodology I applied in my ethnographic study and

the ethical issues that arose during this inquiry. In addition, it endeavors to draw some lessons for a constructive discussion on how to deal with ethical dilemmas in ethnographic research.

This book continues with a concluding Chapter 6 entitled '*Disentangling an invisible trade*'. It addresses the central research question and by so doing the thread that is woven throughout the different chapters encompassing this book. Since the empirical data of this study are analyzed and depicted through the conceptual framework that I have outlined in this first chapter, Chapter 6 will use this framework to incorporate the research findings and conclusions of the different chapters and to answer the central research question.

The epilog entitled '*Beyond disentangling an invisible trade*', offers some thoughts about how the disentanglement of state interventions can contribute to the effectiveness of state interventions executed in (single-mother) families in the Netherlands. I will make some suggestions about whether strength-based approaches are the key to improving state interventions in families. The epilog aims to emphasize the meaning, significance and contribution of this book to untangle state intervention practices taking place in families. This is particularly relevant in light of the decentralization of the youth care system that came into effect on 1 January 2015.

This study was concluded on 1 December 2014. Later developments have only been incidentally taken into account.

Chapter 2

Upon whom are we focusing? Defining a 'multi-problem family' in theory and the consequences for social workers in practice

1 Introduction[1]

In the Netherlands, there are between 70,000 and 116,000 'multi-problem families' (henceforth MPFs) (Van den Berg and De Baat 2012: 97). MPFs are subjected to (specialized) Youth Care policies to prevent children and adolescents from developing behavioral and emotional problems or child abuse and neglect (Netherlands Youth Institute 2014). According to Cuyvers (2012), who conducted research commissioned by the Dutch Ministry of Health, Welfare and Sport, 2.5 billion euro is 'wasted' on MPFs each year, a quarter of the total amount of money spent on care for MPFs. This has largely to do with the process of diagnosing and indicating families. He argues that Youth Care lacks inter- and intra-agency cooperation and is too compartmentalized, with the consequence that too many different social workers work with families, each with their own specialist knowledge, ideas, interests and goals. In the municipality of Enschede, for example, 17 different indication protocols, 23 different methods for anamnesis, 27 diagnostic tools and 25 legal frameworks are applicable to MPFs (Municipality of Enschede 2008: 11). Clarijs (2013) describes that Youth Care is criticized because (voluntary) interventions in MPFs are, among other things, ineffective and inefficient due to a hybrid and path-dependent Youth Care system. A 'polder' mentality – the willingness to compromise opinions and interests – is characteristic of the hybridity of the administration wherein multiple (private and public) stakeholders co-govern. From the 1980s onwards, a so-called accumulation policy led to ambiguous legislation and funding (on throughputs and outputs). In this interdependent, complex Youth Care system responsibilities become diluted, whilst decision-making authority is shared among the stakeholders. Up until now it has been difficult to break down this entangling web of interdependencies and indecisive action (see Clarijs 2013).

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1   This chapter has been submitted as article to: *Journal of Comparative Policy Analysis: Research and Practice.*

Currently, this system is undergoing a major transition (2010-2014) from centralization to decentralization. The government plans that from January 2015 onwards the 393 municipalities will become responsible for service delivery processes (Statistics Netherlands 2015). This means, among other things, that municipalities have administrative, financial, legal, executive and decisive responsibilities for universal, preventive and specialized (voluntary and compulsory) services for children and families (Bosscher 2014).[2] There are many debates about how to increase the effectiveness and efficiency of the system in helping MPFs and the role and function of social workers in exercising MPF practices in these families.

From 2005 onwards, there has been a revival of the outreaching method in social work practice in the Netherlands (Van Doorn et al. 2008). Since social workers, as frontline practitioners, go out and visit families with problems and enter the private domains of these families, the label MPF is not only used within the walls of the social service agencies to identify families with problems, but is also given meaning in practice. Several types of 'problem families' are presently the focus of state intervention, such as single-mother families, nuisance families, intellectual disability families and families from ethnic minorities, e.g. Dutch-Curaçaoan single-mother families (Zoon 2012; WODC 2008).[3]

Although a lot has been written about multi-problem families, it is still unclear to whom the label refers and how social workers in the Netherlands assign meaning to this diagnostic label to indicate families' problems and needs. An analysis of MPFs and the rationale behind this term is pivotal in order to be able to improve the effectiveness of MPF policy. Hence, this chapter focuses on the 'multi-problem family phenomenon' (Kaplan 1984), first from the perspective of the international literature, second from the perspective of Dutch social work policymakers in particular from the municipalities of Amsterdam, Dordrecht and Rotterdam, and third from the perspectives of 40 social workers working with MPFs. The specific aim is to assess how Dutch social workers deal with the formally defined policy terminology of MPFs because this determines which families will receive support from the social services. Essential in this is how they translate MPF policy into practice and what their space for professional discretion as 'street-level bureaucrats' (Lipsky 1980) is in targeting families.

This chapter first touches upon notions of professional discretion, managerialism, routinization and categorization that are relevant in understanding the

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2   This new operation is however subject to heavy criticism from the municipalities in particular due to passing responsibilities on to them (VNG [Association of Dutch Municipalities] 2013).

3   Until recently, Dutch-Curaçaoan families were the object of specific social policy in more than twenty cities in the Netherlands, in which large groups of Dutch-Curaçaoan people reside, in order to provide this 'disadvantaged' minority group with specific social support to help them with their (specific) problems and to prevent nuisance in society.

roles of both policymakers regarding MPFs as representatives of managerialism, and the social workers exercising MPF policy as frontline practitioners in today's 'risk society' (Beck 1999). The chapter follows with a description of the methods used in this study and then assesses the label MPF from the three connected perspectives. It aims to provide an insight into how (theoretical) MPF definitions affect the ways in which Dutch social workers identify and target MPFs as (potentially) voluntary clients for MPF interventions, and the ways in which both professional discretion as well as managerial constraints play a role in the processes of recruiting MPFs. The chapter ends with a discussion regarding the effectiveness of the label MPF in recruiting families for MPF policy.

2 Theory

Lipsky's classic study of 'street-level bureaucracy'[4] in public organizations is still relevant to modern-day literature on social work practice given the debate over whether professional discretion – the freedom of exercising one's work role (Evans 2010: 11) – still exists in present-day social work practice or whether it is restricted by managerialism (Evans and Harris 2004).[5,6]

On one side of the debate are the scholars who understand the impact of managerialism on social service practice by conceptualizing power as being exercised, controlled and directed by managers through procedures relating to and the surveillance and risk-based supervision of professionals (cf. Howe 1986, 1991; Jones 1999; Carey 2008). According to this curtailment perspective, managers use their power strategically to disempower professionals, leading to social workers having limited discretion.

On the other side there are scholars who conceptualize power discursively by suggesting that power is everywhere, in all levels of the organization, in networks, ideas, relations and interactions (cf. Leonard 1997; Harris 2003; Hjörne 2005). This strand recognizes, in line with Lipsky's analysis, a continuation of professional discretion. As opposed to proponents of the curtailment perspective, managerialism is not perceived as a strategy of domination that diminishes professional discretion, but as a dynamic process that affects all occupational groups within the social services, among others, managers and frontline professionals (Clarke et al. 2000). Social work practitioners have

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4   While recognizing that Lipsky's theory involves much more than I can explain here, street-level bureaucrats are, in brief, public service workers who interact directly with citizens, such as social workers, having substantial discretion in executing their work (Lipsky 1980: 3).

5   Although there is no consensus on what a 'professional' is, Evans (2010: 51) describes that it tends to involve an occupational group, such as social workers, that have a degree of status and recognition, which is often based on norms of practice, knowledge claims and organization.

6   It must be noted that discretion is neither 'good' nor 'bad' and is not an all-or-nothing phenomenon (see Evans and Harris 2004).

(substantial) freedom of movement in how they translate policy into practice (Lipsky 1980; Evans and Harris 2004). They do not just implement policy but also shape policy as well, for example, by the ways in which they give meaning in practice to policy and inform policymakers, which in turn affect their practice, and vice versa. Discretion is viewed as hybrid; it is mediated by policy, politics and by the realities of social work practice.

There are two approaches to social workers' discretion that are particularly relevant to this chapter (Evans and Harris 2004: 888). They can creatively interpret the guidelines of MPF policy to create room for a tailor-made approach or they can deny that guidelines allow interpretation in order to reduce room for a tailor-made approach. The latter approach can protect against responsibilities because social workers can hide behind policy guidelines. This is 'attractive' for those working in settings with lacking recourses, who have to take difficult decisions and who are being subjected to blame (Lipsky 1980; Evans and Harris 2004; Parton 2001). In the Netherlands this is particularly recognizable for family supervisors who work with families in a compulsory legal framework because of their legal professional authority and responsibilities over children placed under their supervision (see Chapter 4). The fear of blame (or even, in one high-profile case in 2004, criminal prosecution) for making 'wrong' decisions plays a role in following guidelines in risk situations (Penders and Lecluijze 2014; Tonkens et al. 2013: 380).

Regardless of the debate, routinization is a necessary strategy for social workers in order to cope with the complexities of their work by categorizing and classifying people and events (Hjörne 2005). Social services are directed at assessing people in order to fit them into categories (Agar 1985; Foucault 1979). Certain (types of) families are classified and diagnosed as 'MPFs' by policymakers, managers and social workers in order to provide them with the 'right' services (Juhila 2003; Mäkitalo 2014). Hjörne (2005) describes that social work professionals determine the allocation of services by processes of categorization. This has profound implications for the client, social services and policy. Categories or labels, such as for example MPF, are thus 'inherently political' (Mäkitalo and Säljö 2002; Gill and Maynard 1995). In this light, Wearing and Dowse (2000) argue that vulnerable groups are identified in policy agendas as being 'at risk'.

The question is which families are diagnosed and targeted (and on what grounds) as 'multi-problem families' by the Dutch policymakers and the social workers involved, and how do notions of managerialism and professional discretion play a role herein. The foregoing is specifically relevant when considering whether the social workers involved narrowly follow the guidelines of MPF policy as formulated by policymakers or whether they have substantial discretion in recruiting families for MPF policy.

3 Methods

The results presented here form part of a larger explorative ethnographic study on so-called MPFs in the Netherlands. Different stakeholders initiated this study in 2009 in order to have a better understanding of MPFs.[7] It was chosen to study 30 Dutch and Dutch-Curaçaoan single-mother 'MPFs' in three municipalities (Amsterdam, Dordrecht and Rotterdam) with the aim of examining whether these families greatly differ from each other, vis-à-vis their problems, family backgrounds and circumstances, their relationship with social services and social workers, and ultimately, the effectiveness of the interventions.[8]

A triangular approach was used to study the multi-problem family phenomenon from multiple perspectives. This provides a richer way of addressing the issue, which may have consequences for social work in Dutch policy and practice, including the professionalism and autonomy of social workers. The perspectives of 40 social workers working as 'frontline practitioners' in a voluntary framework with multi-problem families are the central focus.[9]

The (inter)national literature was first studied to assess the scientific definition of MPF (see Verhallen 2013). Second, national policy documents and those of the municipalities of Amsterdam, Dordrecht and Rotterdam were scrutinized to evaluate how a MPF is defined and how MPF policy is formulated. The policymakers involved were interviewed to verify whether the local policies concerning interventions in MPFs corresponded to the consulted documents.[10] Third, out of a larger dataset of responses by 85 social work professionals,[11] I examined the perspectives and experiences of 40 social

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7   The five different stakeholders were: the University of Utrecht, Platform 31, and the municipalities of Amsterdam, Dordrecht and Rotterdam.

8   This choice derived from a lack of knowledge of MPF and the fact that families from the Netherlands Antilles (mainly Dutch-Curaçaoan single-mother families) are increasingly subjected to Dutch policy interventions due to high rates of crime, juvenile delinquency and a strong dependency on unemployment benefit (see Verhallen 2013).

9   The distinction between the profession of a social worker and a manager was not always clear and straightforward (due to a generalist profile of a case manager) and is based on the social workers' own description of their function. It turned out, for instance, that some of these social workers were also 'managers' due to the size of the agency, or they had become managers due to changes in personnel or were frontline practitioners on paper but exercised management roles.

10 The research project started in June 2009 and ended in December 2012 and it involved policymakers from the three municipalities involved (due to a high turnover of policymakers, I often had to deal with new policymakers). In total, there were more than 15 policymakers involved, an average of 5+ per municipality. They were interviewed during this period and in order to have accurate information about MPF policy also in 2014. I was particularly interested in which way MPF policy was aimed at intervening in Dutch-Curaçaoan and Dutch single-mother families.

11 This includes the attendees of the focus groups, some managers and social work professionals working with MPFs in a legal framework, i.e. the family supervisors of families subjected to child protection measures.

workers working with MPFs in a voluntary framework. This means that they, as opposed to family supervisors, do not provide compulsory assistance to the family imposed by the juvenile court. I conducted semi-structured and open face-to-face interviews about how they define a MPF and how they, subsequently, target MPFs for interventions.[12] I compiled a tailor-made topic list prior to the interview with the social worker involved, including the following topics: the definition, characteristics and selection of a MPF (or otherwise, their 'target group'), the context of the organization (e.g. workload, working circumstances, policy, discretion, targets, responsibility), the experiences of social work practice, examples of MPFs (or 'target groups'), and the do's and don'ts as well as the discrepancies in policy and practice.[13] Due to the fact that the study concerned Dutch and Dutch-Curaçaoan single-mother MPFs, I was particularly interested in the social workers' perspectives of these families and the (possible) differences between the two groups.[14] In addition, I organized two focus groups consisting of social work professionals (on 30 March 2010 and on 1 November 2011) with the aim of discussing the ways of defining and targeting a MPF in general, and particularly to present the answers of the social workers I had interviewed, awaiting to see if there were signs of recognition among the focus group participants. I furthermore presented my (preliminary) findings interactively with social work practitioners by delivering a poster presentation at a conference in the Netherlands in order to obtain a structured feedback on MPF policy and practice from those attending.[15]

4 Results: the international literature on multi-problem family

From 1952 onwards, the first time that the label 'multi-problem family' was introduced in the social work context of St. Paul (USA) (Geismar and La Sorte 1964), there have been numerous attempts to define a MPF. After an analysis of many scientific studies (Verhallen 2013), I distinguished five types of definitions of a MPF (A to E), meaning that there is no (scientific) consensus on what makes a MPF, and whether this involves a certain type of family in the first place (see below in Table 1).

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12 Between June 2009 and August 2013, 25 social workers were interviewed on a semi-structured basis and 15 social workers were open interviewed, enabling me to identify and exclude the 'leading' questions that I (perhaps) had formulated in the semi-structured interviews.

13 Most social workers work for different agencies spread across the Netherlands as follows: eleven in Amsterdam, six in Dordrecht, twelve in Rotterdam and eleven for a non-local/ national agency.

14 Not all social workers interviewed worked with both groups of families or with single-mother families in particular.

15 The presentation was given for a symposium named 'Decision-making in child and youth care' in Groningen on 20 September 2013 (Verhallen 2013b).

Table 1. Definitions of a 'multi-problem family'

Category	Type of definition	Explanation
Group A	No definition *Emphasis:* it appears to be evident which family is a MPF (cf. Tabibian 2006).	Group A does not explain the term MPF. There is, in essence, no definition; the term is only an indication.
Group B	Administrative definitions *Emphasis:* being known by social services (cf. Dax et al. 1980).	Group B defines a MPF on the basis of the fact that families are known to (several) agencies. This category is based on the single fact of registration.
Group C	Substantive definitions *Emphasis:* problems of family Group C defines MPFs on the basis of the problems that the families have and can be divided into four subcategories.	Group C1 focuses on a classification by means of a minimum number of necessary characteristics (problems) (cf. Garnier and Van Vugt 1991).
		Group C2 contains definitions in which, besides a minimum number of necessary characteristics, also the nature of the problems has been included (cf. Baartman and Dijkstra 1987).
		Group C3 defines MPF by means of the family's (dis)functioning in several areas (cf. Schlesinger 1970).
		Group C4 starts with a combination of intrinsic characterizations such as in groups C1-C3 but adds to that the problematic relationship between the family and the welfare agency and considers this as part of the family problems (cf. Netherlands Youth Institute 2014).
Group D	Substantive definitions *Emphasis:* problems of the care system (cf. Kaplan 1986)	Group D bases itself on the problematic aspects of the welfare system. MPF refers to the fact that the welfare system is functioning insufficiently. Kaplan describes this as "multi-problem agencies" (Kaplan 1986: 6).
Group E	Substantive definitions *Emphasis:* problematic helping relationship (cf. Ghesquière 1993)	Group E sees a MPF from an exceedingly outsider perspective, because the 'multi-problem' phenomenon is related to a problematic welfare situation that has been developed between the so-called 'multi-problem family' and the social workers. The label MPF refers here to a problematic helping relationship between the social worker and the family and not to a certain type of family.

As we can see in Table 1, in the views of groups D and E the label MPF cannot be used as a family diagnostic category because it includes care-system problems (Group D) or a problematic helping relationship (Group E). Whereas

the MPF label is straightforward for group A, for groups D and E it is not obvious that the label refers to a family at all.

In light of the ambiguity of MPF, I discuss which (of the above-mentioned) definition(s) forms the basis of national MPF policy and local policy of Amsterdam, Dordrecht and Rotterdam. I then describe how 40 social workers interpret and translate MPF policy into social work practice.

5 Results: Dutch multi-problem family policy

My analysis of policy documents on MPFs in the Netherlands, including national and local policy documents, also indicates that the policy-oriented definitions of a MPF are ambiguous and unaligned.

The current national policy document of the Ministry of the Interior and Kingdom Relations (BZK) on MPFs, which is called "Achter de voordeur aanpak/Multi-probleem gezinnen" [Behind the front door approach/MPF] (2012), does not define the term MPF.[16] In this policy document the term MPF refers to a variety of family types such as 'vulnerable families', 'households in disadvantaged neighborhoods', 'families at risk', 'complex and persistent nuisance families', 'Roma families with multiple problems', 'families under supervision', 'families with chronic multiple problems and/or a high risk of relapse', 'low IQ families or with psychiatric problems', etcetera (2012: 1-24). MPF policy is apparently not strictly defined in the Netherlands and it seems that defining and developing MPF policy is left to the municipalities involved. It seems that local policymakers have substantial professional discretion regarding defining and operationalizing MPF policy.

It differs per municipality under which department MPF policy is placed, thereby shaping MPF policy and the view of MPFs. Each municipality uses different definitions and includes different variables along the lines of risks, family composition and/or ethnicity. This explains, among other things, why the number of registered MPFs varies and the selection processes differ (the estimated number of MPFs in Amsterdam is 2,000 and in Rotterdam 30,000 while the total amount of residents in Amsterdam is remarkably higher) (Verhallen 2013: 64).

In Amsterdam MPF policy is placed under the Department of Social Development. A MPF is defined in various ways in different MPF policy documents. The first definition in 2008 established in the "Convenant Multi-probleem gezinnen" [MPF Agreement] was based on the scientific literature, specifically on Burik and Vianen's definition (2006: 6). In this Agreement a MPF was defined as follows:

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16 Also the VNG (Association of Dutch Municipalities) does not define MPF (2013).

"A family with at least one child that meets (at least) the following conditions:
1. The presence of two or more risk factors, mainly in social/civic matters.
2. The carrying capacity of the family is no longer in balance with the burdens.
3. The presence of didactic problems.
4. The family has trouble managing the household, weak control over approaching problems."

In the 'MPF Framework agreements' of 2010, the following factors were added to the definition (it is described that these determine whether families need MPF interventions):

5. "Assistance is not properly coordinated, giving conflicting advice.
6. Regular care is still insufficiently adequate.
7. No (longer the) presence of assistance" (Municipality of Amsterdam 2010: 5).

Besides certain problems that families can have, also risk factors are included in the first part of the definition (a so-called 'heavy' version of Group C2). The added factors are based on problems of the care system (see Group D). In practice, this means that two definitions existed alongside each other (Verhallen 2013).[17] Furthermore, it is stated that the selection of MPFs takes place on the basis of "one signal of a complex family situation" (Municipality of Amsterdam 2014). It is therefore unclear on which grounds MPFs are selected because risks and problems appear to be intermingled (Verhallen 2013).

In the municipality of Dordrecht, MPF policy falls under the Youth Program, focusing on 'multi-problem youth' (MPY) instead of families. The 'Visie en Programmadocument' [Vision document] (Municipality of Dordrecht 2011: 6) defines MPY as:

"Youngsters between 12 and 27 who have problems in two or more of the following domains: housing, income, work, education, leisure, care. Within this broad target group some groups can be identified who need more attention, e.g. teenage mothers and Dutch-Curaçaoan risk youth."

This definition refers to the problems of youngsters (see Group C1). Finding MPY (the estimated number varies between 450-750) and signaling the inherent problems are seen as the first steps. The most important sites are "schools, neighborhoods, doctors, social services and the police". The starting point is a strong outreaching approach directed at "1 youngster, 1 plan and 1 case manager" (Municipality of Dordrecht 2011: 11).

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17 It goes beyond the scope of this chapter to elaborate on the definitions in detail (see for more information Verhallen 2013).

In Rotterdam, MPF policy is placed under the Management of Justice and Security. A MPF is defined in the implementation plan for social (Municipality of Rotterdam 2010: 86) as:

"A MPF is a family with at least one child that meets the following (Ghesquière 1993; Steketee and Vandenbroucke 2010):
– It concerns long-lasting situations
– With socio-economic
– And psycho-social problems
– And a problematic relationship with the social services."

This definition refers to the problems of families and to a problematic relationship between the family and social services (see Group C1, C2 and E). There seems to be a gap, however, between the way of defining and selecting MPFs. Families are not selected on the basis of a specific signal, but are actively approached to participate. Via the 'basic administration' of the municipality the families in 'disadvantaged neighborhoods' with children under the age of 4 are selected and visited (Municipality of Rotterdam 2010: 20). There was also a specific policy on intensive guidance for Dutch-Curaçaoan MPFs [IBAG], which included mandatory participation by the families in question (Municipality of Rotterdam 2005: 7).

As a consequence of the fact that various types of families are earmarked and targeted as MPFs, family interventions do not obviously correspond with every type of family. Furthermore, whereas Amsterdam has never explicitly focused on Dutch-Curaçaoan MPFs, Rotterdam and Dordrecht have done so. More specifically, Dordrecht focuses on Dutch-Curaçaoan high-risk youth and not on families.

From the multitude of definitions and the variety of contents in 'theory', it can be concluded that the perspective of both the scientific literature as well as Dutch policymakers concerning MPFs is ambiguous. The MPF definitions of Dutch policymakers vary per city and over time, depending on the political climate at the time. Likewise, the policymakers of the three municipalities of Amsterdam, Dordrecht and Rotterdam view their own role and the role of social workers in dealing with MPFs also differently. The perceived differences among policymakers regarding their managerial role and the professional discretion of social workers appear to depend upon the (situation of the) policymaker involved. In general, MPF policy in Rotterdam seems to be more practically directed at selection while Amsterdam's policy is less explicitly outlined, having consequences for the social workers' role descriptions in targeting MPFs (respectively more and less top-down directed). Although the policy documents of Amsterdam seem to leave room for discretion (through the contradictory definitions) in targeting MPFs, this is not to say that this is actually the case as the difference in the number of MPFs reveals. How families are recruited seems to play a major role.

So, the current turbulent climate of decentralizing Youth Care affects the work of policymakers and creates opportunities to innovate or subvert MPF policy. Hence, as opposed to the scientific literature, Dutch MPF policies include risk factors and ethnicity in MPF definitions. Consequently, the label MPF does not only refer to families with problems, but also to families at risk. This means that the label has a preventive family diagnostic function; families with (as yet) no problems are categorized as MPFs and are a target group for MPF interventions. Such a preventive policy approach seems to discriminate against certain disadvantaged groups. This aligns well with other studies undertaken in e.g. Norway, Sweden and Ireland (cf. Križ and Skivenes 2010; Christie 2010; Williams and Soydan 2005; Soydan 1995). In this regard, Križ and Skivenes (2010: 17) state about Norway, for instance, that although individual social workers do not intentionally disadvantage ethnic minority families, at the system level "our study does reveal racism". Below, I will explain how this ambiguous and inequitable policy has affected the work of Dutch social workers in executing it.

6 Results: social workers' perspectives on multi-problem families

It is relevant for this study to make a distinction between social work professionals working with families or family members in a voluntary framework, and those working with MPFs in a compulsory legal framework. Defining a MPF is important for the first mentioned group, because they have to determine which families are eligible for MPF policy interventions because they have to select and attract families to participate in the service, e.g. child-rearing assistance, participation projects, administrative assistance, learning and work trajectories. Since the second group of social workers becomes involved with families or family members as a result of references by others in the field or upon request, based on (alleged) violations of the law (such as domestic violence, (youth) crime, harassment or child abuse), these practitioners do not have to define MPFs.

Hence, with the first group I discussed the ways of defining, selecting and recruiting MPFs, enabling them to exercise MPF interventions in these families. I will demonstrate below that their ways of ascribing meaning to MPFs is to a large extent based on their own professional experiences and social work realities, which seems to indicate that there is no need to strictly follow the MPF definitions.

When I asked the 40 social workers to define a MPF almost all of them informed me that they find it either "awkward" or "difficult" to define a MPF. They all said that they use the term MPF (only) to indicate the families they assist. Only one social worker responded immediately by saying:

> "A MPF [she referred to multi-problem families of non-Antillean origin] is a family with combined socio-economic, psycho-social and child-rearing

problems. These problems often come together and are often chronic as well. Sometimes the problems are intergenerational. MPFs are problematic for the social services, because they resist, they refuse to work with you, they do not keep appointments, and they deny or downplay the problem. Consequently, they affect the resilience of the social worker."

The definition used by this social worker is similar to the way Group C4 defines a MPF. Most social workers indicated that they think about a "good", "adequate" and "workable" definition. They found it difficult, however, to decide in practice which families fit their target group. Almost half of the social workers interviewed showed signs of recognition when I mentioned the name Ghesquière (1993) by stating:

"I saw Ghesquière's definition somewhere" or that "the definition by this author [Ghesquière] is regularly quoted in [social work] documents" and "can be found on the [social work] websites", but in practice they "do not know so well what to do with this definition" and/or "it [the definition] does not fit the target group to whom we [the name of the agency] provide assistance."

In relation to this, 8 out of the 40 social workers interviewed asked how I would define a 'multi-problem family'; "maybe you can help us to formulate a workable definition" [a definition that fits the(ir) target group].

None of the social workers uses a definition of a MPF, as formulated by policymakers in MPF policy documents, as a guideline to select families. Selecting families on the basis of a definition (a theoretical selection) or on the basis of strict criteria does not occur in reality because – here I cite two respondents: "If I would use a definition, I still have to decide who belongs, or does not belong, to the target group". "Existing definitions do not fit the target group". Social workers turned out to be familiar with (some) scientific and policy definitions of a MPF, which indicates that they are professionals (see Evans 2010: 51).

Strikingly, instead of defining a MPF, the social workers gave descriptions of a MPF in the following four ways. First, all social workers typify a MPF by means of a variety of problems that families have (see Group C1). Frequently mentioned problems are: didactic problems, financial problems (debts), poverty, addictions, criminality and delinquency, domestic violence and child neglect. Apart from this, social workers seem to perceive certain problems as being characteristic of Dutch-Curaçaoan MPF. Several of these problems emerge, according to social workers, from a lack of knowledge of the Dutch language and the Dutch social and institutional context. In this regard, the following statements were made:

"Many Dutch-Curaçaoan people come unprepared to the Netherlands. Some-times they come alone at a very young age, which means that they get into

trouble, because they did not arrange anything prior to their arrival while they do not know how the Dutch administration works"… "They cannot handle money issues and cannot resist all kinds of 'temptations'. For example: they think that if something is advertised as free, it really costs nothing, while they actually become ensnared in an expensive telephone contract."

Other problems concern, according to the social workers, cultural differences such as didactic problems and being incapable of formulating and communicating aid questions. The expression in Papiamentu: "E kuchú ta korta mi" ("the knife has cut me") is often mentioned to illustrate that Dutch-Curaçaoans passively communicate their problems.

A second way of typifying MPFs is by risk factors. 30 social workers indicated that 'the capacity of families is not in balance with the burdens' (cf. Bakker et al. 1997). Other risk factors mentioned were a low educational background, unemployment, trauma, poverty, isolation, a negative view of oneself, belonging to an ethnic minority, a lack of facilities in the neighborhood, divorce and disabilities. This 'risk-based' method of typifying certain families corresponds with the arguments of Dutch policymakers about who is considered 'at risk' in society. Apart from that, most social workers associate certain risk factors, such as certain problems, with Dutch-Curaçaoan 'multi-problem families' such as single-mother parenting, a low IQ, low self-esteem, and teenage pregnancies. Consistent with Dutch policymakers, ethnicity and risks seem to be factors in characterizing MPFs. Based on the interviews, it appears that a specific policy focus on disadvantaged minority groups, such as on Dutch-Curaçaoan families, results in discrimination against them, albeit it may be unintentionally (cf. Levy 2000; Joppke 2004).[18] In a similar vein, Križ and Skivenes (2010) argue that social workers intervene too extensively, however not deliberately, in ethnic minorities families' lives because of biased assumptions.

Third, almost all social workers typify MPFs by the nature of the problems encountered (see Group C2), i.e. the complexity, the intergenerationality, the interrelationship between, and the accumulation of problems.

A fourth manner of typifying families is based on the problems of the welfare system (see Group D). All social workers indicated that the social services fail or fall short due to bureaucratic proceedings. The reasons mentioned were, for instance, too high a caseload, too much paperwork, continuously changing social workers/colleagues, poor coordination between agencies, too many social workers for one family, and not enough time. Only in three cases were these problems ascribed to the families in question and were in general, therefore, not regarded as part of the family problems. This differs from the way the policymakers of the different municipalities define MPFs; they ascribe

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18 Both Levy (2000) and Joppke (2004), amongst others, are critical towards difference-conscious policies because they may actually result in further inequalities between minority groups and dominant groups in society, instead of reducing them.

problems in the welfare system and/or the problematic social work relationship to MPFs (see Group C4). Assigning problems of the system to (particular) families may also be seen as a form of discrimination.

It furthermore seems that social workers instrumentally use their professional autonomy; as for the social workers involved nebulous MPF policy opens up possibilities to avoid the guidelines and to work with their own interpretation of MPFs. In this respect, it may seem somewhat paradoxical that social workers need some guidelines in helping them to target MPFs more easily. Although the social workers do not use a definition to select families, defining MPFs still seems to be important for three reasons. First, to include a MPF definition in proposals is likely to increase the possibility of obtaining funding/subsidies from the municipality for certain projects, because as a manager and a social worker from the same institution said:

> "It shows [that we know] upon whom we are focusing."

Secondly, during the focus group meeting in November 2011 the attendees agreed that a MPF definition is:

> "Useful for directing and coordinating care between the different institutions involved… because then we know about who we are talking about."

Third, it appears to help social workers to justify their choice of families and decisions to their managers and funders and to help managers to audit the social workers' decisions. But how and on what grounds do social workers select and attract families for MPF interventions?

Based on the interviews, it appears that most social workers accidentally or indirectly[19] become involved with so-called MPFs because "families must be willing to accept assistance" [in actual fact they are often unwilling to do so]. In this regard, an often-heard argument is:

> "Many families find it difficult to ask for help and therefore it is important that agencies have a good reputation and a proactive network. Then families can find us or can be referred to us."

Besides the fact that social workers find it neither easy nor helpful to translate a MPF definition into social work practice, it appears that there is another reason why they do not use a MPF definition to select families; 'other people in the field' select families for them such as the community police or schoolteachers – which leaves us with the question of how MPFs are selected.

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19 E.g. via voluntary applications for other less severe types of assistance such as child-rearing assistance, via signs from the field or via people who have a network.

A recurring experience is that social workers find it difficult to recruit MPFs for interventions. More than half of the social workers said that it is difficult to find MPFs because many of these families are unknown. Also the attendees of the focus group (November 2011) confirmed that it is difficult to find, reach and recruit families, by stating that:

> "We cannot look behind the front doors to see if families have problems"… "We cannot get a good picture of these families, because access to these families is very difficult."

That is why the social workers (strategically) tell the families:

> "[Due to their bad reputation], I tell the families that I am not affiliated with Youth Care (*Bureau Jeugdzorg*). Otherwise, you do not obtain access to families"... "They will never trust you, you will never build a relationship because Youth Care scares and repels people"… "Families are afraid to be registered for interventions in a compulsory framework, so that their children will be placed in care."[20]

It seems somewhat paradoxical that policymakers define a MPF while social workers do not exactly know what a MPF is due to a lack of knowledge and access. Are MPF policy definitions based on social work practice or are they signs of mere policy rhetoric? It could also point to the social workers' 'power' to undermine policies, indicating their use of professional discretion (Evans and Harris 2004; Baldwin 2000), or additionally, to strategically anticipate 'policy windows' – as a MPF definition turns out to increase the possibility for obtaining funding. Almost all social workers gave the impression that the families they recruit are actually chosen according to their convenience. In this regard, the following two statements were made by different social workers:

> "I am actually happy to have a caseload […] now, we do not have any MPFs in our system". "I need to recruit more families [based on certain eligibility criteria], otherwise the project will come to an end […] we are dependent on the subsidy from municipality [X]."

The manager of this institution and the social worker involved said:

> "Classifying families in such a way that they are [almost] certain that the family will receive help."

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20 In relation to this, several social workers confirmed that: "Once a social worker of Youth Care assists a family (i.e. family supervisor), you cannot help the family anymore, you cannot do want you wanted to do anymore [i.e. they have no space for discretion]". Youth Care has a bad reputation in the Netherlands (cf. Clarijs 2013), e.g. due to the (possible) compulsory interventions executed by this agency.

The latter is an example of how agencies, dependent on subsidies, creatively create substantial room for discretion. It illustrates that there are (perverse) incentives for 'assessors' to categorize certain families as MPFs in order to obtain a subsidy. There seem to be processes in which families 'spontaneously come to fit their categories' (Hacking 1986: 223). Also Parr's (2009) findings that identities are assigned according to the present need and framework for provision and Ellis et al.'s (1999) notion of collusion between professionals and managers appear to be in place here.

Social workers, particularly in Rotterdam, often choose for the outreaching approach (home visiting) to reach and recruit MPFs because:

> "It is the only way to come behind the front doors". "I go on my bike to the [disadvantaged] neighborhood to reach families… to get to know them, and I try to recruit them."

Through 'prevention research' in the families' homes social workers assess whether or not to assign families for MPF interventions. It is striking that the outreaching approach is often related to postal codes. 'Disadvantaged neighborhoods' are selected in order to select and recruit MPFs. It seems that the selection of MPFs takes place on the basis of certain discriminatory demographic criteria, which are classified as 'risky', affecting low-class populations, single-parent families, and ethnic minorities in particular (cf. Beck 1999; Wearing and Dowse 2000; Snik et al. 2004).

Hence, it appears that social workers use their discretion to (increase the opportunity to) meet MPF criteria and policy. This way of using discretion seems to be related to protecting against 'wrong' decision-making and/or a way to increase their accountability, i.e. the chance of selecting families with multiple problems is statistically higher in these areas. Although discretion by social workers is necessary, enabling them to exercise MPF interventions that fit the families' problems and needs (Lipsky 1980), it raises questions regarding its (discriminatory) use and in whose interest MPF policy is undertaken (cf. Horwarth 2000; Baldwin 2000; Evans and Harris 2004). To whom is a social worker accountable, to the child, the family, the social service institution, the Dutch community, the media or the state? It seems unlikely to 'satisfy' the interests of the different parties involved, given that these stakeholders rarely have similar aims and agendas (Clarijs 2013). In light of the political climate of risk and blame, Scourfield and Welsh argue that:

> "Social workers have to make themselves auditable. [...] Not the right decision is important but the defensible one" (Scourfield and Welsh 2003: 400).

Except for some small organizations, it turned out that the management of institutions sets the criteria for auditing (strikingly, sometimes in consultation with the social workers), as almost all social workers had to fill in (standardized)

risk/problem assessment documents to clarify and justify their approach and decisions and thereby to give an account of their actions to their superiors. These managers, in their turn, gave an account of the institutional performance (in order to be eligible for funding) to e.g. the relevant departments of the municipalities and health care insurers.

The situation of (young and migrant) single-mother families was often designated as 'high risk' due to arguments of poor housing, financial problems and dysfunctioning on several dimensions. Recruiting certain disadvantaged families or families 'at risk' preventively by means of home visits is directed by policy and affecting the ways in which social workers use their discretion. The social workers using the outreaching method indicated that if they think that the family needs assistance or help, they enroll the family in a course or intervention (in the first instance on a voluntary basis) or manage the family themselves (having a caseload). It may seem that they have substantial discretion in addressing families; however, it is described in the MPF guidelines of Rotterdam that social workers "get a foot in the door and continue to talk so that the family cannot say no" (2010: 16).[21]

Preventive state interventions can be understood as part of a wider shift towards surveillance and control. This shift has also been referred to as the 'criminalization of social policy' (Hughes 2007; Parr 2009) and the 'forensic gaze of social work' (Parton et al. 1997). In addition, the outreaching method of recruiting certain families has, in the Netherlands, been criticized by De Savornin Lohman (2009) on the grounds of Articles 8 (the right to respect for private life) and 14 (unjustified discrimination) of the European Convention on Human Rights. From a liberal philosophical perspective, Snik et al. (2004) conclude similarly by arguing that preventive (discriminatory) family intervention can largely not be defended by the 'harm principle' (meaning that a family situation might harm a child) and, therefore, does not outweigh the non-intervention principle (i.e. Article 8 rights).

Summarizing, the social workers in this study did not use the policymakers' definitions of MPFs to select families but it appears that they (to some extent) have used the MPF guidelines to address families. It seems that families are targeted for MPF policy based on a mixture of the social workers' experiences, convictions and (strategic) opportunities to meet policy guidelines. Many social workers creatively use their discretion by employing an outreaching approach in order to recruit families, which in their view can be categorized as MPFs (these are often 'at risk' families). Since the driving force behind selecting MPF families seems to be an unequal and discriminatory supply of services, it is still the question what a MPF is.

It is striking that although the social workers did not employ existing MPF definitions as formulated in the literature or in policies, as they had high

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21 The original Dutch statement is: "een voet tussen de deur, doorlullen zodat ze geen nee kunnen zeggen" (2010: 16).

levels of discretion to give meaning to the label MPF according to their own convenience, the ways in which social workers described MPFs still include many elements of both the scientific and the policymakers' definitions. MPF policy is informed by the literature, the political climate and by social workers. A policymaker from Amsterdam said in 2012 that he was advised by social workers:

> "Because they know what is going on. They know best who causes problems and who needs assistance."

In line with Lipsky's theory, the social workers involved largely determine MPF policy since they make policy on the spot, on the street and during home visits. Whilst being informed by political considerations, it appears that the social workers' discretion has been substantial during the Youth Care transition period (2010-2014). The preventive and discriminatory MPF policy furthermore appears to have been directed by the (implicit) interaction[22] between Dutch policymakers and social workers, since, as opposed to the scientific literature, most social workers and policymakers consider risk factors and ethnicity to be inherent in MPFs.

From 2015 onwards, discretion may increase due to new policy directives, as the approach towards MPFs is heading towards "1 family, 1 plan and 1 professional" (BZK 2012: 24).[23] MPF policy appears to be(come) more streamlined, but it is up to the municipality how to shape it. This indicates that policymakers have substantial autonomy. The profile of the professional suggests something similar for social workers:

> "The new generalist professional [...] is mandated to be the contact person of the family/household for several (social) domains such as (youth) care, income and housing, and to direct the specialists who implement interventions/treatment to the family/household (BZK 2012: 10)."

In concurrence with Scourfield and Welsh (2003) it seems that social workers have become case managers, thereby not only having substantial discretion but also managerial control.

7 Discussion and conclusion

This chapter focused on the 'multi-problem family' (MPF), an important target group for state intervention in the Netherlands, which is nebulously defined. I discussed the perspectives of the international literature regarding MPFs and

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22 While recognizing that also non-governmental actors, such as private stakeholders in youth care, play a role in shaping implementation (see Hill 2003).

23 The policymakers from the municipalities confirmed this in May 2014.

conclude that the definition is ambiguous. Moreover, I distinguished five types of MPF definitions, which are wide-ranging.

My analysis of MPF policy documents demonstrates that MPF definitions are also ambiguous. As opposed to the literature, it is striking that these definitions include families 'at risk' and 'ethnicity'. In relative terms, it differs from municipality to municipality, from policymaker to policymaker, and from time to time what a MPF is.

The 40 interviewed social workers experienced difficulties in defining and targeting MPF (or their target group). All of them considered the way in which MPF definitions are formulated in policy documents to be inadequate in targeting MPFs: "these do not fit reality". Hence, they found other ways to recruit families for MPF interventions. In this regard, it seems that social workers have high levels of discretion in selecting and typifying MPFs. Consequently the MPF descriptions vary amongst social workers by (differently) using elements of both literature and policymakers' definitions.

Social workers seem to make instrumental use of the label MPF, due to their room for discretion, in the processes for typifying, reaching and recruiting families. The meaning attached to the label is hybrid; it stems from top-down policy formulations and bottom-up experiences and opportunities, depending on the situation and the occasion. Within MPF policy, social workers are required to make decisions and to interpret MPF definitions and guidelines. In line with Evans and Harris (2004) it can be concluded that the elaboration of MPF policy appears to increase professional discretion as a result of the confusion caused by the (perceived) unclear definitions – a situation that Lipsky (1980) saw as characteristic of street-level bureaucrats.

Many factors influence the implementation of MPF policy. Substantial professional discretion seems to facilitate social workers exercising MPF policy. Bureaucratic administration, on the other hand, is considered to impede MPF interventions (although it turned out that it also creates autonomy). Social workers have to make do with what they have been given. Their working reality is an obstinate one, often not corresponding with the 'on paper' reality of Dutch policymakers. Policymakers stand at an analytical distance to social work practice. Hence, it seems that they cannot capture nor represent the multiplicity of the social work 'realities'. Policymakers describe an ideal and static situation concerning MPFs (as their interest is in 'satisfying' different parties). The reality of targeting and recruiting MPFs is (therefore) much more difficult than policy documents seem to suggest. As we have seen, abstract MPF definitions are inadequate, in the perception of social workers, in targeting so-called MPFs. This leads not only to much confusion and uncertainty among social workers but also to other detrimental effects.

Due to bureaucracy, social workers have little time to invest in their relationship with families and consequently their knowledge about (multi-problem) families has decreased (i.e. families cannot be easily reached). In this regard, the question is whether MPF policy can be successful so that the 'right'

families are selected and the families' needs are fulfilled. As a consequence of a lack of knowledge concerning these families and unusable MPF policy directives, families are targeted in various ways: based on e.g. risks, postal codes, and signs of complex family situations. Disadvantaged families, such as (Dutch-Curaçaoan) single-mother families, are selected and recruited for MPF interventions. I concur with Culpitt (1999: 35) that the "lessening of risk, not the meeting of need" appears to be at the core of social policy.

The 'cherry-picking' of a MPF definition may seem to be lucrative for social workers at first sight but it might well have negative effects on families, the social work relationship and the intervention process. It does matter how one is categorized as a family (see Chapter 3), because 'multi-problem families' are addressed differently than so-called 'promising' families. In the first case, a deficit-based approach underlies the intervention, whereas in the latter case a family is approached on the basis of its strengths (cf. Morris 2011). Hence, the label MPF could be experienced as stigmatizing, accompanied by the negative effects of repelling families, an obfuscated social work relationship and ineffective interventions.

The recent Dutch MPF policy appears to have become stuck in an impasse and in need of reforming. However, the current transition in Youth Care does create possibilities. Knowledge of so-called multi-problem families is a (first) necessity in order to increase the effectiveness of interventions. This requires that policymakers must, as they increasingly do, give substantial professional discretion to social workers. Only then can social work function and interventions succeed. If MPF policies are supposed to be more than mere rhetoric, policymakers would do well to look at social work practice and not just the literature or the political climate. As we have seen, MPF definitions are anything but conclusive, and the label MPF is discriminatory and likely to stigmatize.

I question the usefulness of strict deficit-based labeling and endorse approaches based on discretion. But then the important question is how *should* discretion be used for social policy regarding families in order to have effective outcomes whilst remaining respectful towards the families subjected to that policy? As opposed to deficit-based approaches, developmental relation-based approaches, which focus on the families' (and their neighborhood's or communities') capabilities and strengths whilst accepting the sharing and negotiation of (common) goals, interests and values between the social worker and the family, may facilitate a good working relationship with families. This is because they enhance mutual trust, respect, reciprocity and reliance. These processes require time, patience and commitment in order to improve cooperation and strengthen participation but are yet so important for a more effective and respectful family approach.

Chapter 3

Caught in the Child Protection System: the impact of institutional diagnosis for Dutch and Dutch-Curaçaoan single-mother families in the Netherlands

1 Introduction[1]

> "We are subject to the production of truth through power and we cannot exercise power except through the production of truth" (Foucault 1980: 73).

> "I have a history, a character and a name… I am not a number. I have my own version to tell" (Interview with a Dutch-Curaçaoan single mother Julia (31 years of age) in March 2010).

In the Netherlands there is an official state policy on so-called 'multi-problem families' (BZK 2012). Single-mother families, particularly immigrant families, who live in a marginalized situation and in poverty, are often considered as 'deficient' or 'at risk' (cf. Douglas and Walsh 2010; Sousa et al. 2006; Nixon and Hunter 2009; Östberg 2014). These disadvantaged families are frequently subjected to preventive and protective state intervention practices to prevent their children from developing behavioral and emotional problems, delinquent behavior, or child abuse and neglect (cf. Young et al. 2014; Zoon 2012; McCarthy 2011; Kolthof et al. 2014). Normative judgments about class, ethnic or cultural status as deficient are seen as a reason for intervening in these families (cf. Bourdieu 1986; Korbin, 2002; Scourfield and Welsh 2003; Clapton et. al 2013; Harrikari 2014; McCarthy 2011; Young et al. 2014). Families either enter the legal child protection system directly, through referral[2], or indirectly, if interventions in a voluntary framework are insufficient or are no longer sufficient (Zoon 2012). In the Netherlands, single-mother families are heavily

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1 Chapter 3 has been submitted as article to: *Children & Youth Services Review.*
2 Any Dutch citizen may call anonymously to the Child Abuse Counseling and Reporting Center (AMK). This center forms part of Youth Care Agency (*Bureau Jeugdzorg*). Upon approval from the juvenile court judge, *Bureau Jeugdzorg* has the legal authority to exercise child protection measures. A family supervisor will be appointed to exercise the child protection measure in the family.

overrepresented in child protection (more than 75 percent of cases involve single-mother families) (Komen 1999; Child Protection Board 2013, 2014).[3]

From 2005 onwards, the Youth Care Act (*de Wet op de Jeugdzorg*) has been the legal framework for youth care services for children at risk and their families in the Netherlands. It aims to ensure that high-quality care is available to children and their parents and to strengthen the position of children and their parents (Bosscher 2014). The Dutch Youth Care and Protection system has however been criticized for many years because of high-profile family dramas, low-quality decision-making and low numbers of effective interventions (cf. Clarijs 2013).

In line with other Western countries, child protection intervention practices in the Netherlands are embedded in an overwhelming risk-averse discourse (cf. Lonne et al. 2009). This is accompanied by the following aspects: manageralism, a fear of missing high-profile cases, standardized guidelines and tools, a heavy caseload, 'medicalized' diagnosis, high turnover rates, performance indicators – the official State Gazette (*Staatsblad* 2009) describes the situation where the child protection agency's budgets are based on the quantity of performance indicators times a norm price – and even criminal prosecution of family supervisors in false negative cases (cf. Parton et al. 1997; Munro 2004; Verhallen 2013). The professional discretion of family supervisors, who have the legal authority to carry out child protection interventions, has become reduced due to managerial control and audit indicators (cf. Kuijenhoven and Kortleven 2010). The ways in which family supervisors, but also social work practitioners in a voluntary framework as already described in the previous chapter, interpret information about families, judge and diagnose families, make decisions and provide indications for action, must in my view be seen in light of the aforementioned institutional context. The overarching institutional discourse and the institutional priorities actually shape the actions of social work practitioners.

Social work researchers have historically focused on the complexity of the problems faced by, amongst others, single-mother families from an institutional perspective. However, the families who are subjected to interventions have very rarely been given the opportunity to have their experiences and perspectives meaningfully heard (Hall and Slembrouck 2009). Pijnenburg (2010) and De Vries (2006) argue that the experiences of service-users are of major importance in assessing the working relationship, the process of interventions and thereby the effectiveness of those interventions. Additionally, single mothers' successive encounters with state representatives who exercise voluntary interventions or legal (compulsory) child protection interventions have not yet been revealed

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3   There are no precise numbers available of how many single-mother families are subjected to child protection measures in the Netherlands and neither is any distinction made between Dutch and Dutch-Curaçaoan families as the latter are registered as Dutch due to the fact that Curaçao is a country within the Kingdom of the Netherlands.

(Verhallen 2014; see the next chapter). I ethnographically investigated how voluntary and compulsory intervention processes are experienced by, and take place in, 30 single-mother families with multiple problems. Drawing on this study, this chapter focuses on the impact of the (re)production of institutional diagnosis[4] in processes of state intervention/support for single-mother families. The institutional function of diagnosis (Agar 1985), which is to deliver the right services to families, is crucial in social welfare and child protection intervention processes because it influences intervention process (cf. Prottas 1979; Sarangi and Slembrouck 1996; Van Nijnatten and Hofstede 2003; Juhila and Abrams 2011; Hall et al. 2003, 2014).

This chapter aims to demonstrate that the institutional categorization of single-mother families as 'multi-problem family' has important detrimental effects on state intervention processes. Institutional diagnosis seems to (re)produce dominant 'middle-class' standards (cf. Krane and Davies 2000; Miller 2003; Scott 1990, 1998) based on deficit detection and risk avoidance that leaves insufficient space for the views and experiences of the single mothers. Consequently, almost all the single-mother families involved in this study became caught in the child protection system. Below, I aim to demonstrate that a predominant deficit-based epistemology appears to be the driving force behind the single-mother families' involvement in child protection intervention processes. The following question regarding the (re)production of diagnosis is central to this chapter: How are the single mothers and their child(ren) institutionally diagnosed at the moment of entering the child protection system and how is institutional diagnosis being (re)produced in subsequent intervention practices?

This third chapter focuses, first, on the theory by discussing processes of institutional diagnosis, categorization and labeling in relation to epistemology. Then I explain the ethnographic study and the way in which I reconstructed the institutional process of the (re)production of diagnosis in the single-mothers' intervention processes. Thereafter I focus on four important 'episodes' of social work practice which reveal how diagnosis is (re)produced by both the mothers and the social work practitioners involved in the child protection process. In concrete terms, in order to assess the impact of institutional diagnosis I examine the episodes of 'entering the system', 'the child protection encounter', 'the written report', and the judicial decision in which diagnosis played a role during the years of intervention. Factors of interdependency (i.e. time) and successiveness (i.e. events) are taken into account in scrutinizing the (re)production of the families' diagnoses, because they are important within, and between, the different episodes of the intervention trajectory. In most

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4   In Dutch institutional discourse, diagnosis is regarded as 'a state of affairs'. Diagnosis is that part of the institutional discourse where the institutional representative fits the client's framework to ways that fit that of the institution (Agar 1985). This occurs through a process of (re)formulating (self-)descriptions of the clients (Van Nijnatten and Hofstede 2003).

cases, these factors contribute to the families' entrapment in the compulsory child protection system. The conclusion discusses the detrimental effects of institutional diagnosis and challenges the idea that the current way of diagnosing single-mother families contributes to child protection intervention outcomes beneficial to the single mothers.

2 Theory

Categories play a major role in the (re)production of institutional intervention practices because they express and rely on indexicality (Garfinkel 1967; Mäkitalo and Säljö 2002; Caswell et al. 2010). The meaning of categories is contextually embedded and situated (Mäkitalo and Säljö 2002). Cultural knowledge is stored in terms of categories (Sacks 1992), and therefore is intertwined in intervention practice. Social work and child protection settings are embedded with various socio-cultural categorizations, which are related to e.g. ethnicity, class, gender, age, problems, neighborhoods, (mental) health, educational status and parenthood (Juhila and Abrams 2011). Mäkitalo and Säljö (2002: 75) argue that:

> "Invoking a particular category is a mode of reproducing a specific type of interactional pattern and moral order."

Also Zimmerman's description of 'transferable categories' is applicable because these kinds of categorizations:

> "Travel with individuals across situations and are potentially relevant in and for any situation and in and for any spate of interaction" (1998: 90).

Correspondingly, certain categorizations, such as for instance the ethnic minority status of Dutch-Curaçaoan mothers or the 'low-class' and single-parenthood status of all the mothers involved, could be made significant in the institutional argumentation of the state representatives whilst the single mothers also make use of certain categorizations in their argumentation. Hennum (2011) describes that deficit-based categories are important in institutional argumentation, as it serves to secure the legitimacy of intervening in the private sphere of families.

Additionally, Staring and Van Swaaningen (2009) describe that the labeling theory, particularly in criminology, is seen as a view in which crime is considered as a form of deviant behavior, which is (also) the result of a process of criminal classification and deficit-based categorization. The social construction of problems hinges on assigning labels of deficiency and deviance and the construction of Otherness (cf. Said 1978; Krumer-Nevo 2002). In a similar vein, certain (types of) families are classified and categorized as 'deficit' families, such as, for instance, 'multi-problem' families by social service agencies in order to provide them with (specialized) services (cf. Agar

1985; Clapton et al. 2013; Verhallen 2014). If a family is labeled as a 'deficit' family, that family has been examined and dealt with in such a 'stereotyped' way (McDermott 1993). It is likely that, eventually, the family is going to behave in accordance with the images or 'myths' (Sousa and Eusébio 2007) that agencies have constructed about this type of family. This approach of labeling theory, which has been developed in the work of Matsueda (1992), highlights the dynamics of symbolic interaction and the role of the 'self' (Giddens 1991). Deviance amplification takes place when the labeled individual conforms to the stereotypical expectations of conventional others, including authorities and 'experts'. In this way, the reaction of child welfare institutions, for instance, would reinforce the 'deviant' behavior of the family that they precisely intended to tackle and reduce. Christensen (1992) identifies three problems, which are associated with assigning deficit labels to individuals.

"1. Labels are negative in their depiction of deficits.
2. The labels become the defining characteristic of the person, denying their complex whole.
3. The use of labels for identifying 'special needs' fails to properly locate failure in the system" (Christensen 1992 in Slee 1993: 356).[5]

With reference to the second problem, the assumption is that deficiencies/ problems are located exclusively in the child and/or mother (Slee 1993: 357). The assumption that there is a causal relation between the knowledge of specialists (i.e. they know what they are doing) and the effectiveness and efficiency of service provision underlies the third problem (Slee 1993: 357).

The process of labeling can also be seen as a way to manage risks since it could justify possible difficult interventions in families. Slee (1993) argues that the use of labels leads to deskilled social work professionals where there exists specialist services presided over by trained experts, because the social workers in a voluntary framework, for instance, no longer have to work with a particular category of 'deviant' families when specialists take over. In this regard, Rose (1990) argues that redirecting families is not coincidental, because specialized professionals, for example, developmental psychologists, therapists, special- ized social workers (e.g. family supervisors), have put enormous efforts into defining and servicing their clients. The embracement of a medical model of diagnosis is related to financial incentives, e.g. contracts for (specialized) care and the reimbursement of the costs of care from health care insurances (cf. Le Fanu 2005; Jong 2013). Lipsky and Gartner furthermore argue that:

"Testing, therefore, does not drive decisions but is driven by decisions" (1987: 372).

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5   This is line with the argumentation of Group D, which has been described in the previous chapter.

Notions such as 'the political economy of servicing special needs' (Ball et al. 1993), 'the political economy on public policy' (Amin 2007) and 'the child protection industry' (Clapton et al. 2013) are also in line with this view. Labels exist in specialized environments, receive specialized instruction and are constructed to reflect the philosophies, ideologies, interests and social policies of the relevant social service system (cf. Persaud 2000). According to Clapton et al. (2013: 213) the function of the child protection system is that of a 'moral entrepreneur' and a 'claims maker'.

Categorizing human behavior into normal and deviant/abnormal is characteristic of current classification systems, such as the child welfare and protection systems (cf. Parton 2009; Hennum 2011). These systems produce hierarchies of knowledge, language and power (Foucault 1980; Fairclough 1992, 1992b) and place social workers and family supervisors as holders of 'truth' about the families' lives (Anderson 1997; Gergen 1999; Carlson and Erickson 2001; Hennum 2011). Consequently, the family supervisors' claims have greater validity than those of the mothers, which may either devalue or ignore the latter (Hennum 2011). In line with Hansen's (2010) postmodernist view I rely on the coexistence of multiple perspectives, as opposed to positivist notions of an objective truth about normality, as any perception may be justifiable depending on the needs of a particular group of receivers.

With the foregoing in mind, I interpreted and analyzed how interventions are exercised in single-mother families because this enables me to understand and describe the impact of institutional diagnosis on the families in question. I view institutional diagnosing as a continual labeling process (Agar 1985): both the social workers and the mother take a recurrent position in an interaction where the production of diagnosis takes place, which in sequence is reflected in an official report whereupon a following diagnosis takes place in a subsequent intervention practice. I thus analyzed how the social workers take a position in (successive) encounters and diagnose the mothers and also how the mothers position and diagnose themselves. Written reports, the summarized reflections of social work interactions, function as important 'recontextualization practices' (cf. Chouliaraki and Fairclough 1999), as they serve as distributors of 'truth claims' and obtain meaning in another setting, such as in the juvenile courts (Verhallen 2014). According to Hennum (2011) written documents in child protection processes are crucial as a 'social rite of passage' (Van Gennep 1960). This notion might also be applicable to the other three identified episodes since these episodes are successive and affect each other, if these episodes separate normality from deviance, and transfer the single mothers and their children from one category to another and from one social position to another.

3 The study

Between 2009 and 2012 I conducted a 30-month ethnographic study as a PhD researcher among 30 Dutch and Dutch-Curaçaoan single-mother families who

themselves said that they had multiple problems. Access to these families was not directed by the social service agencies because this would have probably hindered building trust and rapport with the mothers.[6] By my own initiatives, I gained access to these families via doctors and lawyers. These 'gatekeepers' asked the women to whom they deliver services whether they would be willing to participate in a research project on multiple problems experienced by single-mother families. Whenever a woman indicated that she was willing to participate, I telephoned her and explained my research and made an appointment. At the appointment I further explained the purpose of the explorative research: that I was interested in her life, history, the problems she had to face and her experiences with social service institutions. I made it explicit that the study was based on the notion of voluntary participation and for scientific purposes only. It must be noted that the way of entering the field influences the research design, the position in the field and the form of knowledge and data collection and production (Lavancy 2013).

Although I did not know beforehand to which aspects of the setting I could get access to and what I could expect, it soon appeared that 5 single-mother families received social service assistance on a voluntary basis, i.e. they received child rearing or administrative assistance, and that 17 of the single-mother families were subjected to compulsory (legal) child protection interventions, i.e. their children were under the supervision of the state (OTS) and in many cases had been placed in care (UHP).[7] I aimed to scrutinize these intervention processes through triangular methods (i.e. participant observations, informal interviews, the mothers' narratives and the analysis of official documents) because these trajectories had a major impact on the families' everyday lives. Based on a first examination of some families' case files and official documents, it seemed that deficit-based labels directed intervention processes. Certain diagnoses such as 'incapable' or 'uncooperative' in the case of the mother, and in the case of the child diagnoses such as a 'pervasive developmental disorder' or 'ADHD' were often used in official documents by professionals as arguments for the continuation of child protection orders. A closer look must be taken in order to understand the world behind diagnostic categories.

To be straightforward about my role, I never endeavored to be 'objective' in a positivist sense. Hence, in concurrence with Haraway (1991) I reframed objectivity as a positioned and an intersubjective aim. An ethnographic study

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6   Prior to my decision to recruit the single-mother families with multiple problems on my own initiative, I had approached 25 social service institutions working with 'multi-problem families' and asked them to introduce me to these families. It became clear, however, that issues of distrust played a role in their relationship with the 'multi-problem families', which would not be beneficial as far as I was concerned. It also turned out that gaining access via the institutions would be difficult due to, among other things, bureaucratic reasons.

7   From the 30 single-mother families involved in the study, 8 did not get any assistance from social services, 5 only had voluntary assistance, and 17 were subjected to child protection measures often in addition to voluntary assistance.

on state intervention processes in single-mother families made me by definition engaged because I formed part of the asymmetrical power setting that I was analyzing. In this respect, I adopted a reflexive stance and analyzed my own role as a researcher as part of the research setting (see Chapter 5). Taking one's own position into account enhances analytical scrutiny instead of compromising the quality of data (cf. Haraway 1991; Scheper-Hughes 1995).

Hence, I assessed the role and (re)production of institutional diagnosis in the single-mother families who were subjected to both voluntary and compulsory (i.e. child protection) state interventions through participant observation and the analysis of official documents, the mothers' narratives and informal interviews. I focused on the views of the single mothers in particular and to a lesser extent their children due to the fact that almost all children were still very young.[8] In the case of ten single-mother families (five Dutch and five Dutch-Curaçaoan) out of the dataset of the 22 families, I was even able to observe (successive) interactions with the relevant state representatives (mainly the family supervisors) in order to see how the (re)negotiation and (re)production of diagnosis takes place in real time. Since micro-level interactions became an additional object of study (which I, when possible during home visits, audiotaped with the mother's consent),[9] I integrated a critical discourse analysis of social work interactions into the ethnographic study. This combined approach enabled me to focus on the interplay between micro-level verbal communication and (non-)discursive aspects, social positioning and more macro-level contextual factors of asymmetries of power (see Verhallen 2014). This combination is in my view particularly suitable for scrutinizing the (re-)

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8   Although I have informally spoken with 21 children (depending of their age and their willingness to talk about their well-being, how they feel, what is on their mind, how they perceive the family situation, the family's circumstances and problems and the assistance of social workers or the family supervisor involved), I decided to primarily focus on the perspective of the mothers due to various reasons. First, the research design was not directed toward determining the effectiveness of interventions for children – which is as far as I am concerned difficult to measure without (1) a baseline measurement and (2) the possibility to comparing alternative options of care –, second, the impact that an ethnographic research may have on children, third, the circumstances in which the children live (e.g. placement in care) and, fourth, the (differing) age of the children.

9   Although I had the informed consent of both the mothers and the state representatives in allowing me to be present during state interventions and my mode of working was clear to them, I consider my study to be semi-covert or 'shallow cover' (Fine 1993) because I kept the exact aim of the study to myself. I furthermore asked for permission to use the audio-recorder every time I visited a family. The mothers gave their consent to record basically everything taking place in their homes during my visits. This enabled me to record child protection encounters as well. I often did not specifically ask the state representatives for their consent to record the encounters with the mothers due to reasons of avoiding diversion, disturbing the encounter and non-acceptance. The recorder was always visibly placed on the table where the conversation took place. It never occurred that somebody ordered it to be turned off, and if this were so, I would have relied on my field notes. Chapter 5 elaborates on this in more detail.

production of diagnosis, as it generates valuable in-depth data on how state intervention processes are experienced and (re)negotiated in practice.

With respect to diagnosis, Agar (1985) and Hennum (2011) argue that the writing of reports has become a key activity for social workers since they must write summaries of child protection encounters in reports so that their 'essence' (the diagnosis and the decision or indication) can be used in other settings. So, based on the social worker's representation of 'the state of affairs' of the family in official documents, subsequent steps and measures are taken (cf. Mehan 1993).

I observed more than 70 encounters between the 10 single mothers and the social work professionals during home visits, court hearings and supervised meetings to examine how the mothers were addressed in social work encounters and whether certain 'transferable categories' such as, for example, (Curaçaoan) ethnicity, (single-mother) parenthood, (motherhood) gender, or (low) class were invoked in institutional argumentation and functioned as legitimation for decisions or indications. Additionally, I analyzed the case files of these single-mother families, which consisted of numerous official and unofficial documents (with some containing over 100 documents) in order to assess the ways in which diagnosis is recontextualized, i.e. whether the descriptions of the families in official documents corresponded with what was said and agreed upon in the child protection encounters.

Through a contextual analysis of some excerpts taken from interactional data, I will demonstrate in the following part of this chapter how diagnostic categories are reinterpreted and recontextualized during four different episodes of the child protection process: 'entering the system', successive encounters, written reports, and juvenile court decisions, and how diagnostic categories gradually and detrimentally affect the effectiveness of interventions and the lives of the single-mother families. The trajectory is however much more complex than I can demonstrate here. In this regard, each family's intervention process is unique, as the process depends, among other things, on the initial reason(s) for intervening, the number of children and family members involved and the number of state representatives dealing with the case. In general, it is a repetitive cycle in which a judicial decision about which steps to take is periodically made, and is then again followed by encounters and reports. The child intervention process begins when a family enters the system, and could end with a judicial decision that the child protection measure(s) should be lifted or altered, or else the process ends when the child under supervision reaches adulthood.

4 The results

4.1 Episode 1: entering the child protection system

The first social work practice concerns the episode of 'entering the system', reflecting the initial institutional diagnosis versus the mothers' self-presentation

of the family's situation at the moment of entering the system. As mentioned before, there are two ways of entering the child protection system: directly, e.g. via (anonymous) calls to the Child Abuse Counseling and Reporting Center (AMK) or the Domestic Violence Support Center (SHG), or indirectly, e.g. via assistance in a voluntary framework.

The 8 single-mother families who remained under the radar of the social services (due to a fear of compulsory care) were not institutionally diagnosed or labeled as 'multi-problematic' or something similarly deficit. It was furthermore clear from the interviews that they did not consider themselves to be 'multi-problematic'. Instead, they said to encounter problems or difficult circumstances. This was the same for the other mothers. Hence, it seems that there is a 'battle of perspectives' since the 'multi-problem family' looks differently at the family situation than the social work professionals do (see also Rothery 1990).

The opinions of the five single mothers who were provided with assistance in a voluntary framework were divergent with respect to the ways in which the social workers involved addressed them. Two Dutch-Curaçaoan mothers indicated that they were positive about the delivered assistance and the social worker(s) involved and did not mention being deficit-labeled or fearing compulsory assistance. This does not, however, mean that labeling processes were not going on. In this regard, one Dutch and two Dutch-Curaçaoan mothers showed signs of hesitation regarding the probability of being transferred from the category of voluntary assistance to that of compulsory (legal) assistance. The following quote from Daisy reveals this:

"Since a few weeks [the name of the social worker] has been meddling too much… [The name of the social worker] is no longer of any assistance to my daughter. The social worker had said that I need special assistance for the problems we face" (interview with the Dutch single mother Daisy, September 2009).

The following statements made by two different social workers to Julia (a Dutch-Curaçaoan mother) that I observed in 2010 are in line with Daisy's experience concerning the likelihood to be assigned to a compulsory framework:

"I think that the support I can offer is not sufficient. I think you need a specialist to help you"…"The resources that I have, and the time that I can spend on your family is not sufficient to adequately help you" (social worker B).

"You know that after six months of assisting you and your children my 'work contract' finishes [the social worker was instructed by the agency to spend a maximum period of six months to improve the family's situation], so if the situation has not improved by that time, you will get a family manager [in fact, a family supervisor in a compulsory framework] to help you" (social worker C).

It is striking that the way in which the social workers frame the (possible) transition to compulsory assistance is not by explicitly addressing Julia or her four children as 'deficient' but merely by emphasizing their own 'shortcomings' or 'limited recourses'. In a way, the social workers involved downgrade their skills and knowledge in order to explain Julia's situation. Slee's (1993) notion of deskilled social work professionals might be apt here, as these social workers who deliver voluntary assistance no longer have to put up with Julia's 'problem' family.

Julia was one of the 17 single-mother families of the ethnographic study who were subjected to child protection interventions and whose family I had studied in depth. Julia's family entered the child protection system indirectly; she voluntarily asked for child-rearing assistance and ended up in a compulsory framework. Julia's children were placed under the supervision of a family supervisor because "support in a voluntary framework turned out to be no longer sufficient" (Report by the agency 2010). In an indication document produced in 2010, which was intended for the Child Protection Board to assess Julia's family situation and to inform the juvenile judge concerning any further action, i.e. whether a supervision order would be imposed, Julia was defined as "not being sufficiently capable of handling her complex situation" and furthermore framed as being "at risk of possibly neglecting her children" "by virtue of her limited cognitive abilities".

My longitudinal ethnographic fieldwork concerning Julia's family generated more detail and context for these diagnoses written down in reports. The aforementioned diagnoses must be viewed in light of Julia's pregnancy with her 5th child (unplanned but welcome), in combination with her physical health problems (since her birth), her eldest son (ten years of age) having to attend a special school for children with behavioral problems (not within walking distance from their home) and, related to this, a very difficult relationship with the social worker A. In Julia's view social worker A, who preceded social workers B and C, had spread rumors about her [that she had smoked cannabis in the schoolyard]. Moreover, the social worker had labeled her as "uncooperative" because Julia did not follow his advice to send her eldest son to school on his own (without Julia's or somebody else's supervision). But Julia yet wanted to prevent accusations that she was neglecting her son by sending him to school on his own – which was also underlined by some other professionals involved. Furthermore, Julia informed me that her (financial) situation was "not ideal" although she could manage with the help of her mother and other family members and hoped for the necessary support from the 'family manager' which was still to come. An IQ test, which both Julia and her eldest son were asked to take, would reveal their intellectual capabilities and be an indication for further diagnostic and appropriate assistance. They both scored a low average (80-85) (interview with Julia in March 2010). The case of Julia is a good example of how single mothers can become caught up in the child protection system.

Although each of the 17 family situations was unique, all single mothers had in common that they were earmarked as being incapable and 'multi-problematic'. The child protection system (re)produces dominant 'middle-class' standards about gender and parenthood. It categorizes the mother as incapable whereby a family supervisor functions as 'a compensating parent', i.e. the other half of parenthood (Östberg 2014). The single-mother families were in different 'stages' of the intervention process of a supervision order (OTS), an extended supervision order (VOTS), being placed in care (UHP) and the abrogation of parental authority. Besides Julia and two Dutch single mothers, Marie and Judith, the other 14 single mothers were longer involved in the child protection system. Based on my reconstruction of the single mothers' situations, from the data in interviews and the data in official documents the following categorized 'concerns' were officially reported at the time of entering the child protection system, as Table 1 shows.

Table 1. Formal institutional diagnosis by entering the child protection system (N=17)

Concern by category	Total	Dutch	Dutch-Curaçaoan
Domestic violence/ physical injury	7	7	0
Neglect	6	1	5
Emotional well-being	3	2	1
Suspected sexual abuse	1	1	0
	17	*11*	*6*

It can be seen that both domestic violence and neglect were the most frequent categories in question, occurring in three-quarters (13 out of 17) of the single mother cases. Specifying these concerns by ethnicity, it provides a different view of this data. The (relatively small and therefore not generalizable) number of single mothers in the dataset reveals that the initial reason for entering the child protection system differs between the Dutch and Dutch-Curaçaoan single mothers, as domestic violence was the most frequent category in question, occurring in almost two-thirds (7 out of 11) of the Dutch cases and in none of the Dutch-Curaçaoan cases. Whereas the opposite applies for neglect, occurring in five out of six of the Dutch-Curaçaoan cases, including that of Julia, while only once in the Dutch cases. In the literature it has been noted that the connections between neglect (Swift 1995) or abuse (Thomson 2003) and poverty are associative, not causal. Also Kay describes that just because poor families come to the attention of social service agencies, they are much more likely to become involved in child protection processes than middle-class families (Kay 2003: 14). Since the single mothers had lived in poor circumstances for the whole period, the question remains whether this lay

beneath the initial institutional diagnosis to begin with (cf. Krane and Davies 2000; Smeyers 2010; Featherstone et al. 2013). It furthermore seems that notions of class and race have also played a role in the risk assessment of the single-mother families (cf. Krane and Davies 2000; Križ and Skivenes 2010; Scourfield and Pithouse 2006).

Although generalizations cannot be drawn from only 17 single mothers, it is striking that five out of six of the Dutch-Curaçaoan single mothers entered the system via voluntary assistance (on 3 occasions by means of child rearing assistance, once as a result of administrative assistance and once via a doctor) while the Dutch mothers often became involved with the system due to a combination of voluntary assistance and (anonymous) calls to the AMK and SHG (see also below in Tables 2 and 3).

An analysis of the interview data furthermore reveals that the mothers do not consider themselves in accordance with the formal categories of the child protection system; on the contrary, these categories evoked fierce resistance from the mothers (see also Dale 2004). Jeanette, a Dutch mother, for instance, was very angry with the family supervisor when she was called an "emotionally unstable and verbally aggressive mother" (see Table 1 for the formal institutional diagnosis of 'emotional well-being').

The mothers, however, occasionally use the same classificatory concepts of the system: whereas none of the mothers described themselves as a 'neglecting' parent (which mainly concerned the Dutch-Curaçaoan mothers), some of the Dutch mothers used the concept of 'domestic violence', not as a self-defining concept but rather as a label ascribed to their aggressive ex-partner. Notwithstanding this, formal diagnoses of 'neglect', for instance, had, in my view, transferred the single-mother families from one category (a family in need of assistance) to another (the child protection category) and from one social position (disadvantaged) to another (supervised).

4.2 Episode 2: the child protection encounter

The following excerpts from Flores, a Dutch-Curaçaoan mother, and the family supervisor reveal how the (re)negotiation of Flores' and her daughter Felicia's diagnoses take place in successive interactions over time. It furthermore shows how the argumentation and legitimization of diagnosis and the ensuing interventions were enacted and gradually, partly as a result of Flores' labeling of herself, became worse for Flores' family. Felicia's initial diagnosis of being hyperactive at the time of entering the system was, for instance, modified as a severe personality disorder during the process, and Flores' initiative to ask for (voluntary) assistance resulted in (a compulsory) supervision order, followed by Felicia's (compulsory) placement in care and eventually ended in Flores' abrogation of parental custody. It would seem that Flores participated in her own subjugation by confirming the expectations of the powerful, which resonates with Scott's scholarship in the sense that powerless people adopt

dominant strategies in order to make a good impression on the powerful that, in spite of being in their interest, yet conforms to the status quo (Scott 1990, 1998).

The verbal transcripts are literally translated from Dutch to English. I excluded some words and sentences to make the text more readable and to the point. The first excerpt concerns a home visit in November 2010. The family supervisor said after ten minutes in the conversation with Flores whose daughter Felicia (3 years old) had been placed in care:

> "We informed the judge, and the judge also reconfirmed this more than once, that Felicia can't live with you.
> Flores: "Yes, but what is Felicia's problem?" […]
> Family supervisor: "Felicia is a hyperactive girl".
> Flores: "She has been a hyperactive girl for two years now… And, what else?"
> Family supervisor: "Yes, that's why, that is of major concern. She already gets a lot of support and structure. And she is still hyperactive. […] Besides that, and we have often said this before, Felicia has a developmental disorder, which means that she is not fully aware of what is appropriate and what isn't. She doesn't cry when she falls but laughs". […]
> Flores: … "not all children cry when they fall".
> Family supervisor: "no, but this is one example, and I have hundreds. […] It means that she has a developmental disorder. I don't make that up, psychologists have confirmed this."

This excerpt demonstrates that the family supervisor strengthens the (defined in abstract terms) diagnosis of Flores of 'can't live with you' and Felicia's diagnosis of being 'hyperactive' and with 'a developmental disorder' by claiming that (powerful) authority bodies – 'the judge', the supervisor's Agency (the family supervisor uses the plural pronoun 'we') and 'psychologists' – have also come to this conclusion. It follows that s/he thereby disqualifies Flores as a capable mother and devalues Flores' 'truth claims'. It furthermore reveals a competing moral judgment of abnormality/normality. In the view of the family supervisor "children ought to cry when they fall" and Flores' opinion is that "not all children cry when they fall". The family supervisor appears to claim moral truth by presenting her moral judgment as a factual truth (cf. Létourneau 2012; Huijer 2014). Some minutes later on in the conversation the family supervisor says:

> "Hence [referring to: the aforementioned developmental disorder] the results show, and therefore we also say, you can't care for Felicia". […] "Every time when I visit you we can discuss this issue about whether Felicia can or can't live with you, and why she won't."

A few minutes later Flores says:

"Psychologists tested Felicia's and my IQ, and the results show that I can never care for Felicia. But, I have taken care of Felicia for almost 2 years".
Family supervisor: "That's true"
Flores: "And you also tell me that I can't care for Felicia, and that Felicia is going to stay with these old (around 55 years of age) Dutch people. […] I want my family to take care of Felicia. […] My family is not the same as me. I have, uh, uh, a low IQ."

These excerpts show that Flores adapted to the institutional jargon by using the words 'hyperactive girl', 'psychologists', 'IQ' and 'the results show'. She even uses the same language as the family supervisor by saying: "and the results show that I [as opposed to: you] can never care for Felicia". Flores changed the word 'you' with 'I' and therewith she reproduces her own diagnosis, because she re-presents herself *as if* she "can never care for Felicia". It appears that by virtue of repetition, as mentioned by the family supervisor the reason for continuing UHP is a frequently discussed issue, Flores labels herself as deficient by indicating that she is incapable of taking care of Felicia. Her own words illustrate this: "my family is not the same as me". Hence, in line with Scott (1990, 1998) it appears that Flores engaged in impression management to cope with the power asymmetrical setting and relationship. It was namely in Flores' interest to produce a credible presentation of herself in line with the expectations of the powerful. However, in so doing Flores endorsed the terms of subordination, or to use Scott's words, she was 'even an enthusiastic partner in her own subordination' (Scott 1990: 4).

An analysis of the interactional data shows that both the Dutch-Curaçaoan mothers and the state representatives often invoke cultural categories as a matter of importance in making their moral judgments. Flores' words "these old Dutch people" are illustrative. Flores wanted her daughter to be raised by her own family with their cultural customs and habits and attempted to convince the family supervisor by referring to the age of Felicia's temporary foster parents, but this argument did not impress. The family supervisor responded that the foster parents were not old, but were indeed older than most Dutch-Curaçaoan parents. In a previous encounter the family supervisor indicated:

"[When talking about Flores' role as a mother] You give advice [to the foster parents] about how to comb Felicia's hair. Felicia now lives with Dutch people and they don't have that complicated hair what you have."

Although the family supervisor seemed to make compliments to Flores for her hair-styling tips and secrets, the family supervisor (probably unintentionally) insulted her – at least in Flores' view – for being different from 'Dutch people', and moreover overlooked Flores' mother role by reducing it to advice giving about hair combing. In addition, not only Flores but also the family supervisor

appeared to make reference to 'stereotyped' differences in nurturing and caretaking roles.

In February 2011, also Claire (a Dutch-Curaçaoan mother) seemed to have participated in her own subordination by telling the family supervisor that her parents, and parents in general in Curaçao, give their children an 'educational rap on the knuckles'. The family supervisor responded that although Curaçaoan didactic practices might differ from Dutch practices, "the Dutch is the way 'we' do it". With this, Claire endorsed the continuation of the supervision order. Not only cultural but also low-class categories were frequently invoked in child protection encounters. A Dutch family supervisor indicated to Joyce (in May 2011), when the family supervisor was in fact lying in Joyce's view, that "shouting might be common to you people". By raising her voice and telling the family supervisor that she lied, Joyce appears to have confirmed the expectations of the family supervisor. It was in any case an argument for the family supervisor to continue the child protection order.

Moreover, in line with Zimmerman's description of 'transferable categories' I argue that also moral judgments can be transferable, as these were frequently inconsequent. For example, following the argumentation of a previous social worker, Flores' family supervisor frequently said to Flores that "the reason for Felicia being placed in care was that there was no proper food in the fridge" (home visits in 2010) whilst taking Flores and Felicia during supervised meetings to McDonalds to eat some French fries, hamburgers and milkshakes (supervised meetings in 2010). It appears that the family supervisor applied double standards with regards to 'proper food' at her convenience.

In sum, it seems that essentialist notions of culture along the lines of ethnicity and class are invoked in child protection encounters to reinforce arguments in ethical discussions about what is 'good' behavior (Križ and Skivenes 2010). These notions appear to lie behind the construction of the mothers as, for instance, being 'incapable'. Such deficit-based labels often seem to have led to mothers' responses of labeling state professionals as being the 'bad guys'. In line with Scott's scholarship, both constructions appeal to the expectations of the powerful and their legitimacy in intervening.

The following communication pattern, or variations thereof (as it concerns different subjects and objects of conversation, for example the mental health situation of the child), which I observed many times in child protection encounters between the single mothers and the family supervisors, demonstrates how (self-)diagnosis is interactionally (re)produced and how perceptions of 'the incapable mother' and 'the bad professional' are shaped.

The family supervisor asks Joyce how she is doing: "How are you? What about your current health situation?"
Joyce responds that she is fine and that she feels ok.
Family supervisor asks about the family's problems: "How are the problems with your ex-husband these days?"

> Joyce indicates that there are no (relevant) problems: "Things are going better now."
>
> Family supervisor responds with a question that is an elicitor of consent: "Are you sure that [the name of the ex-husband] isn't annoying you? I mean… he lives in the same neighborhood…?"
>
> Joyce responds in a semi-confirmative fashion: "Um, yes, I had an issue with him a couple of weeks ago."
>
> Family supervisor responds with a question that is an elicitor of consent: "So, [the name of the ex-husband] is still bothering you?"
>
> Joyce responds in the confirmative: "um, um, yes, there were some problems with him, he said a few horrible things to me."

A report describes that "the mother [instead of her personal name 'Joyce'] has serious problems with her ex-husband". This results in the diagnosis of a severe threat to and a danger for Joyce's children and categorizes Joyce as not being able to properly evaluate her situation (the encounter between the family supervisor and Joyce and the official report May 2011). The continuation of the placement of Joyce's two children in temporary foster care was herewith legitimized.

Since Joyce had acknowledged in an encounter with the family supervisor that she experienced, or faced, something 'abnormal' with her ex-partner, the family supervisor indexed this in a way that fitted an institutional diagnosis. With regard to the ascribed diagnosis, Joyce and also other mothers frequently divulged to me that the family supervisor (or another professional) involved had asked many suggestive questions. The mothers' statements would (therefore) be misrepresented in the reports. This often resulted in yes/no discussions between the mother and the professional in a subsequent encounter. An increased lack of affiliation and alignment, followed from this. Consequently, the mother was recurrently seen as 'incapable' and the state professional as 'a bad professional'. I experienced that some (dissatisfied) mothers made allegations about the family supervisor lying and fabricating concerns (cf. Dale 2004). The mothers' situation actually worsened if they articulated these concerns in encounters with the family supervisor involved; they were represented in the reports as being 'verbally aggressive' or 'uncooperative'. These interactional patterns seem to echo Scott's (1998) 'seeing like a state' because the family supervisor did not represent the actual goings-on but represented only that part that was of interest to official state representatives (i.e. that the mothers were verbally aggressive or uncooperative). Also Joyce and Jeanette, whose cases I will describe in the following episode, appear to lack the capacity to resist the 'transformative state simplifications' (Scott 1998: 3).

4.3 Episode 3: the report

The third important episode is the report revealing how the mother's and the state representative's production of diagnoses in the child protection encounter is subsequently (re)produced in official and expert reports. The meaning and impact of the reports and the diagnoses laid down in those reports have already been shown in the preceding sections.

However, in order to demonstrate the importance of this episode I will discuss this episode in more detail. In this regard, Cicourel (1983) argues that the relationship between the child protection encounter and the written report that it generates is actually the core problem in (re)producing (consistent) diagnosis, probably due to institutional processes of standardization, recontextualization and interpretation. I concur with Cicourel that there is often a dissonance between what is being articulated in an encounter and what is actually being displayed in a report, as it was often difficult to reconstruct a written report based on field notes or an audiotaped encounter.

Validity 'truth' claim discrepancies (Habermas 1979) were not only (re) produced by the translation of what was said into a description of what was going on, but were also generated in the report itself. An example of this is a certain diagnostic report on Rob (13 years of age), the son of Jeanette (a Dutch single mother of 43 years), which is generated on basis of a description of the family history, an observation of Rob (and an interaction observation with Jeanette), an IQ test, and (expert) opinions on Rob. The report describes in the beginning that it is possible that Rob has a personality disorder. While it is described in the same report without any added information on page 39 that "it is *likely* that Rob has a personality disorder" (emphasis added), in the conclusion it is furthermore stated that "Rob has a personality disorder". Moreover, in the summary it is stated that "Rob has a very serious personality disorder" (p. 47) (forensic psycho-diagnostic report 2009).

In subsequent reports, social work encounters and in the juvenile court the state representatives involved had referred to the latter diagnosis, which has become a personality trait of Rob with a causal explanation attributed to Jeanette's 'parental culpability' (see White 2003) – as Jeanette was (partly) to blame for it due to 'poor insight'. In scrutinizing the reports on the single-mother families, I frequently found this pattern of transferring assumptions into conclusions and ascribing culpability to the mother. Hence, I concur with White that the underlying supposition is that the skills of the mother, or the lack thereof:

> "Are embodied in the child. That is, good enough or bad enough parenting is assumed to be measurable using standard measurements and yardsticks (height, weight, development, psychological adjustment [and IQ – added by the author]" (2003: 186).

Although the mothers can reject or resist the diagnosis attributed to them or their child(ren), it appears that it is difficult to disprove. Borrowing the words of Agar:

> "Institutional discourse prevents client validity claims, unless the institutional representative makes room for them" (Agar's interpretation of Habermas 1979 in 1985: 157).

The following illustration reveals how a family supervisor produced a diagnosis of Chiara, a Dutch-Curaçaoan mother of 41 years of age, as a dependent, unstable and incapable mother, and how I, as a researcher, was made part of Chiara's diagnosis. In a written report about a supervised meeting the family supervisor described that "the mother brings unknown people with her to the supervised meetings with her daughter" and "the mother should not always bring unknown people to the supervised meetings" (official report in 2011). During a subsequent home visit, the family supervisor discussed with Chiara how the last supervised meetings between Chiara and her daughter had gone and how Chiara and the supervisor had experienced it. When the report was being discussed it became clear that "the unknown people" must have referred to me since I was, besides another family supervisor, the only one present during the supervised meetings whilst I had asked for the family supervisor's consent to observe the meetings every time and had identified my self as a researcher. Although the family supervisor would make a note of the fact that Chiara had never brought unknown people to meetings, it was not amended in subsequent reports. Consequently, these reports still (re)produce a reified view of Chiara, and hide her view and the context in which the persons who (will) read the reports interpret Chiara's diagnosis (see also Scott 1998).

Much of the report writing is meant to convince an audience (cf. Hennum 2011). The authors of official documents have expertise and knowledge-based legitimacy in diagnosing the mother or child, which they aim to show to others in order to attain an institutional goal (Agar 1985). Hence, reports play a major role in the subsequent decision-making processes of the different state representatives involved in child protection trajectories: among others, social workers, family supervisors, professional experts (such as, for instance, developmental psychologists), the Child Protection Board and the juvenile court judge. Family supervisors write a final report to meet legal requirements, in which the assessments of a body of experts are summarized. I concur with Hennum (2011) that a final report consists of much copy-pasting of the experts' reports, which functions to 'prove' the family supervisor's decision about which steps to take. An explanation for this might be that a misalignment of diagnoses leads to problems in fulfilling institutional (standardized) tasks and agendas, as argued by Zimmerman (1998).

However, in line with Silverman (1998) and Juhila (2003) I argue that the mothers are not simple marionettes, because they can, and often do, use

their knowledge (of institutional frames) by actively challenging the ascribed diagnosis. Particularly the Dutch mothers were assertive and actively resisted the diagnoses attributed to them, if these were not in line with their own interests (see Verhallen 2013). They did so by denying or downplaying their 'problems', by emphasizing their capabilities as a 'good' mother and by contesting the view of the family supervisor (cf. Juhila 2003; Slembrouck and Hall 2003). Thus, to a certain extent, the mothers can direct and control the actions of the state representative involved by, for instance, selectively providing information or by drawing attention away from a 'painful' subject. The ways in which the mothers represented themselves and the situation seem to be important in determining the reaction of the state representative involved. In most cases, assertive strategies did not turn out to be very effective (cf. Dumbrill 2006; Scott 1990, 1998). Contrariwise, it appeared to turn against the mothers by subsequent diagnoses of 'manipulative', 'dominant' and 'verbally aggressive' or became a source of 'proof' of a lacking understanding of either their children's perspective or self-insight, as in the case of Jeanette and her son Rob. These type of negative reactions were felt to be disproportionate and 'had to be falsified' in the mothers' eyes, leaving them in a situation of having to prove their innocence.

   As opposed to Chiara, Julia, and particularly Julia's mother Cynthia, went to great lengths to have their view added to the case file on Julia's family by discrediting the rumors about Julia written down by social worker A in the reports. Social worker A described in an official report that "a schoolteacher confirms that Julia smoked marihuana in the schoolyard". This would have a negative influence on Julia's children and their reputation at school and makes Julia an incompetent mother (official report 2010). Consequently, Cynthia became very angry with the social worker and sent him away. He never returned. Cynthia went to the school to "investigate who had said such things about my daughter" (interview with Cynthia in April 2011). It became clear that none of the teachers had even spoken to social worker A. Cynthia made sure that she got a signed letter from the school and went with this letter to both the agency employing social worker A and the child protection agency involved in order to rectify the statements about Julia. The diagnosis of 'uncooperative' attributed to Julia by social worker A (in 2010) was later replaced by the diagnosis of 'promising' by the family supervisor (in 2011). In this case, it appears that learning the institutional frames with experience, as Julia's mother had done, can result in a mother's advantage. Additionally, it also seems that not all social workers deal with institutional discourse, or to put it differently, use their professional discretion, in the same way, as the family supervisor recognized Julia's interest.

4.4 Episode 4: judicial decision

The fourth practice is the judicial decision, in which the (cumulative) diagnoses are interpreted by a juvenile court judge and translated into a judicial decision, i.e. whether or not a supervision order will be continued. The judge selects, interprets the 'truth claims' of the child protection representative and the mother (defended by a lawyer), and must assess the relevance of their (competing) stories in ways that are relevant for the court. I observed several times in court (and in everyday office meetings) that a representative of the child protection agency or the family supervisor argued that:

> "The child had overtaken the position of the mother because of… the mother's intelligence or inability to take care of the child... whose development is seriously threatened/endangered by the mother" (e.g. in the cases of Flores in March 2011, and Joyce in June 2011).

In this regard, Flores' lawyer stated in court:

> "The agency is the professional, but I have doubts about that. Regarding the supervised meetings, I take on what the mother tells me. I can imagine that it is difficult to spend only one hour together while being supervised. And finally, a child of three, who had overtaken her mother in intelligence… I find that a very bold statement and have my doubts about that as well. […] The mother has her life on track and my request is to give her a chance" (March 2011).

Flores herself stated:

> "I am very sad. There is always something wrong with my daughter" (March 2011).

In line with Garfinkel who views the courts as 'degradation ceremonies', the family supervisor's statements seem to imply that the mother is morally culpable or unable to meet the dominant society's values (Garfinkel 1972 in Slembrouck and Hall 2003: 43). In many cases under scrutiny the judge made clear that a point of no return had been reached and that the UHP or the abrogation of parental authority had to be initiated on behalf of the well-being of the child. In Flores' case, and also in other deprivation of custody cases, the judge referring to Article 1: 266 of the Dutch Civil Code, followed the advice of both the child protection agency and the Child Protection Board and decided in 2012 that:

> "It is not contrary to the child's interest to discharge the mother from her legal parental authority" (Written judicial decision 2012).

It was thereby legally decided that Flores should be transferred to the position of a mother who no longer has any legal authority over her daughter Felicia and that Felicia should be transferred to the position of an institutionalized child whose mother is incapable of raising her. This means that both Flores and Felicia remain entrenched in the system for the next 15 years, until Felicia becomes an adult. It is furthermore striking that the decision only displays the institutional re-diagnosis of Flores as an incapable mother. The argument provided for the judicial decision only refers to the general phrase of the child's interests, which implies that the mother is considered to be incapable of being a parent and legal guardian. However, during the proceedings, Flores as well as her lawyer explicitly invoked that Flores is "a good mother" (Official Minutes in March 2011) and Flores' interest as a mother must be taken into account (see the above quotation from the lawyer's statement). In the reasoning in the judicial decision, these aspects were not mentioned at all, while in the Official Minutes much more was recorded about the opinions and advice of the Youth Care representatives. It therefore seems that the (re)production of diagnosis in reports and in court had simply become a routine formality, reflecting the power of the court's institutional trust in child protection processes. Additionally, it demonstrates the power of funneling, as through successive reproduction the 'truth claims' of the institutional representatives are (made) valid.

4.5 Successive and interdependent episodes

Scrutinizing the four episodes and the 17 single mother cases, the following Tables 2 and 3 reveal the successiveness and interdependency of the episodes. These factors play an important role in the mothers' being drawn into the system. Hence, the tables illustrate how the 17 single-mother families were (additionally) diagnosed during the different episodes of the child protection process.

Table 2. Institutional diagnosis of Dutch-Curaçaoan single mothers (N=6) by entering the system versus the mother's perception, additional diagnosis and judicial situation in 2012.

Entering the system		Additional diagnoses	Judicial diagnosis
Official diagnosis	*Mother's perception*	*Based on successive encounters and official reports*	*Situation of decision*
Neglect	Depression due to the loss of her eldest child – Voluntary assistance	E.g. unstable, selfish, son has behavioral problems (ADHD, anti-social behavior), parentification of her daughter; teenage pregnancy of daughter	UHP

Neglect	Purchase of a scanner to send and receive photos and documents in the context of her deceased father/ poor financial situation/ in the view of the social worker no 'proper breakfast' for her daughter – Voluntary assistance	E.g. irresponsible, low IQ of mother, mentally retarded, warm, loving, unstable, (in)capable, daughter has a pervasive developmental disorder and has overtaken the mother's intelligence, (un)cooperative	Abrogation of custody
Neglect	Very stressful situation due to pregnancy while having health problems and a son whose behavior is problematic – Voluntary assistance	E.g. warm, loving, (in)capable, low IQ, (un)cooperative, son has behavioral problems (anti-social) and low IQ, promising	Out of system (OTS lifted)
Neglect	Arrested by the police for drug trafficking (body stuffer) – Police referral	E.g. low IQ, irresponsible, unstable, easy to influence, criminal	UHP
Neglect	Difficult financial situation –Voluntary assistance	E.g. low IQ, unstable, irresponsible	In-between OTS and UHP
Emotional well-being	Many things, it was difficult –Voluntary assistance	E.g. schizophrenia, paranoia, low IQ, uncooperative, unwilling, hopeless	In-between UHP and Abrogation

Table 3. Institutional diagnosis of Dutch single-mothers (N=11) by entering the system versus the mother's perception, additional diagnoses and judicial situation in 2012.

Entering the system		**Additional diagnoses** *Based on successive encounters and official reports*	**Judicial diagnosis** *Situation of decision*
Official diagnosis	*Mother's perception*		
Domestic violence	Aggressive ex-partner: violence, drug and alcohol abuse, physical attacks – Voluntary assistance, via AMK, SHG	E.g. low IQ, easy to influence, damaged, problematic childhood, inconsistent, uncooperative, verbally aggressive, daughter has a developmental disorder and has overtaken the mother's intelligence, not learnable	UHP (grandmother applied for full custody)
Domestic violence	Aggressive ex-partner: alcohol abuse, gambling, threatening – Voluntary assistance, via AMK, SHG	E.g. unstable, low self-esteem, uncooperative, inconsistent, victimized, son with developmental disorder	In-between UHP and abrogation of custody

Domestic violence	Domestic violence: mental and physical abuse, manipulative ex-partner – via SHG	E.g. unstable, low self-esteem, victimized, easy to influence, parentification of children, developmental disorder	In-between UHP and abrogation of custody
Domestic violence	Very aggressive and manipulative ex-partner – Voluntary assistance, via AMK, SHG	E.g. low IQ, inconsistent, sexual abuse of child in care, damaged child, severe behavioral problems e.g. ADHD	Abrogation of custody
Domestic violence	Violence, smoking marihuana, manipulative ex-partner – Voluntary assistance, via AMK	E.g. low IQ, easy to influence, uncooperative, repeated change of (abusive) partners, daughter has overtaken the mother's intelligence	UHP
Domestic violence	Domestic violence, aggressive ex-husband, drugs – Voluntary assistance, via AMK, SHG	E.g. low IQ, easy to influence, low self-esteem, unwilling to cooperate	UHP
Domestic violence	Aggressive child – via SHG	E.g. unstable, irresponsible, blames others, her son has ADHD, anti-social behavior, sexually abused in child care	In-between UHP and abrogation of custody
Emotional well-being	Son had thoughts of suicide – Voluntary assistance	E.g. high IQ of son and mother, loyalty conflict, Asperger syndrome, dominant, threatening, manipulative mother: verbally aggressive, emotionally overwhelming, uncooperative, selfish, lack of insight	In-between UHP and (re)placement (OTS)
Emotional well-being	Deceased partner, problematic sexual behavior of daughter – Voluntary assistance	E.g. warm, loving, emotionally unstable, parentification of daughter, dependent personality disorder	OTS
Neglect	Didactic questions, serious illness, cannot cope with the situation, depression – Voluntary assistance	E.g. warm, loving, unstable, unstructured, emotionally demanding, selfish	UHP
Suspected sexual abuse	Nothing is wrong (partner is suspected of sexual abuse of two children) – via AMK	E.g. 'Brainwashed mother', in denial, low self-esteem, easy to influence, loyalty conflict	UHP

Through processes of deficit-reasoning, which often brought about resistance and clashing 'truth' claims, the mothers were gradually labeled as a 'threat to the development of the child' or 'unwilling to see or incapable of seeing deficiencies'. This often led to a point of no return in the system. Their child(ren) were also often subjected to a similar process of deficit diagnosing, i.e. of 'low IQ', 'serious behavioral problem', a 'pervasive developmental disorder' or other disorders. These types of diagnosis left them in institutional (or foster) care. During these processes other factors such as time, and also the consequences resulting from a lacking childcare and protection system itself, came to play a major role in reduced possibilities to escape being drawn into the child protection system.

As I have shown, there were 'multiple' and often competing 'truths' between the single mothers and the social workers. The social workers, however, are able to create versions of reality that privilege a distinct set of practices and ideas (middle-class standards) over others, i.e. the low-class set of practices and ideas of the single mothers. By so doing, they simultaneously marginalize the single mothers' ideas, understandings and practices (Burr 2003).

In addition, also the mothers unintentionally endorse their own marginalization (Scott 1990, 1998). Many of the single-mother families became gradually subjected to child protection interventions due to various and sequential diagnoses which increasingly disqualified and positioned the mothers as being incapable of raising their child(ren). Interactions between social workers and mothers reveal that deficit-based institutional discourse (e.g. Sousa et al. 2006) not only leads to processes of dissociation but also to processes of self-labeling and association (cf. Matsueda 1992). It is striking that many mothers have by repetition adjusted to the institutional language or the dominant beliefs of the state representative and (indirectly) have presented themselves as being incapable of taking care of their child (cf. Scott 1990, 1998; Bernburg et al. 2003; Foucault 1980; Monk and Gehart 2003). This self-labeling contributed to a diagnosis that confirmed the status quo. This might be the result of impression management or a lacking capacity to resist institutional discourse (Scott 1990; Agar 1985; Habermas 1979).

In sum, it seems that the single mothers lack the power to define the situation to fit their interests. It furthermore appears that the social work professionals construct the mother, child and the social work relationship in ways that correspond with their institutional preferences, reflecting dominant middle-class assumptions. The professionals might have misunderstood the complexity of the 'deviant' single-mother livelihoods. However, another scenario is that they have been overpowered by institutional priorities because they are, as well as the mothers, shaped by institutional discourse.

In this regard, the case of Julia is exceptional because she escaped the child protection net due to the family supervisor's successful application of strength-based approaches in practice (see Verhallen 2014b). Julia's family supervisor was able to align with Julia, because she listened to Julia's story, was able to

empathize with Julia and could encourage Julia's capacities to empower her to overcome her limitations and become an owner in the intervention process. The family supervisor made room for Julia also to participate productively in institutional discourse. Answers to Julia's problems were sought collaboratively. This resulted in advising the juvenile judge not to renew the supervision order for a(nother) year, because the family supervisor had arranged that Julia was able to care for her children with the help of 'family group conferences' (in Dutch: *Eigen kracht conferenties*). Cynthia would play a key role in the matter. In this respect, the judge concurred because Julia and the family supervisor were partners in setting future goals. They openly discussed the problems and strengths of Julia's family and the family supervisor was able to make their working relationship a success and facilitated change within the family.

This case shows that despite the powerful institutional logics and discourses at play, Julia's family supervisor produced 'child protection discourse' differently. First of all, Julia's family supervisor was not very convinced about the 'narrow' institutional diagnosis and made room for the family's context and Julia's norms and values. The family supervisor successfully navigated the institutional policies and procedures that impinge on her functioning and that of her families. Instead of intervening in Julia's family, the family supervisor collaboratively intervened with them and tried to map Julia's frame onto the agency's frame instead of the other way round. The production of 'balanced judgments' (cf. White 2003) seems to have helped Julia to escape from the child protection system. Her family supervisor did not assume that the best interests of the children are to be served by disbelieving Julia since their interests often go hand in hand.

4.6 Diagnosis and power

The opinions of the 17 mothers who were provided with child protection support were divergent, but in general (very) negative, regarding the ways in which the social workers involved had addressed them as they were frequently labeled in various deficient ways. Related to this, the mothers felt that the family supervisors increasingly used their power over them to attain institutional interests (cf. Dumbrill 2006; Lonne et al. 2009; Darlington et al. 2010).

Julia, who was labeled by social worker A as 'uncooperative' during the voluntary intervention process, was the only mother who said that she had been labeled as 'promising' during the legal process of OTS and VOTS in her family. Also two other Dutch-Curaçaoan mothers whose children were placed in care (UHP) stated that they had been diagnosed as 'somewhat promising', despite the fact that they were labeled inconsistently, for instance as being capable by one social worker while being labeled as incapable by another. Particularly the Dutch single mothers said that they had been wrongly diagnosed and too negatively labeled (for longer than necessary) by the social workers involved (Verhallen 2013). For instance, in those cases involving 'domestic violence', the

reason for placing the child(ren) in care (UHP) was, in the view of the mothers, outdated but is in the report still presented as a problem of the single-mother family. The 7 mothers involved here were either angry and/or disappointed because they had followed the advice of the family supervisor, which was to leave their violent partner, but they were nevertheless being "punished twice" as Joyce (25 years) said (Interview with Joyce, June 2011). Joyce explained how power was working in her situation; she was being blamed for the actions of the father, which were outside her control. She stated:

> "I am a victim of domestic violence [her ex-partner was convicted of attempted homicide] and a victim of the system [her son and daughter had been placed in foster care and there were no signs of any change since the UHP order had been extended by another year due to the fact that Joyce's ex-partner was still 'potentially dangerous' as she had a restraining order against him]."

In this respect Joyce indicated that:

> "They [the child protection agency] find, or invent, yet another reason to continue the care order… Recently, such an educated man gave me an IQ test as well as some other [psycho-diagnostic] tests, and now I am not capable enough to raise my own children … I feel screwed."

By deconstructing the diagnosis of 'being incapable', it appears that 'being capable' in cases of domestic violence, as in Joyce's case for instance, means that a single mother is able to handle difficult situations on her own and takes care of the child(ren) as well as being able to protect them from their violent father (cf. Östberg 2014). The tendency to focus on the source of protection (the mother) instead of on the cause of the problem (the violent father) has been highly criticized in scholarly literature (cf. D'Cruz 2002; Hood 2001; Scourfield 2002; Gillingham 2006). This dominant 'motherhood discourse', as the focus is on being a 'good' mother and is rarely on the father (Dodson 2007; Slembrouck and Hall 2003), makes it difficult for Joyce to reverse the intervention process to her advantage.

Invoking particular diagnoses, such as being an 'incapable', 'uncooperative', 'unwilling' or 'verbally aggressive' mother, led to (even more) resistance and a (more) negative attitude towards the social workers involved, as these labels refer to an inherent deficit quality of the mothers rather than an interactionally accomplished result (cf. Sacks 1984).

5 Conclusion and implications

Categorizing single-mother families – who find themselves in a disadvantaged position and who needed help with raising their child(ren), their violent partner, and their financial situation and administration – as deficient has some important

detrimental effects. Tables 2 and 3 show that in 13 of the 17 single mother cases, interventions on their own initiative led to compulsory child protection interventions, and that child protection interventions almost never resulted in the legal aim of the supervision order to restore full parental authority (Article 1: 257 of the Dutch Civil Code) but drifted towards more far-reaching child protection measures such as (permanently) placing the child(ren) in care and the deprivation of the mother's custody. These processes had an enormous impact on the lives of the single-mother families.

Intersecting factors of poverty, ethnicity, class, gender and educational background seem to leave the mothers entrenched in the child protection system. Paradoxically, from an institutional discourse perspective this results in a system's advantage because diagnosis is a means to an end (Agar 1985). Diagnosis has the effect of drawing certain families into the category of a child protection family and, as labeling is a way to manage risks, it legitimizes both the child protection intervention and therewith the (subsequent) diagnosis, and so forth. It appears that through processes of institutional diagnosing, dependent on the situation and occasion, either the child or the single mother is used as a subject for reaffirming the dominant Dutch norms and values. As a result of processes of labeling and self-labeling the existing social order is confirmed and (re)produced, as well as the 'reason for the existence' of the child welfare and protection institutions. Hence, interventions did not only detrimentally affect most of the single-mother families but also the work of most of the state representatives involved. Contrary to the legal aim of a supervision order, which is to restore the parental authority (Article 1: 257 (4) Dutch Civil Code), interventions in the single-mother families often produce the opposite outcome: limiting or ending parental authority.

A 'postmodernist infusion' (Hansen 2010) to the child welfare and protection profession could be beneficial, because categorical thinking based on binary either/or logic (Parton 2009) appears to be the driving force behind the reason for and the continuation of single mothers' involvement in child protection intervention processes. Deficit diagnosis, as a socially imposed truth, has the power to marginalize and subjugate humans through adherence to the normalizing standards of Western society by means of subsequent rites de passage (Scott 1990, 1998; Foucault 1980; Van Gennep 1960). In this regard, Jeanette admitted to me in November 2011: "If I am a multi-problem family, I have become that".

Chapter 4

In whose interest? An analysis of exemplary interaction between a family supervisor and a Dutch-Curaçaoan single mother

1 Introduction[1]

A recent Dutch dissertation is called "Tyranny in Youth Care" (Clarijs 2013). The Dutch Youth Care system is seen as ineffective due to insufficient voluntary-based interventions, high-profile family dramas, and low-quality diagnosis and decision-making (cf. Clarijs 2013; Dutch Inspectorate for Youth Care 2012, 2013). Risk-aversion led to a 151% increase in children placed under supervision in 2011, compared to the number of 30,897 in 2002 (Youth Care Netherlands 2011; Statistics Netherlands 2011). Child protection orders in particular groups, such as (Dutch-Curaçaoan) single-mother families, are far from exceptional (Van Nijnatten 2007; Verhallen 2013). These families are identified as being at risk and therefore in need of preventive action. Child protection intervention occurs to protect children from a child-rearing process that (possibly) entails serious dangers for those children (cf. Baartman 2008). The Dutch Civil Code aims to change the familial conditions and to restore parental authority (Article 1: 257 (4)). The legal intention is that the parent(s) and family supervisor cooperate and take important decisions concerning the upbringing of the child(ren) together (Van Nijnatten 2006).

Family supervisors increasingly use standardized and evidence-based methods that should help them to reduce risks of 'erroneous' decision-making regarding the child (Munro 2005; Pijnenburg 2010). Standardization, however, affects the quality of relationships with families (Hermanns 2008), which, in turn, affect child protection processes and 'outcomes' (cf. Parr 2009). Against the background of family supervisors' 'liquid' roles of caring and controlling (Ferguson 2008), their (changing) relationship with families should be studied, particularly in light of a growing tendency to carry out child protection interventions preventively (Buysse et al. 2010; De Boer 2008).

Child protection intervention is mainly communicative work in an institutional setting (Fairclough 1992; Hall et al. 2014). Apart from some discourse analytical studies on institutionally staged child protection interactions (cf. Van Nijnatten 2006; Hofstede et al. 2001) there is as yet no ethnographic case study on successive child protection interactions in (single-mother) families (Hall and Slembrouck 2009). Hall et al. (2014: 180) argue that "case studies are especially suitable for making progress in social work, because they identify best practices and professional skills while recognizing issues of power, inequalities and constraint".

In light of the above-described state of affairs regarding Dutch child protection work, it is particularly interesting to study how family supervisors implement (preventive) child protection orders in single-mother families. How 'good' is a family supervisor-mother relationship and how does this affect the 'effectiveness' of child protection practice? The implementation of (preventive) child protection practice in single-mother families critically hangs on family supervisor – mother interactions.

Through integrating a critical discourse analysis of child protection interactions within an ethnographic study on single-mother child protection families it is possible to focus on the interplay between verbal communication, (non-) discursive aspects, and contextual factors in a child protection interaction. Drawing on longitudinal multi-sited ethnographic fieldwork conducted among seventeen single-mother child protection families between 2009 and 2012 in the Netherlands, this chapter concentrates on the case of Flores with the aim of demonstrating how a child protection interaction reveals, shapes and reinforces power differences in child protection practice, stipulating the importance of focusing on child protection encounters. I argue that in understanding child protection practices and their effects on single-mother families different contexts, ranging from micro-level conversational to macro-level institutional, have to be studied (Van Dijk 2006; Krzyżanowski 2011).

First, the chapter explains the theoretical background of the study. Then it describes the design of the study. Thereafter it presents the results of the case study of a Dutch-Curaçaoan single mother, named Flores, through a contextual analysis of an encounter between her and Hester, a family supervisor. Inductive ethnographic analysis captures the specifics of Flores' family, the child protection case file and the intervention process. The encounter is examined in its institutional and relational context. After this, the focus shifts to the micro-level interaction. Critical discourse analysis captures the interaction as a conversational, institutional and power producing practice. In this way, the chapter makes a methodological contribution by providing a contextual discourse-analytical framework as part of ethnographic research, showing in detail how child protection practice is exercised.

2 Theory

The family supervisor – mother relationship is embedded in asymmetric power settings (cf. Maynard 1991; Holland 2000; Hall et al. 2014) and must be viewed in light of an institutional and interactional framework constituted and constantly changing by interaction(s). The roles, responsibilities, knowledge and objectives of family supervisors and mothers differ and are influenced by socio-political structures (Maynard 1991). These 'structures' (e.g. protocols, policies, knowledge) are provided by a 'psycho-juridical complex' Dutch Youth Care system (Van Nijnatten 2013).

In the Netherlands, the role of different Youth Care agencies is to interpret and fulfill the ambitions of government policies and to intervene when children are at risk. When it is considered that there are indications that a child's development is at risk, the child will be placed under the supervision of a family supervisor, exercising institutional interests and goals of the Youth Care Agency (Van Nijnatten et al. 2001). The best interest of the child is then the leading concept that determines the care for and interventions in family life, not the interests of the parents. This concept is enshrined in Dutch legislation (for example, in Article 1: 254 Civil Code). The role of the family supervisor is complex and ambiguous, monitoring the development of the child, sometimes by using authority at crucial moments, and simultaneously supporting parents and children in solving their problems (Van Nijnatten 2006).

Everyday practice in Youth Care and research in this field show that there are several factors influencing the effectiveness of youth care and the interventions employed. A heavy caseload, extensive bureaucratic burdens and budgetary limitations (cf. Parr 2009; Verhallen 2013) have a negative impact on how interventions are exercised. These constraints follow from the institutional, budgetary and legal framework and make it a complex task for family supervisors to offer adequate help and effective intervention. The budgets of child protection agencies depend on how family supervisors perform and are based on the mathematical formula p x q (price times the quantity of performance indicators) (State Gazette 2009).[2] Hence, managers have an interest in ensuring that the paperwork is done, "which creates the dilemma of what matters most to family supervisors: the performance indicator or the child" (Munro 2010)? Not only do agency procedures place limits on the family supervisors' scope for action, but they are also the source of negotiation, interpretation and interaction, because they translate institutional policy into practice in their own way (cf. Hjörne et al. 2010).

It is important to take into account the political dimensions underpinning and influencing the position of family supervisors. Family supervisors' positions

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2   The price depends on the type and length of the child protection order and the indicator is the child protection order (State Gazette 2009).

are dominant over the mother's position as they are in the legal position of controlling, asking, indicating, diagnosing and supporting. Asymmetry is characteristic of the setting. The institutional role of the supervisor is replaceable, but the Youth Care Agency remains involved with the family. Since child protection is often involuntary, the mothers involved are largely dependent on the family supervisor, as the mothers cannot 'just walk out' and neglect their position as a client without serious consequences (cf. Juhila and Abrams 2011). The position of mothers may change, but mainly due to changes in the position and performance of the family supervisor. Practices of power are not simply unidirectional, but mothers do not tend to have much thereof, compared to the crucial (legal) decisions that family supervisors make about children (and the mothers) (Scourfield and Welsh 2003). Furthermore, a supervisor has (authoritative) access to institutional procedures, rules and a family's demands, needs, experiences and to certain kinds of 'hidden' or background knowledge (Drew and Heritage 1992). These factors affect the relationship and the communication processes between the mother and the family supervisor. Agar's (1985) theory of institutional discourse is relevant and functional as it classifies the different stages of communication.

The family supervisor's actions are framed by goal-oriented institutional discourse (Agar 1985; Juhila et al. 2014, 2014b).[3] The institutional representative must, first, diagnose the 'client'. It is the supervisor's responsibility to adapt the individual case to the administrative categories available. Agar argues that from an institutional representative's point of view diagnosis is a means to an end. The case study of Flores will demonstrate how the different social workers involved diagnosed Flores (34 years old) and her daughter Felicia (3 years old) and the implications this had for their positions and responsibilities.

Second, according to Agar (1985) one of the goals of the diagnosis is the *directives*. "The institutional representative directs the client to do certain things or directs an organization to do certain things to or for the client" (Agar 1985: 149). The interaction will show how Hester communicates an institutional message to Flores and how diagnosis is used to direct the interaction in an institutionally relevant way (cf. Drew and Heritage 1992).

Also the elaboration of formal written reports is important. "A report is another example of institutional representative control of the outcome of institutional discourse" (Agar 1985: 155). Sarangi and Brookes-Howell (2006) state that reports function as recontextualization practices. In other settings they serve as "institutional memory" and become "the credible account when talk is no longer accessible" (2006: 6). This has consequences for 'meaning-

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3   For reasons of clarity I use the concepts of Agar (1985). The concepts of goal orientation, constraints and inferential frameworks (Juhila, Mäkitalo and Noordegraaf 2014: 20-22) and the four functions of reported speech; producing evidence, constructing categorizations, assessing and accounting, making narratives (Juhila, Jokinen and Saario 2014b: 154-172) build on Agar's distinctions but are too specific.

making' and 'truth-finding' (Foucault 1980). The case of Flores reveals the function of reports; family supervisors must write summaries of child protection interactions in (official) reports so that they can be used in other settings, i.e. the Child Protection Board and the juvenile court. Subsequent steps and measures are then often taken on the basis of the representation of reality in those reports, without checking whether this is the actual situation (Verhallen 2013).

These distinctions made by Agar provide a framework for analyzing interactions and interventions in the case of Flores presented in this chapter. The role of a family supervisor is to execute institutional interests and goals and this (re)produces key asymmetries regarding her or his position in the interaction, the institutional context and intervention process, the use of background knowledge, and the use of discursive resources. This is reflected in the discursive dimension of intervention.

The interaction under scrutiny is contextually analyzed through triangulation to reveal different power (re)producing asymmetries. The ethnographic case study of Flores' family provides an insight into different power embedded contexts of the interaction and grasps the meaning of child protection practices in her family. Different styles of discourse analysis are used, covering different foci of analysis (cf. Kwon et al. 2009).

The analysis of transcripts of interactions comes closest to Fairclough's critical discourse approach (cf. Fairclough 1992, 1992b, 2009). The analysis includes abstract linguistic 'aspects', such as meta-remarks (Van Nijnatten 2006) and macro-level discourses such as the discursive embedding of power dynamics in interactions, ideological assumptions and knowledge distribution (Fairclough 1992, 1992b) to disclose power (re)producing asymmetries.

The main focus is on the goal(s) of the interaction and how the message is communicated to Flores. I selected five (interrelated) topics, composed through so-called 'stocks of interactional' knowledge (Peräkylä and Vehvilfinen 2003), from different discourse-analytical approaches to analyze, assess and reveal the goals of the interactants which they take and form during the interaction.

1. *Presentation*.[4] I look at how (institutional) identities are constructed through language by the use of 'we' versus 'I' (Van Nijnatten 2007) to assess how speakers position themselves and each other.
2. *Use of knowledge* (Fairclough 1992, 1992b). I focus on how knowledge is distributed through and in an interaction, because this reveals how power is (re)produced (Foucault 1980).[5]

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4 I.e. how identity categories are co-constructed by the participants through concrete activities in real time (He 1995 in Juhila 2003: 84).
5 This includes the use of 'background knowledge' and 'hidden agendas' (Drew and Heritage 1992), claims on principalhood and authorship (Goffman 1981).

3. I focus on *interactional control* (Fairclough 1992b) to analyze the (asymmetrical) relationship between speakers (Maynard 1991).[6]
4. *Communication strategies*. I focus on figures of speech (Fairclough 1992b) and the use of meta-remarks (Van Nijnatten 2006), exposing ways or strategies of communicating, such as persuasion (Suoninen and Jokinen 2005).[7]
5. *Perspectives*. Goffman's (1981) notions of framing and footing are used to assess the interactants' alignment regarding the content of the institutional message and the way it is communicated.

3 Design of the study

3.1 Selection, collection and interpretation of data

A holistic ethnographic research design was directed at exploring thirty cases of single-mother families with multiple problems of either Dutch or Dutch-Curaçaoan origin. The introduction to the research field took place via 'gatekeepers', i.e. lawyers and doctors who asked the women to whom they deliver services whether they would be willing to participate in a PhD research on multiple problems of single-mother families. Besides being a single-mother family (of either Dutch or Dutch-Curaçaoan origin), the selection of thirty families was based on the fact that the mothers were said to have multiple problems.

During the course of the ethnographic study I focused in depth on the seventeen single-mother families who faced child protection interventions. Concerning these families, I gathered field data through participant observation, over a longer period of time and in different settings, but also by informal interviews about the families' problems, the interaction with social workers, the methods used by social workers, what image these families had of themselves and what image social workers had of them. I relied on triangulation methods of participant observation, field notes, informal conversational interviews, a literature study and an analysis of various documents such as child protection case files, diaries, bank statements, newspapers and test results, and pictures were used to collect and cross-check data. Additional data have been drawn from in-depth interviews with fifteen academic researchers, interviews and focus-group discussions with eighty-five representatives of various social service institutions for a further understanding of child protection and to assess and verify the value of the fieldwork data.

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6   Including the question of who sets the agenda, directs the conversation and controls the topic.
7   Furthermore, different communication strategies are assessed. I focused on downplaying (Parr 2009), (passive) resisting (Heritage and Sefi 1992), advice giving (Silverman 1997), formulating hypothetical questions (Noordegraaf, Van Nijnatten and Elbers 2008), formulating extreme cases (Pomerantz 1986), patronizing (Parr 2009) and minimizing conflict (Bell 1999).

Interpreting the fieldwork data that were gathered during the study is of major importance for the ethnographic design process. I adopted a hermeneutic perspective by constructing a 'reality' in ways that captured the setting and the participants' own viewpoint, with my interpretations of data provided by the subjects of the study. Dominant topics, i.e. different power (re)producing asymmetries, emerged through an iterative and reflexive process that begun as data were being collected rather than after data collection has ceased (Stake 1995). Through a process of progressive focusing (Parlett and Hamilton 1976) I focused on child protection encounters and therefore integrated a critical discourse analysis of interactions into my ethnographic study on single-mother child protection families. Thematic coding was done by using Atlas.ti, combining non-discursive and discursive data.

In order to determine the quality of data and to alleviate researcher biases and a possible over-analysis of data, my supervisors, an international scientific review committee and six professional conversation/discourse analysts independently reviewed my analysis of the data, e.g. the codes and topics selected (consistent utterances, phrases, expressions, or ideas) in the transcripts of field notes, interviews and child protection interactions.

3.2 Position of the researcher

I decided to take an overt role as a researcher concerning all participants involved by explaining my position as an independent PhD student at the department of Law at the University of Utrecht, conducting ethnographic fieldwork among single-mother (child protection) families and my interests in the ins and outs of their lives.

I conducted my fieldwork in conformity with the principles of 'informed consent', 'privacy and confidentiality' and 'causing no harm to, and protecting the identities of the participants involved' – therefore all identities are fictitious and anonymized (cf. De Laine 2000). Informed consent is regarded as a continual process (Wax 1982), meaning that when I visited a family I asked for permission to conduct fieldwork. During the course of my fieldwork, many mothers asked me to be present if a social worker would come to visit them, because then I could see for myself how these visits go (field note 2010 (henceforth 'fn.')). I arranged that I would be present at the moment of the home visit and I introduced myself to the caregiver(s) involved. My mode of working was made clear to the participants. I always asked the social workers for permission to be present during encounters. The encounters were not selected and directed by institutional representatives, but occurred during ethnographic fieldwork among families. Through 'being present' when an interaction took place, I was able to observe, hear and feel the setting, atmosphere and conversation. Due to this study's longitudinal character I was expected to be present when encounters took place and captured the continuity between successive encounters. I audiotaped anecdotes and made field notes

of the encounters afterward (in order not to emphasize my presence too much) with the purpose being to remind me of my observations of the encounter and to register non-discursive dimensions of the encounter and the setting. If it was possible I audiotaped the child protection encounters. By doing so, I was able to re-listen to what was said during an encounter, to assess its function in the invention process and to be certain that the interaction was accurately depicted. It also freed me to take field notes, so I could concentrate more on observing the encounter and to preserve a certain level of obtrusiveness (see Bogdan and Biklen 2006).

Ethnographic fieldwork among seventeen single-mother child protection families brings along some classical ethical dilemmas regarding the role of the researcher, e.g. participation versus observation (involvement versus distance) in relation to the ways of collecting data. Although it goes beyond the scope of this chapter to discuss the ethical part of this study in detail (the next chapter elaborates on this in detail), it is important to make a few remarks. As opposed to e.g. Whyte (1955) I decided not to 'go native' by moving in with families due to reasons of privacy and to maintain a distance.[8] Notwithstanding this, it is, in my view, important to build relationships of trust in order to collect data on child protection families. By means of careful self-presentation, flexibility, patience and time I tried to create good relationships with the families involved (Hammersley 2003). I think it helped that the mothers participated on a voluntary basis and were approached via gatekeepers rather than by social service agencies. Also my open role, and their opportunity to withdraw themselves from the study at any time, facilitated a good relationship. I also went on two occasions (for a period of a month) to Curaçao to gain an insight into the cultural background of the Dutch-Curaçaoan mothers involved in this study in order to be able to place their (hi)stories in perspective and to learn basic Papiamentu. By doing so, I was able to build rapport and to overcome 'psychological distance' (Wolcott 1996). For example, the fact that I could speak some Papiamentu functioned as an icebreaker.

During the course of the study I reflected upon my role and tried to maintain good ethical relationships by balancing between the various roles I had adopted, e.g. being a researcher, confidential person, 'taxi driver' and interpreter (see Rapport 2010 and Chapter 5).

3.3 Selection of Flores' case

I selected the case of Flores out of the dataset of seventeen single-mother child protection families. Flores' situation as a single mother is in general quite comparable with the situation of the other single mothers of this study when it comes to financial problems and debts, problems with paperwork, bailiffs,

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8   Whyte conducted an ethnographic research on 'the slum society'.

no work, physical health problems, thoughts of suicide, problems with (child protection) organizations and a child with behavioral problems (Verhallen 2013).

Flores' case was chosen as the object of this chapter because the data are most extensive for examining child protection intervention processes; I met Flores on a total of 70 occasions between 2010 and 2012. At the time of the encounter, which is central to this chapter, I had met Hester fifteen times and Tamara (a social worker in a voluntary and non-legal framework) even more often. It was helpful that Flores was willing to accept me into her family's life. She had no difficulties with my presence in the child protection process and neither of her two children or other family members did. This case was probably most 'internally valid' and reliable, by processes of 'shared meaning' and verification.

In terms of 'external validity', this case could be considered as exemplary. By comparing Flores' case with the other sixteen examined cases, similar patterns and dynamics occur in this case (regarding e.g. the complex interplay between the family's needs and problems and the way these are addressed by the different social workers involved, the function of diagnosis of mother and child(ren) in the process, patterns and processes of communication and institutionalization, various power (re)producing asymmetries). Furthermore, these patterns and dynamics show the tendency of single mothers with initially only voluntary assistance gradually drifting toward heavier child protection measures.

Additionally, the convergence of the various forces is most clearly expressed in Flores' case. It demonstrates not only how different asymmetries between a single mother and a family supervisor are shaped and reinforced but also those between the social workers in different frameworks, reflecting the dynamics accompanying the different types, roles and mandates of the social workers involved in child protection processes.

Finally, this child protection case was the most intrusive as it concerns Flores' deprivation of custody. The selected encounter between Flores and Hester shows this in an illuminating manner.

3.4 Data collection in Flores' case

I met Flores' family and friends frequently and went with her to different institutions, to supervised meetings with Felicia and to hearings in court. Hence, I was able to collect a great deal of data and to consult many sources and Flores' network of different people and documents, i.e. bags of papers consisting of letters from various institutions and creditors, bank statements, copies of the child protection case file, diaries, test results, pictures.

Each time I visited Flores I asked her if she still wanted to participate in my research and whether I was allowed to audiotape our meeting. The social workers visiting her had become accustomed to my presence and did not

object to my presence or way of conducting fieldwork. On some occasions I only made field notes afterward. Whenever I recorded conversations, the recorder was always visible on the table and nobody objected to audiotaping the conversation. The conversations have been literally transcribed from Dutch to English. I decided not to confront the participants with the transcripts of the audiotape. This had to do with the fact that by bringing my transcripts to the fore, I would influence the setting and the intervention process – i.e. I would actively intervene in my object of study. More importantly, there was a possibility of causing harm or having to take sides. In fact, in many meetings between Flores and Hester the previous encounter was already a point of major discussion. Due to the delicate atmosphere during the encounters I decided not to interview the social workers involved. I estimated that my relationship with Flores would weaken if I would interview them. However, I talked with Hester and other social workers about Flores' case during their encounters with Flores, or during supervised meetings.

3.5 Selection of the interaction

The interaction between Flores and Hester presented here is chosen for two reasons. First, out of a data corpus of more than seventy interactions, this interaction most clearly illustrates that important asymmetrical patterns are external to, embedded in, and emerging from, child protection interactions between single mothers and family supervisors.

Second, particularly this institutional interaction contains life-changing information for a single-mother family. Hester communicated to Flores that she wanted to apply for a full custody order (i.e. a discharge order) and proposed that Flores should consent. This is the most drastic and intrusive child protection order in the Netherlands. If a juvenile judge would grant this order, then Flores would be discharged from her legal parental authority over Felicia. Felicia would be placed under the full legal authority and responsibility of a family supervisor from a Youth Care Agency until she reaches adulthood. This means that a family supervisor would take the necessary decisions regarding Felicia's upbringing. Flores would have no say in the matter.

If Flores consented to this order then Hester or another Youth Care representative would automatically have full custody of Felicia. This means that Hester would no longer have to apply for an order. If Flores would not consent to Hester's proposal, then according to Dutch law Hester could apply to the Child Protection Board for a non-consensual discharge order. Article 1: 268 (1) of the Dutch Civil Code states "a discharge may not be pronounced when this is opposed by the parent". There are a few exceptions to this rule, however. A family supervisor can apply for such an order in cases in which, among others, "the parent is unfit or powerless to fulfill his or her duty of care and upbringing of the child" and "if the mental faculties of the parent are so disturbed that he or she is unable to determine his or her will or the significance

of his or her statement" (Article 1: 268 (2)). The Child Protection Board would bring the case to the juvenile court. If the juvenile court would grant this order then Flores would lose her legal parental authority and responsibility over Felicia.

This particular interaction is therefore of major importance for the future of Flores and Felicia. From the point of view of Hester's agency it is important to realize a situation in which the agency has full custody of Felicia as quickly and easily as desirable, because this saves the agency a lengthy bureaucratic process.

4 Results of the study

4.1 The case study

I met Flores in the beginning of 2010. Sometimes I visited Flores for a brief chat; other meetings took a whole day (when we went to supervised meetings with her daughter Felicia). At the time of the encounter, Flores' daughter Felicia was under supervision and had been placed in care for almost eighteen months. During the meetings Flores told me about her life and her family, about her life on Curaçao (her extended family lived in poor circumstances), the reasons why she left and the problems she had to deal with in the Netherlands as a single mother.

Although a detailed assessment of Flores' situation is beyond this chapter's scope, I cite some parts of Flores' compiled narrative (Excerpt 1). This narrative has been chosen because she told me this a few weeks prior to her encounter with Hester. It reveals how Flores perceived her situation regarding child protection interventions, institutions and her relationship with social workers.[9]

Excerpt 1. Flores' compiled narrative (two weeks prior to the encounter with Hester in 2010)

"Recently, I have had lots and lots of problems… financial problems and problems with my child [she referred to her daughter Felicia who had been placed in care for almost 18 months]. I am very sad. It is not fair. Everything is like this, because nobody helps me.

I don't know anymore what social work means. They say that they help me [she referred to her current caregivers Hester and Tamara, but she had previously had more than seven other caregivers], but I don't see any change. Hester only

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9   This has been translated from Dutch, which is not Flores' native language, into English. Her language use may sound unfamiliar to readers as a result of being a non-native Dutch speaker and her low educational background. I chose to conjugate the verbs in English and to distinguish between male and female subjects (these are both uncommon in Papiamentu (the most commonly spoken language on Curaçao)) to make Flores' narrative more readable. I added some important information gathered through fieldwork between […].

visits me to communicate bad messages [once a month or every six weeks]. Everything I do is wrong apparently. And the strange thing is that she does not say this to me straight to my face. But then I read in a report that I am not capable of raising my child Felicia. I would limit her development. But they also say that I am a loving mother. I don't understand. Maybe I am not very clever. I don't know. I had no real education. But I love my child very much. She is everything to me.

Right now, they want to take away my custody. I know that. I spoke with a few people about this. What does this mean? Do I still see Felicia? Or is it probable that the child protection agency keeps her away from me? They promised me two years ago that I would see Felicia more often. But this never changed. I only see her for one hour every six weeks instead of two hours every four weeks. Besides, I have to travel far to see her now. Every time Felicia moves, she moves further away. Why? They also don't give me money to go there in time [to the place where Felicia resided]. So then, I am fined again and again for not having a train ticket. I have a hearing in court because of this.

My social workers [Hester and Tamara] say that my financial problems have not been resolved. This is true, but nobody [she referred to her debt administrator in particular] gives me money on time and they forget to pay my bills. They have to take this into account, but they don't. Tamara does not help me either. She does not help me with my administration, but this is her task. Often she does not show up. She does not call me to cancel an appointment. I don't know what is going to happen now with regard to Felicia. I want to take care of her, but whatever I propose, they say 'no'.

They think that I am stupid. Recently, I had to take two IQ tests to prove my skills to raise Felicia [the results were IQ 49 and IQ 59]. But I can't read and speak Dutch properly, you know. So now I have mental deficits and I will end up with extra help.

My problems started in the Netherlands. I came here because my eldest brother takes care of my son since his birth. I was still young when I gave birth to my son Fabian. Because I had no work at that time, my family decided that it would be better that my brother and sister took care of him. Beside myself, my brother has been given legal parental authority. He went to the Netherlands and took my son with him. I missed my son very much. After a couple of years, I decided to go to the Netherlands as well. So, I came here, and my problems started: with debts, with no proper housing, with work and with the Dutch language. I had difficulties with filling in forms, all sorts of forms. I asked for help. And then a social worker came. In the beginning she helped me. Later she started to patronize me. I became pregnant and after a while my boyfriend left me, so I raised Felicia by myself. Sometimes this was difficult, and I asked for help.

In 2006 I already asked for child-rearing assistance. But I did not get any help. I don't know why. My social worker, she was here on a voluntary basis, meddled with me more and more. Sometimes we had a quarrel. Eventually, I sent her away. Mind your own business, I said. But later, when I came to the child day-care center, they told me that a person [a representative of the Youth Care Agency] had taken Felicia away. Felicia was gone. The social worker called them [the Youth Care Agency]. She told them that Felicia had gone to school without having had breakfast. But this was not true. We [the social worker and

Flores] brought Felicia to the child day-care center together and she [the social worker] lied about the breakfast. Felicia did have breakfast. The social worker was even sitting at the table when Felicia ate some fruit. … That is how my problems started with child protection."

During my ethnographic fieldwork, I gained an insight into Flores' relationship with the social workers involved and the intervention process. Unfortunately, I could not discover what happened exactly regarding Felicia's out-of-home placement because I did not know Flores' family yet. In a document of the child protection agency it is stated that Flores had bought a scanner. The main social worker involved considered this as probably (this remains implicit) neglecting Felicia in light of Flores' financial situation and issued a report to a child protection agency, because another document of the agency entitled "emergency out-of-home placement" describes that Flores' purchase of a scanner led to Felicia being placed in care. During other conversations I had with Flores she mentioned that she bought a scanner and "really needed it" because she wanted to get pictures and documents of family members living on Curaçao in light of her deceased father (fn. 2010). In Flores' view the breakfast incident was the motive for placing Felicia in care. This incident was described in yet another document of the agency and was probably considered as neglect. Additionally, it is documented that Flores became involved with the child protection service via voluntary assistance (at Flores' initiative she received assistance).

With regard to Flores' situation, I experienced during the fieldwork that the social workers who assisted Flores were often late, did not turn up or canceled their appointments. Flores often received her weekly allowance of € 50 later than agreed. In almost all cases Flores did not address the social workers personally about their behavior and the impact it had on Flores' family. A combination of fear concerning the consequences and respect for state representatives and authority were the underlying motives. Particularly toward Hester, she did not dare to be honest, because "Hester has power" (fn. 2010). Flores expressed her fear and anger to me regarding her diagnosis of being an incapable mother or a mother at risk. Flores tried hard to prove otherwise. She frequently asked me how she was doing.

Flores described her relationship with Hester as not good. Flores did not trust her, because Hester changed her plans regarding Felicia's residence and upbringing without explaining why. Flores expressed her dissatisfaction with Hester, but she was afraid to express her feelings to Hester. According to Flores, Hester employed underhand methods, imposed her will on her, was reluctant to listen, patronized Flores and did not assist her in reuniting with Felicia.

Hester's role as family supervisor must be seen in the institutional context of Dutch Youth Care and Child Protection. At the time of this encounter, Hester (23 years old) had been involved in Flores' family for almost a year. She was not responsible for placing Felicia in care. Two other supervisors had preceded her. Hester does not necessarily represent family supervisors in the Netherlands

(Excerpt 2), although other family supervisors work under similar standard conditions, fulfill the same role and are generally women aged between 19 and 25 with an intermediate (or higher) vocational education (Verhallen 2013).[10]

Excerpt 2. Hester's view of Flores (field notes 2010, 2011)

I met Hester fifteen times in 2010 and 2011. Most of the meetings were at Flores' apartment, but I also met her in juvenile court and at supervised meetings with Felicia. During the course of events, Hester told me that she had completed senior secondary vocational education and had been working for a few years as a family supervisor four days a week and was supervising fifteen families in total. With regard to her job she told me: "sometimes I find my job quite heavy, because I have a caseload of fifteen families, who I all visit once in a while, and I have a lot of administrative work to do as well". She also told me "my job is not always easy. I have to make decisions, sometimes difficult decisions. It isn't nice to have to remove a child from its home. But everything I do is in the interest of the child". Also considering other comments regarding her job, which Hester made during meetings with Flores and other social workers, I interpreted her latter comment to mean that she was intrinsically convinced that she represented and prioritized the interests of Felicia. This was most clear during two meetings with Flores and a social worker, called Peter, in particular. Peter criticized Hester for the way in which she treated Flores in Flores' presence. Peter told Hester that she was also expected to take Flores' needs and interests into account, and not only those of Felicia. Peter pointed out that Hester had to be more empathetic concerning Flores and her situation, to listen to her, to be consistent and not to patronize her. In his view the interests of Felicia and Flores were quite often the same and not necessarily to Felicia's disadvantage or advantage when Hester took Flores' interests into account.
With regard to Hester's view about Flores, Hester told Flores a few times that she did not believe Flores regarding the circumstances surrounding Felicia being placed in care. In many conversations between Hester and Flores they touched upon this (in most cases Flores mentioned this), which led to (laborious) discussions. Hester seemed to have been convinced that Flores was unable to raise Felicia. Hence, Hester told Flores that she could not understand why Flores did not accept her and Felicia's situation. According to Hester, Flores has to move on. In Hester's view, Flores was unable to accept that she could not raise Felicia. During a meeting Hester expressed the view that "the results of Flores' IQ test demonstrate that Flores isn't able to raise Felicia… a report by a psychological institute also demonstrates this". "Flores had enough chances in the past to show otherwise. But she still doesn't accept and calls in a lawyer over

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10 In the Netherlands, due to e.g. the high turnover rates among (experienced) family supervisors, the quality of the profession of family supervisors has been criticized for many years. Hermanns (2012), for example, argued that many family supervisors (who are often young adults) are not adequately educated and equipped for their difficult and responsible task. Also from within the profession there is critique (see Roes 2007) by arguing that the professional development of family supervisors must be embedded in systematic quality policies in Youth Care and Child Protection.

and over again [to appeal against the supervision order]. I feel sorry for her, but a lawyer isn't going to get her anywhere".

In addition, Hester expressed the view that Flores had lots of problems. "Flores doesn't solve her financial problems. Every time when she is caught fare dodging, she has to pay fines. Her debts increase instead of decrease, despite the fact that she has been placed under administration"… "Sometimes I have to call Tamara to ask about Flores' situation, because Flores doesn't tell me much". Hester indicated that she found it difficult to deal with Flores.

I observed that Hester was never at ease in Flores' apartment. She often looked tense, behaved nervously and communicated long-winded messages. Several meetings and interactions with Flores indicated that the relationship between Hester and Flores was difficult due to Hester's controlling role.

4.2 Power (re)producing asymmetries: diagnosis

The actions of Hester, as Flores' family supervisor, are framed by institutional discourse. In line with Agar (1985) the role of diagnosis is important in the process of child protection. An analysis of Flores' documented history with the social services shows that different agencies diagnosed Flores inconsistently during the period between 2006 and 2012. Flores was diagnosed as a mother who was warm, loving and capable of learning; as not being capable of raising her daughter; as multi-problematic and mentally disabled; and as someone who deserved a second chance. Hester and her team, considered Flores to be loving, but not capable of raising her daughter, because they considered Flores to be mentally disabled and not capable of learning.[11] During a home visit in 2010 Flores asked Hester what she had to learn or do to be able to raise Felicia. Hester replied "that nobody [only professionals] can raise Felicia, because Felicia has an attention and developmental disorder" (fn. 2010). Hester seemed to defend her argument by locating it in either Flores' or Felicia's diagnosis, depending on the situation (fn. 2010, 2011). This made Flores powerless. During the fieldwork, I observed that categorizations of Flores as, for example, 'incapable' appear in reports as justified arguments without a clear explanation, thus, a clear example of Agar's observation regarding the status and use of formal written reports.

Flores' case file shows that the purchase of a scanner led to Felicia being placed in care. It was viewed as neglect in light of Flores' financial situation. Both Flores' and Felicia's diagnosis, Felicia being placed in care as well as her current place of residence and well-being were topics which were the object of repeated discussion between Flores and Hester. During several encounters their (different) (cultural) norms and values turned out to play a role regarding issues such as being a good parent, a proper breakfast, a good way of raising children, necessary purchases and what was in Felicia's interest. Flores as a

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11 This is in line with the analysis of Slembrouck and Hall (2003) and Hall and Slembrouck (2011).

non-native was disadvantaged when Hester referred to 'Dutch cultural norms' in encounters and the Dutch institutional and legal 'landscape' of Youth Care and Child Protection. When Hester referred to 'a standard family' (i.e. two parents) and 'a standard income' Flores was also in a disadvantaged position. Due to Flores' non-native heritage and her low educational background her Dutch language skills were lacking. Hester's position was dominant over Flores in both abilities and knowledge. Accumulations of (implicit and different) 'moral judgments' about Flores as a diagnosed 'client' make up the case file.

4.3 Power (re)producing asymmetries: directives

The second function of Agar's (1985) institutional discourse is demonstrated by the institutional message that is presented through four excerpts from the interaction. This message was directed by the child protection agency, but 'translated' into practice by Hester, as she communicated it to Flores. The description of the interactional setting (Excerpt 3), based on my field notes, is meant to understand and position the interaction.[12]

Excerpt 3. Interactional setting of the encounter between Hester and Flores (fn. 2010)

> The interaction took more than 3 h. It took place at Flores' apartment. She lived on her own in a rented two-floor apartment of approximately 90m2 with a balcony, in a middle-class neighborhood in a large city in the Netherlands. I was the first to be present and helped Flores with making her house look decent. Flores cleaned her house whenever Hester visited her. Flores always made a pot of tea and served biscuits. As always, she wore make-up, dressed smartly and asked me how she looked, because she wanted to make a good impression. After me Tamara [30 years old] arrived on time. The atmosphere was relaxed. Flores sat on a couch, which stood in the left corner of the living room against a wall. Tamara and I sat on another couch together, at right angles on the right of the other couch. At a certain moment, Flores called Hester to ask her when she would arrive because Flores had already waited a while. Eventually, Hester arrived with a colleague, Olga [18 years old]. Hester apologized for coming late and took a chair. She sat down opposite Flores. Olga sat on a chair in the far corner [she didn't participate in the conversation, but attended and observed]. The first 20 min of the conversation were concerned with the next court session [a conversation between Flores and Hester], the last supervised meeting with Felicia who had been placed in care [a conversation between Flores and Hester] and the need to relocate Felicia to another setting, a residence for young children with behavioral problems. However, Felicia had been put on a waiting list. Five of the eight children at this residence had to leave before there was room for Felicia. The atmosphere during the first 20 min was informal and quite relaxed.

12 Additional information in the conversation is indicated as [...], fictitious names as [name], pauses as [pause], shift of topic as // and meta-remarks or metaphors are marked in *italics*.

The conversation concerned the current state of affairs. Flores listened carefully and accepted its content. From here the interaction continued (Excerpt 4).

Excerpt 4. First excerpt from the interaction

1	H	Where is Felicia going to live afterwards? I don't know yet. It depends on how Felicia is doing.
2	F	Ok
3	H	We find it difficult to say right now. That Felicia is going to live with foster parents, or at a children's residence. This, I don't know yet. The place where she is going to live now, the place where she is put on a waiting list, the people who work there, they will find out what is good for Felicia. They are trained in these things. They know *exactly* what they are doing, those people observe Felicia, that is what this is called.
4	F	Ok
5	H	// Hey, I want to discuss something else. It is about, uh, uh, it is a *complicated* story. I will try to explain it well. It is [pause] uh [pause] I want to apply for an additional order. This means, uh uh, *very simply*, that there is no longer any custody…[telephone rings] I can apply for this to the Child Protection Board, and this means that I actually ask for [pause] the custody that [telephone rings] is yours to be given to the agency [name of the care provider] who will then have custody of Felicia. Custody means that you as a parent have the custody of Felicia. This means that *if* Felicia has to be tested somewhere, or she has to go to hospital
6	F	[interrupts and raises her voice] I am not going to put my signature on this!
7	H	[loud] NO, NO, NO. You have to let me finish. [softens voice, speaks and looks strict] Because *this is a very complicated matter*. The authority, that is currently a supervision order, this means that I supervise.
8	F	[soft] Yes
9	H	Thus, that *we* look at both what is good for Felicia, and what isn't, that you don't decide this solely, but that *I* decide as well, thus that *we* do this together.
10	F	Ok
11	H	A custody order means, in very black and white terms, very simply it means that *we* have full legal responsibility for Felicia. Thus *if* we are given custody, then we are responsible. That *we* have to sign. And that you, uh, don't have to consent. This also means that you are not financially responsible anymore. You don't have to pay any maintenance anymore and you don't have to arrange this ever again. Thus, this means, but this means not, that you are not the mother anymore.

11b	F+	[look surprised at the moment when Hester says: this means, but this
	T	means not] ohh?.. no [relief when Hester says: that you are not the
		mother anymore]
12	H	You are Felicia's mother and that remains the same. [pause]
13	F	Yes, but see, I can't decide things with regard to Felicia.
14	H	// I have, I have things with me, and I am going to explain it even better. But uhm [pause], it is like, it is, uhm [pause], it will change in a practical way. *If* Felicia has to go to hospital, or money for a bike is needed, then normally, currently, then I have to, uhh [pause], make an appointment with you,
15	F	Yes
16	H	Then I have to visit you,
17	F	Yes
18	H	Then you have to sign,
19	F	Yes
20	H	You have to give me money
21	F	Yes
22	H	If there is a custody order, then this is not needed. Then, I can put my signature, and then am I able, uh not me, but the agency, they take care of the money. Thus, that is easy, easier for you. And easier and better for Felicia, because this is quicker.

Source: verbatim transcription of recorded conversation[13]

Hester shifts between 'we' and 'I' during the interaction (Van Nijnatten 2007). She presents herself as part of the institution by using 'we' (lines 3,11) or as 'I' (e.g. lines 1,5,7) as a person to deal with directly. In line 9 Hester conveys the message as a shared interest ("*they* decide together what is good to Felicia").

In line 11 Hester explains the role of Flores through the lengthy and abstract message that Flores is/remains the mother of Felicia. Flores' and Tamara's faces expressed surprise/indignation followed by relief through the facial expression: "Oh??... no" (line 11b). Non-verbal communication is important to the nature, content and atmosphere of the conversation.

Use of knowledge
In line with Suoninen and Jokinen (2005) I consider persuasion as a form of productive power that creates categories, knowledge and consequently truths. Line 11 illustrates how persuasion creates categories.

Hester makes use of the concepts 'principalhood' and 'authorhood' (Goffman 1981) to persuade Flores, by saying that professionals will decide where Felicia is going to live eventually. Hester uses the meta-remark "exactly"

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13 In order to be transparent about the translation of this excerpt, and the following excerpts, I included the original transcripts in Dutch in Appendix 2 ("first excerpt from the interaction"). It must be noted that there might be a difference between the Dutch and English transcript due to my interpretation and translation of the data.

to emphasize that professionals will make a correct decision and an authority argument "they are trained in these things". In this case, she plays down her principalhood by distancing herself. She resorts to the words of professionals to position herself and invokes the authorhood of 'knowledgeable' people.

Hester's way of brushing aside Flores' remark (line 14) may be seen as withholding knowledge. Instead of confirming or explaining the legal meaning of the termination of custody, Hester does not do so. By ignoring Flores' remark and by stating that she "is going to explain it even better" it seems that Hester wants to give the impression that Flores was wrong. It seems that Hester disguises her agency's interest through withholding information to persuade Flores.

Line 22 reveals institutional knowledge. Hester 'hides' her agenda through presenting the message as an advantage to both Flores and Felicia. Hester strengthens her message by formulating hypothetical questions and by using the role and authorhood of the agency ("*they* take care of the money").

Interactional control

In line 5 Hester sets the agenda and directs the conversation. Flores' resisting remark (line 6) may be seen as interactional achieved dominance. In line 7 she tries to repair the situation to regain her control over the interaction.

Particularly line 14 is an example of interactional control, because Hester ignores Flores' remark completely.

Communication strategies

This excerpt demonstrates how Hester delivers a bad news message to Flores. Hester tries to persuade Flores to consent to a consensual discharge order. From the fifth line onward, the communication strategy of formulating hypothetical questions (Noordegraaf et al. 2008) plays a major role in persuading Flores.

It seems that Hester conceals the importance of the message by using the euphemistic terms "complicated story/matter" (lines 5,7). Through repetition and classifying the message, Hester stresses her reliability.

In line 11, Hester shows Flores the financial advantages of abrogating her parental authority; 'if' Flores' parental custody is terminated then she 'never' has to pay maintenance again. It is striking that Hester uses repetitive meta-remarks to enforce her conviction. This may be considered as advice giving (Silverman 1997). Hester seems to strengthen her advice by using double negatives: "that you are not the mother anymore".

Hester's use of language is abstract. This seems a strategy to prevent conflict (Bell 1999). Hester tries to increase her chances of progressing with the intervention. In contrast to Hester, Flores does not say much. Besides making her statement of active resistance in line 6, Flores only says "yes" and "ok". Her "oks" seem to function as a way of making known that she is listening to and understands Hester's message. Flores' "yes" (line 8) may be seen as a form of passive resistance (Heritage and Sefi 1992).

Perspectives

Flores draws her own conclusion quickly and interrupts Hester (line 6). She communicates that she "is not willing to sign a contract". Flores actively resists Hester's 'implicit proposal'. It is not in Flores' interest to consent: she will lose her legal rights as a mother.

Hester frames the order from an institutional case-type perspective through formulating it as "an additional order" (line 5) or "a custody order" (line 11), instead of from Flores' perspective as 'a discharge order'. This seems to be a persuasion strategy based on certain 'background knowledge'.

The conversation continued as reflected in Excerpt 5:

Excerpt 5. Second excerpt from the interaction.

22.1   H   Currently, *we* are obliged, that *if* a child has been placed in care for a year and half, Felicia has been placed in care a little longer, *then we always* have to, *we* are obliged to, *then we* have to look, uh well, can, *if* there is still a prospect of returning home, thus this means that, is Felicia going to live at home in the future, or not. And *if* this is not the case, which *we clearly* discussed last time *of course*, *all of us* [Hester refers to her colleagues at the office who were not present in previous meetings], *we* do not think that Felicia is coming back home. A study shows that this is not going to happen. *Then* it has to be clear to a child, to Felicia in this case, it has to be clear, uh, *then* things have to be clear to her. That *then*, she knows that, and *then then*, is it, *exactly a whole business and rigmarole*, and unclear to Felicia, *if we* for example *still* need your signature for this, for money. Thus it is important to Felicia to know how this goes.

22.2   H   //
                 And this means *then also* that that, uh, you *really* are her mother. *Always*. This remains *forever*. And, thus, this doesn't change. You *just* keep seeing her, and in fact *everything* what you currently do with Felicia and what I tell you about Felicia remains the same.

22.3   H   //
                 Thus, it is *also* not going to happen, that I am going to do things behind your back, that I will not call you *anymore*, or that you are not allowed to call me *anymore*, or that I am not coming to visit you *anymore*. This *all* remains the same. Only when important decisions have to be made, or money is needed, *then* you don't have to do this, but I will *always* tell you this. We are going to talk about it *then. Then*, I am always telling you things and asking questions. You know, I will *always really* listen to you. Only the final decision is made by *us*.

22.4 H //

> Complicated eh? But I took something with me. I hope that it becomes clear *maybe*, at least. It is a sort of game. I never used it before. But, it is a tool for me to explain [this to you].

Source: verbatim transcription of recorded conversation[14]

Presentation

It seems that Hester addresses "we/us" to downplay her authority (Parr 2009) into an agency's motive (i.e. time-consuming procedure). It reveals how Hester institutionalizes her message; the individual is positioned against institutions. The knowledge of Hester's team (their collective authoritative opinion) and experts (who studied the situation) are used to persuade Flores. Depending on the situation, Hester positions herself as part of the institution by using 'we' to mask her controlling role, or 'I' as a caring person to deal with. This may be considered as an instrumental shift to align with Flores, a form of 'identity politics' (Fairclough 2009).

In line 22.2 Hester shifts to a personal, more equal, stance in order to convince Flores. She stresses her caring role; she is the one who helps Flores, not the Agency. During line 22.3, Hester tries to create trust and bonding. It seems that she takes a caring stance to reassure and persuade Flores.

Line 22.1 reveals the tension between a pedagogical device of care ('I' positioning) and a formal frame of law.

Hester's way of communicating a lengthy abstract message while behaving nervously and making arm gestures may be related to the tense interactional atmosphere. It was striking that none of the other participants (Tamara, Flores, myself) interrupted her monolog.

Use of knowledge

Hester's remark "a study shows that this is not going to happen" reveals how 'standardized usages' (Hermanns 2008) are implemented in practice. It reveals how Hester translates positivist 'evidence-based practice' in a rather rigid way to justify that a 'full' custody order is needed. Hester's argumentation is based on the 'knowledge of others' (Hall et al. 2003). Goffman's (1981) notion of authorhood is also appropriate, because Hester establishes her position by invoking the authorhood of others. Such a remark characterizes Hester's way of justifying that the 'system' and 'people with authoritative knowledge' have acted correctly through having the best motives.

Interactional control

Hester's monolog illustrates that she controls and dominates the interaction.

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14 The original excerpt in Dutch is entitled "second excerpt from the interaction" and included in Appendix 2.

Communication strategies

Through a patronizing way of communication (Parr 2009) Hester imputes motives to align with Flores. This may be a positivist 'evidence-based practice' of how to communicate to parents with few intellectual possibilities.

Hester uses many meta-remarks. The words "really", "of course", "exactly" are a way of demonstrating a truthful, not self-evident, approach. She also formulates extreme cases (Pomerantz 1986) through the use of words like "always", "forever", "never", "all of us" to justify her claims and to underline her reliability.

In line 22.4, Hester introduces a board 'game' which presents three (possible) answers to given situations of where parental and custodian action, power and decision-making lie: the first column on the board symbolizes the family supervisor, the second column the parents and the third 'together'. Hester explains that she is going to read statements and that Flores has to say to whom the statements refer. The question is whether a statement refers to the family supervisor, or the parents, or together, in the current situation and in the (hypothetical) situation that Flores' custody is abrogated. Through the way the tool was used the atmosphere became tenser (see Excerpt 6).

The excerpt demonstrates how authoritative knowledge (i.e. an evidence-based tool) is used to achieve institutional goals and to be accountable as a family supervisor. Furthermore, how institutions think in terms of categories, such as a 'mentally disabled' single mother.

Hester tries to influence Flores' behavior. The strategy of persuading through questioning is therefore an interactive process. It seems that Flores does not want to reveal very much in order to prevent 'wrong' or 'consensual' answers from being given. The questions formulated by Hester are often suggestive, hypothetical and repetitive.

Excerpt 6. The use of a routinely utilized standardized tool for parents with few intellectual possibilities

1	H	I have a card. And then, I want to look, actually, whether you can still do this now. *If* there is something, are you then allowed to comfort Felicia?
2	F	The parents
3	H	Yes, you are now allowed to comfort Felicia when there is a supervised meeting. And when Felicia is sad, are you then allowed to comfort her? That is possible now, isn't it?
4	F	Yes
5	H	Even *if* she falls to the ground, *if* she falls to the ground during a supervised meeting, or from a climbing frame or see-saw, and she has to cry, then you are allowed to comfort her? Aren't you?
6	F	Yes

7	H	Imagine, we have a supervised meeting and I am there. I am not given custody but the Agency is given custody. And *if* Felicia falls to the ground, are you allowed comforting Felicia then?
8	F	Uhh, You? (carefully)
9	H	No (surprised). Me, me not. Because (emphasized) you are the mother. *If* Felicia comes to me then, then I say, just go to your mother! (silence) Though?
10	F	Yes
11	H	I am not going to do that, no. It is not that I don't want to do it (laughing), understand me rightly, if you are not there, then I am actually going to comfort her of course. (laughing) But you are the mother, and the parent comforts the child, because you are that still. Do you understand? Am I clear?
12	F	Yes. Yes.
13	H	I have a card here. Buying clothes. Who is now buying clothes for Felicia? (laughs)
14	F	Yes. Yes. Me.
15	H	Yes, the parents of Felicia, Granny and Gramps (the temporary foster parents of Felicia) told me: I hope that every mother buys so many clothes like Flores. They are *overwhelmed* by clothes, they have *batches* of clothes. Underwear, socks, clothes. That is what you do. You buy clothes. That is what the family house parents, Granny and Gramps, also do *if* it is needed, sure. *If* something is torn, or *if* they need something, then they also buy, sure. They don't wait, but it is very good that you buy stuff.

Source: verbatim transcription of recorded conversation[15]

Although the game was played for more than an hour, it was not successful. It ended because Flores no longer answered and Hester answered the questions herself. Hester's goal, interests and perspective did not align with those of Flores.

The last excerpt from the interaction concerns the end of Hester's home visit (Excerpt 7). Hester explains that it could take a while before the investigation by the Child Protection Board takes place with Flores. Flores has some questions left and wants to know what will happen to Felicia *if* her custody is abrogated.

Excerpt 7. The last excerpt from the interaction concerning the end of Hester's home visit

1	F	*If* everything goes well with Felicia, maybe then she is going to live with other people?
2	H	Hmmm

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15 The original excerpt in Dutch is entitled "third excerpt from the interaction" and included in Appendix 2.

3	F	With uhmm…
4	H	Foster parents. That could be. Yes, but we do not know that yet, do we?
5	T	And then, what is your question then, Flores?
6	F	Uh, *if* she is going to live with those people, are these people also given custody?
7	H	No. No.
8	F	No? You retain custody of Felicia's until she becomes 18?
9	H	Yes. The Agency. Whether I am there until she becomes 18 I don't know [laughs]. I don't know whether I will work that long for the Agency [laughs]. In the first instance, I am the guardian, but *if* I stop working for the Agency, or *if* I become ill, I don't know, then it becomes someone else.
10	F	Ok. That is ok. I understand.
11	H	Yes, this is the story a bit. It comes down to, indeed….. Maybe you want to discuss this further, Tamara?
12	T	Yes
13	H	The signature, the agreement and the clarity, because that is often very important to young children. That it is clear, you know.
14	T	Yes
15	H	By means of a custody order this is clear, this means thus also, and that is important actually, this means also, that if custody is given to the Agency, this means that we don't have to go to court every year. Thus, that you don't have the tension every year, you know, the hope, you know, that Felicia is coming back, this is then also not the case anymore. // [Flores directs herself toward Tamara]
16	F	And now she [Hester] wants my custody as well. So then I am nothing anymore.

Source: verbatim transcription of recorded conversation[16]

Presentation

After more than 3 hours of conversation, Hester decides to adjust her goal and renounces her role. It seems that Hester calculates that Flores will not consent to a consensual discharge order within a controlling setting. Subsequently, Hester places her goal in a rather subtle way within the framework of Tamara (in line 11, Hester transfers her principalhood to Tamara). Tamara may be more successful as she works with Flores on a voluntary basis. Framed in this way, Hester's abstract language use: "the signature, the agreement and the clarity" discloses Hester's tense role.

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16 The original excerpt in Dutch is entitled "fourth excerpt from the interaction" and included in Appendix 2.

Use of knowledge

Flores has some questions regarding the Dutch legal framework. She wonders whether foster parents can be given custody of Felicia. Hester denies this. This is however legally incorrect. Foster parents can be given custody if they take care of and raise a child for at least one year (Article 1: 275 (3) of the Civil Code).

In line 6 Flores seems to have adopted Hester's use of language through formulating a hypothetical situation herself. Through Hester's repetitive use of "if", Flores adopts institutional language, revealing the productive power of such institutional language (Foucault 1980).

Line 13 reflects the values and beliefs of Hester's agency. She introduces a scientific outcome: "clarity is important to young children" to demonstrate her reliability. Hester uses this knowledge as a means to justify her goal and to manipulate and persuade Tamara.

The phrase "you know" reveals that Hester presumes Tamara has some background knowledge. Tamara acknowledges this with "yes" (line 14).

Line 15 reveals the institutional interest of Hester's agency regarding the custody order.

Interactional control

In line 5 Tamara helps Flores to take a position in the conversation. It seems that she attempts to empower Flores to give her the opportunity to have a say. This reveals Tamara's role as a caregiver who works with Flores on a voluntary basis. Tamara's limited role in the conversation and her acceptance of Hester's request may reflect Hester's dominance and authoritative role.

Communication strategies

It is striking that Flores does not resist Hester's intention to apply for a custody order. This seems to be the result of Flores' powerless position. Flores sees through Hester's goal, although she is not adequately informed, and sticks to her initial plan: she will not consent to abrogating her legal parental authority. Flores' last remark displays the productive power of resistance (Foucault 1980). During the end of the conversation Flores becomes more expressive and assertive.

Perspectives

Line 16 reveals Flores' perspective as a mother. Flores directs herself toward Tamara both physically and verbally. She seems to manipulate Tamara by signaling Hester's institutional goal. She places Hester's goal in her frame and expresses her concern, namely being a mother who is going to lose her parental authority.

A result of not consenting to a consensual discharge order is that an investigation by the Child Protection Board will take place with Flores to see if

Flores is unable or unfit to raise Felicia in order to advise a juvenile judge as to whether it is considered contrary to Felicia's interest to discharge Flores from her legal parental authority (Article 1: 266 of the Civil Code).

5 Analysis of asymmetrical interaction

The excerpts show that the five topics under scrutiny are interweaved and asymmetrical. The child protection interaction is goal-directed and asymmetrically power (re)producing.

5.1 Asymmetrical presentation

The interaction shows how Hester performs her family supervisor's roles of control and care by the different ways she positions herself and the way she addresses Flores. In all excerpts Hester instrumentally shifts between 'I', 'we', or 'they' depending on the role she adopts. The diagnosis of Flores' mental retardation plays a major and instrumental role. It functions as a 'reliable' communication strategy and legitimizes the institutional goal. Flores, as a mother, cannot switch stances between 'I' and 'we', but she is able to choose how she represents herself. She wants to give the impression of being a 'capable' mother through positioning her house and herself as decent and neat. She also positions herself as a mother who 'has little power' and who is being dominated and patronized by Hester (cf. Excerpt 4, line 16).

5.2 Knowledge asymmetries

The excerpts disclose Hester's types of knowledge use as communication strategies. She uses background and hidden knowledge and claims to the authorhood of 'knowledgeable' people (e.g. an evidence-based tool), while Flores cannot do so. Additionally, Hester uses erroneous information.

5.3 Asymmetrical interactional control

All excerpts reveal that Hester is interactionally quite dominant and goal-oriented. This displays the specific asymmetrical nature of the interaction: Hester sets the agenda, controls the topic and her way of communicating leaves little room for any real interaction. Other examples of interactional control are repairing and questioning Flores. The content of Hester's utterances, their coherence as a monolog and through formulating (hypothetical) questions reveal the institutional goal. Flores is engaged in 'fake participation' (Hofstede et al. 2001) because Hester ignores her remarks (cf. Excerpt 1, line 6). Hester defines the conditions and constructs Flores as an information-receiver rather

than as an agent in the interaction. She provides Flores with opportunities for talking rather than the other way round.

5.4 Asymmetrical communication strategies

Throughout the interaction Hester uses many strategies to persuade Flores to consent to a custody order. This institutional message reveals how diagnosis functions as a means to attain an institutional goal (Agar 1985).

Flores is able to insist on her interest and perspective. Excerpt 4, line 16 illustrates how Flores tries to convince Tamara to be on her side. Flores is able to manipulate but is not in the same position as Hester who can deploy shifting institutional identities and invoke the authorhood of other people. Flores also cannot rely on background knowledge and a 'game'. Despite the fact that the game turns out to be insufficient, Hester is able to adjust her plan(s) and goal(s) due to her dominant position in abilities and knowledge. The last excerpt reveals that another institutional goal of Hester arises in the situation; she strategically installs Tamara to discuss "the matter further".

5.5 Asymmetrical perspectives

Hester's perspective is that it is in the best interest of Felicia that her Agency is given full custody of Felicia, because Flores is not capable of raising Felicia. Hester uses a game to convince Flores to adjust her perspective in line with Hester's and her Agency's perspective. Hester's institutional perspective is revealed through the way Hester represents herself (we versus I), she addresses Flores (as incapable), the way she uses knowledge (in an authoritative and hidden way) and positions herself (dominantly) and Flores (as a fake participant). Hester's and Flores' opposed perspectives are reflected in their opposed interests and goals, which dominate the interaction and affect their relationship and intervention process negatively.

In line with Agar (1985) the encounter reveals the functions of diagnosis and directive; Hester is directed to persuade Flores to consent to a consensual discharge order and is instructed to use a tool to attain the Agency's goal. It also shows Hester's unease in communicating a life-changing institutional message to Flores.

Hester's roles make it difficult to communicate an open, concrete and non-patronizing message. It is inherent in Hester's role that her position is dominant. The way Hester communicates and uses her knowledge (i.e. the tool) has a detrimental effect on the message's effectiveness because the 'game' is insufficient. It does not suit Flores and it does not lead to the Agency's goal.

Hester may have adjusted her patronizing style of communicating to Flores through a specific reading of a diagnostic category as a parent who is 'mentally retarded'. Nevertheless, Hester uses quite complex and abstract explanations, which do not align with people with few intellectual possibilities. Hester's

abstract and masked language use reconfirms Flores' belief that Hester has
something to hide. Flores feels offended by the unidirectional way Hester
communicates with her and resists Hester's implicit proposal to consent to
abrogating her legal parental authority. Hester plays down the matter of a
discharge to attain her Agency's goal. She covers up the institutional interest
in the name of Flores' and Felicia's interest. Flores, in turn, insists on her point
of view. She will not relinquish her legal parental rights and maintains this
position throughout the conversation for more than two hours. It discloses the
diametrically opposed perspectives, goals and interests of Hester and Flores,
because the institutional and Flores' frame do not match. Flores disagrees with
the bureaucratic category in which she is placed.

An analysis of my ethnographic data reveals important additional
information. These data show that Flores' and the Agency's frames are
influenced through past contributions to this interaction. The institutional
historical context and the relationship between Hester and Flores are of major
importance to their perspectives regarding the intervention process. The reason
for and the process of placing Felicia in care and Flores' and Felicia's IQ are
topics of repeated discussion. Their problematic relationship dominated many
interactions between them. It particularly stings Flores that at the time that
Flores asks for voluntary assistance, her needs are translated into risks and
that she will now lose her parental authority (fn. 2010). This may also have
influenced Hester's communication strategy.

Due to Flores' and Hester's incommensurable frames, the interaction between
Flores and Hester reveals a relationship of distrust and miscommunication.
Consequently, Felicia's interest is not paramount and not visible in the
interaction between Flores and Hester.

After Hester and her colleague left the encounter with Flores, Tamara
doesn't persuade Flores to consent to a discharge order. In contrast to Hester's
request, Tamara only explained to Flores what a custody order means and
advised her "never" to sign any contract. Flores seemed to bear this in mind
and did not ask any additional questions. In Flores' view, Hester was unclear
and erroneous about her message: "Felicia's future is unclear. I am not sure
about the fact that other people can't be given custody". According to Flores,
Hester did not dare to tell her what is currently going on concerning Felicia:
"Hester is covering up things"…"It is not in Felicia's interest". It is striking
that Hester's attempts to gain Flores' trust turned out to be counterproductive:
"I don't trust Hester" (fn. 2010).

Retrospectively, the encounter between Hester and Flores turned out to be
one of the last meetings. It seemed that this interaction led to a broken and
unrecoverable relationship (i.e. it was the last 'substantive' conversation). The
others that followed were initiated by others and were part of the legal procedure
(fn. 2011). Hester applied for an additional order, but was not present at the
juvenile court; another person represented the Agency at the juvenile court.

Agar's (1985) third function of institutional discourse is visible here, i.e. how the interaction is written down and interpreted and translated by another representative (who did not know Flores personally), arguing that Flores is "too irresponsible and incapable to raise her child". Felicia would already have overtaken Flores' intelligence. As a result, "it would be really necessary for Felicia that legal parental authority be given to the Agency". The representative argued that "they had intensively played a game with Flores, and had explained to her many times why it would be better for her to abrogate her parental authority. But Flores did not seem to understand this, because of her low IQ" (fn. 2011).

Based on this argumentation and on Flores' documented case file, a juvenile judge decided to discharge Flores from her legal parental authority. Viewed from Hester's Agency, the interaction between Flores and Hester is a successful 'recontextualization practice' (Agar 1985). In this situation a single mother with few intellectual possibilities cannot win 'the game' which is being played. With Flores' parental consent (a signature), a family supervisor has fulfilled the legal obligation of informed consent. A signature may be interpreted as parental consent, but not necessarily as parental understanding. In this scenario Flores would lose her parental authority, while her resistance to consent is interpreted as being incapable of comprehending the situation in the actual scenario (see Rogers 2011). Yet, my ethnographic data reveal that Flores 'lost', but so did Hester. She could not finish her work with Flores and was replaced by somebody else (fn. 2011).

6 Conclusion

I have shown that a child protection practice cannot be fully assessed without taking their power-embedded contexts into account (Agar 1985). To capture the different contexts of an intervention practice an ethnographic case study on Flores' family is combined with a critical discourse analysis of a child protection interaction between Flores, the mother, and Hester, the family supervisor. I proposed a contextual discourse-analytical framework for analyzing and examining a child protection interaction, demonstrating important power asymmetries regarding the mother's and supervisor's roles, goals, perspectives and interests. These power differences are reflected and (re)produced by the interaction between the two. I have shown how these are reflected in the interaction through looking at five 'stocks of interactional' knowledge: presentation, the use of knowledge, interactional control, communication strategies and perspectives. Although power is negotiated and exercised dynamically, it is also unequally distributed between Hester and Flores. Hester has authoritative power, while Flores does not. The productive power of a child protection agency turns out to be stronger than that of both Hester and Flores. In line with Agar (1985) it is demonstrated that institutional interests influence the interaction and the relationship between Hester and Flores, which in turn

shape the institutional setting in which next child protection interactions take place.

The contextual analysis shows that the family supervisor-mother relationship is important for the effectiveness of the intervention process. A downward spiral of miscommunication and distrust, largely a consequence of Hester's institutional role and her way of communicating, characterizes their relationship. Interests other than Felicia's and/or Flores' interest seem to dominate the interaction and the intervention process, while according to the law the family supervisor should act in the best interest of the child. Consequently, we may ask in whose interest the child protection intervention is undertaken and whether institutional priorities and strategies correspond to the interests of the child?

Chapter 5

'Dancing in Dry Rain': ethics during situated fieldwork in single-mother child protection families

1 Introduction[1]

"The only safe way to avoid violating principles of professional ethics is to refrain from doing social research altogether" (Bronfenbrenner 1952: 453).

Ethical principles and codes in anthropology have been periodically subjected to strong criticism since the development, formulation and adoption of the first ethical principles of the American Anthropological Association's "Principles of Professional Responsibility" in 1971. Since the fourth revised edition of the influential ethical principles of AAA in 2012, discussions about how to conduct ethical ethnographic research have vividly re-emerged (Bell 2014; Belur 2014; Hodge 2013; Johnsson et al. 2014; Kunnath 2013; Rowley 2014).

Much of the earlier critique of the AAA's principles emphasized the impossibility of conducting ethnographic research in a 'truly' ethical way since ethnographic studies could not meet the AAA's, or other important, ethical criteria (Murphy and Dingwall 2007). In concurrence with Wax's (1977, 1995) and Bourgois' (1990) earlier critique, many scholars nowadays fundamentally challenge the anticipatory ethical guidelines and the AAA's principles to enable ethnographers to conduct research in an ethical way (Bell 2014; Hodge 2013; Rowley 2014). First, regulatory guidelines create barriers for researchers to conduct ethnographic fieldwork due to the inflexibility of Institutional Review Boards (IRBs) (Rowley 2014; Simpson 2011). Ethical principles are furthermore incompatible with ethnographic fieldwork because they do not adequately address emergent ethical dilemmas during fieldwork and are consequently not useful (Bell 2014; Belur 2014; Hodge 2013; Kunnath 2013). Ethical principles may also have detrimental effects on 'ethical' research; they trigger data fabrication because the principles cannot be met (Bell 2014; Hodge 2013). Moreover, the presumptions embedded in the principles are themselves unethical (Hodge 2013). Consequently, it is not the 'ethical' principles that

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1   Chapter 5 has been submitted as article to: *Current Anthropology*.

should be the point of departure in the discussion about ethical ethnography, but 'transparent ethnographic inquiry' and 'methodological integrity' (Bell 2014; Hodge 2013).

By providing an insight into the methodology, epistemology, and ethical concerns of ethnographic studies, the discussion, on according to which principles ethnographic studies should be conducted and the data thus obtained should be analyzed, can in my view be further prolonged. I respond to the recent calls for endeavoring to improve methodological integrity and transparency (Bell 2014; Hodge 2013) by disclosing the methodology I applied and the ethical issues that arose during my 30-month ethnographic study on 17 single-mother child protection families in the Netherlands between 2009 and 2012. This study is very well suitable for looking at ethical and integrity concerns, as it touches upon two fundamental issues. Both the vulnerability of the research population (single-mother families) and the sensitivity of the object of study (child protection intervention processes), as well as the methodological pioneering and epistemological choices underpinning this study crucially depend on the researcher's integrity. Through being explicit about the way in which I conducted ethnographic fieldwork, I aim to contribute to the discussion on ethical ethnographic research by scrutinizing interrelated ethical, epistemological and methodological dilemmas encountered in my study.

Additionally, since ethical dilemmas can be used as rich data they may provide others with assistance in anticipating similar value conflicts in their work. Following up on the lines of debate and my own fieldwork experience, I identify six (related and overlapping) core dimensions that were frequently at odds with each other during my study: (1) epistemics and data quality; (2) the 'do no harm' principle; (3) informed consent; (4) trust and rapport; (5) the form of engagement; (6) transparency and data representation. By exploring these six core dimensions of ethnographic research ethics and integrity I aim to draw some lessons for a constructive discussion on how to deal with ethical issues in ethnographic research. I will do so by applying the AAA's principles to my own study and suggesting ways forward. I will then show how value conflicts consequently shape empirical data by scrutinizing the ethical dilemmas that arose during a typical but quite overwhelming day of fieldwork in Kate's family. I conclude by arguing that being reflexive and insightful in how ethnographic research has been undertaken is more beneficial to the discussion on ethical ethnographic research than merely following nebulous a priori ethical principles.

2 Anticipatory ethical guidelines and principles

The function of the AAA's principles is to "provide anthropologists with tools to engage in developing and maintaining an ethical framework for all stages of anthropological practice – when making decisions prior to beginning projects,

when in the field, and when communicating findings and preserving records" (AAA 2012).

However, in concurrence with e.g. Wax (1977, 1995) and Bourgois (1990) more and more scholars recently stress their aversion to extending human subjects' regulation to anthropology in order to 'safeguard' ethical behavior. Anticipatory ethical guidelines are nowadays increasingly materialized by IRBs in response to, among other things, an aspiration to set up universal and epistemic ethical codes across disciplines and proceedings on behalf of funders (Bell 2014; Simpson 2011). Besides the drawbacks of ethical guidelines mentioned in the introduction, the utility of ethical guidelines is considered as a mere formality because they have little to do with the protection of human subjects (Rowley 2014; Simpson 2011). They are informed by risk anxiety and risk aversion for the institution to be held responsible for (possible) 'unethical' conduct, but to the detriment of innovative and relevant ethnographic research (Bosk and de Vries 2004; Haggerty 2004).

I did not have to obtain ethical approval from an IRB to conduct ethnographic research on 30 single-mother 'multi-problem families' in the Netherlands. This, however, did not preclude me from following ethical principles. The ethical principles as formalized by the AAA are important as they "reflect core principles shared across subfields and contexts of practice" (AAA 2012).

In concurrence with many other ethnographers (cf. Bell 2014; Hodge 2013; Kunnath 2013; Rowley 2014), I argue that the AAA's code of ethics offered little relevant guidance, as they inadequately address emergent ethical issues that arose during fieldwork in the single-mother multiple problem families. I endeavor to demonstrate that the tune of the ethical principles does not fit the dance of the explorative study on the families' everyday lives, as three important AAA principles – 'informed consent', 'being transparent', and 'to do no harm' – frequently contradict each other. They also challenge the aims of quality data collection and data representation, and furthermore undermine an important prerequisite for the study to build an egalitarian and effective fieldwork relationship with the single-mother families involved. Of crucial importance in, what I call, this arena of intersecting core dimensions is in my view epistemics, which are founded upon the proactive and reflexive position of the researcher in the field being the central vector for gathering and interpreting 'data'. I show below that the researcher position is intimately connected to ethical concerns.

The six core dimensions are outlined in the following part of this chapter and are applied to my own ethnographic research on child protection families. The assumptions embedded in the four AAA principles of 'do no harm', 'informed consent', 'maintain respectful and ethical professional relationship' and 'transparency', which largely correspond with four out of the six core dimensions, are, in my view, incommensurable with the varied and complex circumstances in which ethnographic research takes place (Bell 2014; Hodge

2013; Murphy and Dingwall 2007; Wax 1977). Hence, ethnographic research and anticipatory ethical guidelines are oxymoronic like 'dancing in dry rain'.

3 'Dancing in dry rain': incongruity between ethnographic research and ethical principles

Participant observation, the core methodology of ethnography, requires that the researcher simultaneously participates in and observes the social action that it endeavors to co-construct. Adopting a distant role in order to (re)produce 'scientific objective data', as advocated by D'Andrade (1995) and Hastrup and Elsass (1990), creates, in my view, an uncomfortable and difficult methodological and epistemological research position (Hume and Mulcock 2004) which may furthermore hinder the process of data collection. Hence, my first ethical conundrum is related to the epistemics of neutrality or positivist objectivity as prerequisites for generating 'valid' data. I will argue that my emergent non-neutral position in the field was not only inherent in the ethnographic inquiry on child protection families but actually enhanced data quality.

3.1 Epistemics and data quality

Access

Initially, a collaborative research proposal formulated by 5 stakeholders[2] in 2009 envisaged that the 3 municipalities involved in the project would arrange my introduction via social welfare institutions to 30 single-mother so-called multi-problem families. This plan never got off the ground, however, which meant that my access to the field had to be arranged differently. A different way of entering the field produces a different research design, a different position in the field and a different form of knowledge and data collection and production (Lavancy 2013).

I approached 25 institutions providing services to families with 'multiple' problems but after nine months of patience, negotiation and some commitments I had still not met a family. It appeared to be difficult to introduce me to "difficult", "vulnerable", "problematic" and "dangerous" families, as they were called. Many social workers informed me that the 'multi-problem families' distrusted them due to the families' earlier experiences with social services (interviews with social workers in 2009 and 2010). In this respect, I assumed that the social workers' adverse opinion of, and experience with, the families would hinder my access to the families, whilst making trust and rapport building increasingly difficult (Geertz 1973).

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2   A project manager from Utrecht University, policymakers of the municipalities of Amsterdam, Dordrecht and Rotterdam and the knowledge organization for the city and the regions (Platform 31) formulated the proposal.

I then decided to approach the 'gatekeepers', i.e. lawyers and doctors. The 'procedure' went as follows: they asked the women to whom they deliver services whether they would be willing to participate in a PhD research project on multiple problems experienced by single-mother families. Whenever a woman indicated to the 'gatekeeper' that she would be interested in participating, I telephoned her in order to explain my research and to make an appointment.[3]

When I visited the families at their home I further explained the purpose of the explorative research: that I was interested in their life, history, the problems they have to deal with, their experiences with social service assistance, social welfare services, and child protection. I made it explicit that the study was based on the notion of voluntary participation and for scientific purposes only and that my goal was to write a book about their lives, and the situation and circumstances in which they as a single-mother family live. I would deal with their information confidentially, their identities would be fictitious, and information that would reveal their identities would be either withdrawn or altered. I also told them that whenever they (or their children) no longer wanted to participate in the study (regardless of the reason), I would discontinue studying the family and this would be fine. I found it difficult but fair to tell them that I was not able to change their lives – I would not make empty promises and prevent them and myself from experiencing disappointments in the future. In this respect, I told them that I was a student who was interested in their lives, experiences and stories and not someone with formal influence or authority. I tried to avoid my researcher's role having connotations of a hegemonic gaze or a 'colonial' stance since, as far as I was concerned, this raised ethical questions about studying child protection families in the first place (Hume and Mulcock 2004).

Some mothers (or their children) found it odd and were suspicious about my role, because they saw me "as an accomplice of the state", while others were either enthusiastic from the start to share their stories with me because "there was (at least) somebody interested in them" or gave me the benefit of the doubt since "they had nothing to lose". I endeavored to make the mothers feel comfortable in exercising their agency and ability to choose for themselves what information they were willing to share with me.

Research design
Although I did not know beforehand to which aspects of the setting I could get access to and what I could expect, it soon appeared that 17 of the 30 single-mother families were subjected to compulsory (legal) child protection

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3 The selection of the 30 women was based, besides being a single-mother family of either Dutch or Dutch-Curaçaoan origin, on the woman's self-definition of having 'multiple' problems and her willingness to talk about her livelihood to a researcher on one or maybe more occasions.

interventions.[4] I aimed to scrutinize these processes because these trajectories had a major impact on the families' everyday lives, as the child(ren) was (were) under the supervision of the state and in many cases had been placed in care. Through triangulation methods (e.g. participant observation, analyzing case files, interviews, field notes, analyzing diaries, letters and photograph albums), I endeavored to gather quality data on the family's child protection processes. In 10 of the 17 families I gained access to observe the mothers' successive child protection encounters with the state representatives involved – this mainly concerned encounters with the family supervisor often accompanied by social workers in a voluntary framework.

Engaged position

My emphasis on child protection encounters had an impact on my position in the field. While in the beginning I was a 'neutral observer' (Kunnath 2013) of the family situation, through progressive focusing I became more 'engaged' in a multi-sited and complex field characterized by asymmetric power and knowledge relations (cf. Agar 1985; Foucault 1980).[5] My aim to unveil the asymmetries between the single mothers and the state representatives executing child protection orders and the mothers' suffering that these engender made me committed to the marginalized single-mother families who were engaged in a struggle for emancipation. Collecting data on child protection processes is not an objective, neutral task that provides 'raw data' through which 'the truth' will be discovered upon analysis (Santoro and Smyth 2010). The way I (re)produce data is undoubtedly influenced by my own gaze, my standpoint, my form of engagement (see below) and the history I bring to the research (Nelson and Gould 2005). Hence, it is impossible to separate my research position from the researcher, just as it is impossible to separate the dance from the dancer.

Instead of endeavoring to adopt a 'neutral stance', I adopted a reflexive stance and scrutinized my own presence as a researcher as part of the phenomenon I was analyzing (Kelner 2014). Hence, in concurrence with Haraway (1991) I reframe 'objectivity' as a positioned and intersubjective endeavor. In my view, this does not compromise analytical scrutiny but actually enhances it (Haraway 1991; Scheper-Hughes 1995). Also Hale (2013) states that reflexivity is a better guarantee for 'objectivity' than professional neutrality, as the latter turns a blind eye to the ethnographer's own subject position. My commitment to disentangle unequal power relations produced dilemmas with regard to the AAA's anticipatory principles; however, practicing an "anthropology of neutrality and

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4   From the 30 single-mother families involved in the study, 8 did not get any assistance from social services, 5 only had voluntary assistance, and 17 were subjected to child protection measures often in addition to voluntary assistance.

5   Kunnath (2013: 750) explains that anthropology has always been an engaged discipline and even those who profess to practice a neutral or disengaged anthropology are engaged in supporting the status quo, which always favors the dominant and powerful.

disengagement" (Price 2010: S217) or an 'uncommitted observant anthropology' (Scheper-Hughes 1995: 419) would support the status quo.

3.2 The 'do no harm' principle

"A primary ethical obligation shared by anthropologists is to do no harm. It is imperative that, before any anthropological work be undertaken – in communities […] – each researcher think through the possible ways that the research might cause harm" (AAA 2012).

The first AAA ethical principle of 'do no harm' is, according to Bell (2014), the main disputed principle. What does it mean to do no harm and to whom? How does one know that one is not doing any harm to the participants involved? Research may also have consequences for the people involved long after data publication because we cannot predict the consequences of publication (Punch 1994). It is therefore important to take into account that harm can be caused to participants (and the researcher) not only during but also after conducting fieldwork by representing 'data'.

Through the ethical statement that "some risks may be permissible if the potential contribution to 'knowledge' is significant enough to outweigh them" (Hodge 2013: 290), Hodge argues that this guideline is more committed to knowledge production than to research subjects. He problematizes this risk-benefit analysis because it would normally be beneficial to 'science' and not to the people involved in the study by arguing that "the fact that my research builds my career is not an ethical justification for *any* risk" (2013: 291). Hence, Hodge advocates an anthropology that does something beneficial to the people involved in the study as a core of the anthropological ethical ideal instead of avoid doing undue harm. This remark echoes Sluka's and Pels' suggestion for an alternative (bottom-up) ethical codification 'in terms of the human rights of the underprivileged' (1999: 132).

From a different angle, Kovats-Bernat criticizes the colonial assumption embedded in the guideline by arguing that "I preferenced the will and wishes of my informants (who were certainly better at anticipating danger than I was) over any arrogant presumptions as to what is supposed to be best for them" (2002: 214). In concurrence with Kovats-Bernat, among others (cf. Kunnath 2013), I argue that the power to protect against harm is not exclusive to the ethnographer, but is shared among the actors in the field. On certain public occasions, amidst the mothers' acquaintances for instance, the mothers 'protected' me, or my research identity, from their 'rivals' or 'shady persons' with whom it would be better not to become involved. In so doing, the mothers exercised their agency by making choices in forming and reforming their position and my position in the research.

I am furthermore aware that my position could have caused potentially harmful situations during fieldwork, such as, for example, for the police officer

– who could have been subjected to a disciplinary measure for turning a blind eye to the matter – whom I accidentally recorded without informed consent in the case of Kate illustrated below. With respect to the representation of data on all the participants involved, I took significant precautions through anonymization techniques to prevent harm from being done.

3.3 The principle of maintaining respectful and ethical professional relationships

"There is an ethical dimension to all professional relationships. Whether working in academic or applied settings, anthropologists have a responsibility to maintain respectful relationships with others […] Anthropologists have an obligation to distinguish the different kinds of interdependencies and collaborations their work involves, and to consider the real and potential ethical dimensions of these diverse and sometimes contradictory relationships, which may be different in character and may change over time […] Anthropologists may gain personally from their work, but they must not exploit individuals, groups, animals, or cultural or biological materials" (AAA 2012).

In line with the 'do no harm' principle, this AAA principle seems to be subordinated to obtaining knowledge as the phase "they must not exploit individuals" suggests. Furthermore, the principle appears to intersect with the positivist aim of collecting 'objective data'. In this regard, Hodge argues that "the research ethic drop in, get the data, and get out" (2013: 292) produces not only superficial data but also indicates a commitment to the data, and not to the people. In a similar vein, this AAA principle is, in my view, based on reciprocal trust and rapport to be established between the researcher and the researched in order to obtain data that is useful to the subjects involved in the study.

   A family's home is not a neutral space for carrying out ethnographic fieldwork. It is both the site of the subject of study and a place where the family and I shared conversations and hospitality. I considered the mothers as 'hosts' and myself as 'a guest', and I behaved accordingly by being unobtrusive and unassertive (Murphy and Dingwall 2007). Ethical concerns of power/ knowledge played a major role in the study and were related to my role as a highly-educated researcher versus the mostly low-educated single mothers and versus the intermediate (or higher) vocationally educated family supervisors. The disadvantaged situation and position of the single-mother families and the 'carrot and stick' mandate of the family supervisor were crucial, while I, as an ethnographer, had little authoritative power/knowledge to play a role in the process of state interventions taking place in the families. So, neither the mothers nor the family supervisor nor I were on an equal footing with each other. Ethical issues of power/knowledge were thus context-driven but also arose in the course of the study. Where power was located between the three parties involved was often not clear-cut (D'Cruz 2000; Lavancy 2013).

I concur with Munford et al. (2008) that building a solid researcher-participant relationship and seeking to equalize the power within the relationship is crucial to a study's successful outcome. Aspects such as the researcher's social characteristics (being a woman was certainly beneficial) and personality as well as the participants' characteristics, personality and agenda, played an important role herein (Telfer 2004). On top of that, I invested a lot of time in building rapport and trust by taking part in the families' everyday lives and by listening to the mothers' stories in particular. Access to sensitive aspects of the family was at first restricted as far as most families were concerned. When the mothers (and their children) trusted me, I was also given access to (some of) the mothers' interactions with the state representatives assisting the family. Although the mothers were in disadvantaged circumstances, they were not invariably passive or defenseless. Collecting data on child protection processes depended on ongoing cooperation and negotiation between the participants and myself. I was highly dependent upon the willingness of the families, and to a large extent on the state representatives' will, in exercising my ethnographic study in their private homes and in other sensitive locations, such as during supervised meetings with their child(ren) and in the (juvenile) courts. Building trust and rapport was not only essential to obtain quality data that captures nuances and changes (Hodge 2013), but was also a prerequisite for an ethical relationship.

My fieldwork identity was constructed in collaboration with the mothers and state representatives who both had (their own unique) expectations of me (Hume and Mulcock 2004). On some occasions it became clear that I was a friend or relative (if a mother called me "auntie", or when a state representative said to the mother to ask her "friend" for clarification), a 'counselor' (if a state representative asked me to stay to comfort the mother when s/he had to leave or when a mother asked me for help), or a researcher (if I read in written reports that I was a researcher from the University). I generally accepted the ascribed 'role' unless it did not correspond with who I was and what I was doing. I then endeavored to 'reintroduce' myself.

Given that reason and emotion are intertwined, Damasio (1999) argues that well-deployed emotion enhances reasoning and decision-making. In concurrence with Tourigny (2004) I aimed to strike a balance between reason and emotion and knowledge and empathy in order to do justice to the complex and difficult situations in which the single-mother families found themselves. At times, it was frustrated and saddened to observe child protection encounters and to hear the mothers' stories of despair and hopelessness. It was particularly emotionally draining when a mother said that she no longer had anything to live for and thought of suicide – which often followed after bad news provided by the family supervisor or a judicial decision, for instance, a loss of custody. This meant that I felt a sense of loyalty, responsibility and empathy for the families. I aimed to maintain good ethical relationships by balancing between the various roles I had adopted, as a researcher, 'confidante', 'taxi

driver', 'babysitter', 'friend or auntie', 'counselor', 'mediator', 'adviser' and 'interpreter'. In sum, "relationship work is the real work of ethnography" (Lawlor and Mattingly 2001: 153). This requires going beyond neutrality and means that an ethnographer is by definition positioned (Rowley 2014).

3.4 Forms of engagement

The researcher's form of engagement plays an important role in the discussion about ethical ethnographic research since a researcher is not neutral (Hodge 2013; Kunnath 2013). In line with Scheper-Hughes' (1995) argument that ethnographic research must contribute to the lives of the people being studied in order to be 'ethical', Hodge argues that "an entirely detached and passive anthropology is not an ethical one" (2013: 293). I agree with them. Not-withstanding this, my form of engagement produced several ethical dilemmas regarding 'informed consent', 'do no harm', 'to maintain a good relationship', 'to be transparent' and 'to obtain quality data'.

Through my frequent visits to the mothers and my presence in child protection encounters, the mothers expected me to come to them whenever something important had occurred (or might occur). Such requests were occasionally accompanied by ethical considerations regarding my role as a researcher – is it ethical to be present during delicate meetings? How engaged should I be as a researcher? To what extent do I allow the mothers to determine my research agenda? In most cases I decided to visit the families if it seemed to be beneficial to the mother, our relationship and my research. Additionally, such requests bear a resemblance to the notion of 'implied contract' (Rousseau 1989), which refers to mutual predictability, enabling reciprocity and providing a basis for trust that can sustain a relationship. My commitment to the mothers' requests to visit them 'when they needed me' both sustained and reflected our relationship, but also sometimes confronted me with dilemmas, as will be shown by Kate's case.

A different dilemma concerns my form of engagement in the intervention process versus obtaining valid data. In this regard, most concerns arose between either 'intervening' or 'not intervening'[6] in an encounter between the mother and a state representative, and the consequences this might have had for my object of study. In general, my intention was that I would not intervene in encounters between the state representatives and the mothers. Intervention is however unavoidable in ethnographic research. According to Burawoy it is also "a virtue to be exploited. It is by mutual reaction that we discover the properties of social order" (1998: 14). In cases where state representatives used their power/knowledge at the expense of the child(ren) and/or the mother, and

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6   A pure form of 'non-'intervention does not in my view exist because being present during encounters is a form of intervention. An ethnographer cannot be 'a fly on the wall' during home visits of families.

in the interest of the state representative, agency or system,[7] I acted in a way which I thought would be most beneficial to the family. If a family supervisor wrongly informed the mother about her rights or duties or when an encounter was misrepresented in an official report, I interfered by asking if this was indeed correct. My form of engagement might on some occasions have been at the expense of the 'objectivity' of the study (although my influence was probably minimal in the long run), whilst 'active engagement' produced rich data because the invoked reaction revealed the asymmetrical nature of the state representative/single-mother relationship. I concur with Burawoy (1998) that institutions reveal themselves when facing not only the routine but also the unexpected.

Additionally, it would be awkward if I would not answer the questions being posed to me. Moreover, it felt unethical and wrong to do nothing at all when the mothers were incorrectly informed about Dutch legislation or when they or their child(ren) were misrepresented in official reports. Hence, I relied on a form of 'embedded objectivity' (Burawoy 1998: 28) in order to produce knowledge in dialogue and *in situ* (Calvey 2008) with the single-mother families and the state representatives.

3.5 The informed consent principle

"Anthropologists have an obligation to ensure that research participants have freely granted consent, and must avoid conducting research in circumstances in which consent may not be truly voluntary or informed. Minimally, informed consent includes sharing with potential participants the research goals, methods, funding sources or sponsors, expected outcomes, anticipated impacts of the research, and the rights and responsibilities of research participants" (AAA 2012).

The notion of informed consent is embedded in liberal individualist premises about the virtue of autonomy and the primacy of individual rights (D'Agostino 1998). However, unlike Bulmer (1980) for instance, ethnographers do not universally share the unethicality of covert research and the virtue of informed consent (Murphy and Dingwall 2007).

Bell (2014) argues that according to the AAA's codes ethnographic research would not be ethical without (truly) informed consent. Informed consent is however not an apt yardstick with which to judge ethnographic research, as the following arguments illustrate: (1) ethnographers rely on 'partial truths' in order to obtain valid research outcomes (Thorne 1980); (2) it is undoable to obtain the informed consent of everyone involved (Punch 1994; Lewis and Russell 2011); (3) informed consent becomes 'an actant' in itself, as it generates certain actions and alliances (Shannon 2007); (4) it produces reactivity, as informing the

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7   My priority was to 'protect' the families as long as I was not confronted with serious crimes (child abuse) or risks (Siegel 2008).

participants about the purpose of the research influences their behavior (Punch 1994; Bourgois 1990); (5) it is impossible to pre-empt informed consent, as a researcher does not know beforehand what will happen (Lederman 2006; Gabb 2010); (6) epistemological doubling – the doctrine presumes a relationship of inequality (which must be equalized by means of informed consent), but paradoxically reinstalls an asymmetric, or a 'colonial' relationship by asking for it (Wax 1995); (7) it reduces the willingness of powerful people to participate (Reiss 1979); (8) it implicitly reinforces the status quo (Bourgois 1990); and (9) it minimizes the researcher's responsibilities because informed consent was already obtained by 'ticking a box' (Rowley 2014). As I will demonstrate below, I challenge informed consent in a study that involves unequal power relations. Is the consent of the powerful required in order to carry out research with the powerless (Bourgois 1990)?

Daly argues that because of the emergent nature of the research design, informed consent is problematic in ethnographic studies and "particularly acute in research on families" (1992: 10). In my view it is difficult, if not impossible, to obtain detailed in-depth data on how child protection interventions are exercised in, and experienced by, single-mother families through any other method than ethnography.

In this research all mothers and almost all state representatives[8] were explicitly informed about my role and they verbally agreed to participate. Consent with the single-mother families was continuously renegotiated and open to withdrawal (Murphy and Dingwall 2007). Due to the dynamics of fieldwork it occasionally occurred that not all state representatives had been informed about the study.[9] I decided not to introduce myself if interfering did more harm than good to the situation of the single-mother families or if it felt as a break in a spontaneous encounter to introduce myself. In line with Dingwall (1980)[10] I distinguished between the study's 'principals' (the single-mother families) and the 'spear carriers' (the state representatives) since my prime responsibility was towards the single-mother families involved and not towards state officials who performed their jobs. Also Murphy and Dingwall (2007) more recently stress that:

> "If the setting is not to be disrupted, and the research is not to be impractical, one must distinguish between those for whom the research is likely to be consequential and those who are tangential" (2007: 2230).

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8   Including social workers delivering services in a voluntary framework, family supervisors in a legal framework, and other child protection representatives, such as the police, the Child Protection Board and juvenile court judges.

9   For instance, if already informed state representatives took colleagues with them on a home visit.

10 In Dingwall's (1980) ethnographic study on child protection interventions, the state representatives were the 'principals' with whom he negotiated informed consent to exercise his study. Informed consent was not sought from the child protection families, as they were 'spear carriers'.

Since the aim of my study was to shed light on the interactional and institutional processes through which child welfare and child protection practices were delivered to assess the structures of power, dominance and oppression, whenever possible I audio-recorded the child protection encounters when they took place in the families' home setting. Practically, this caused no or little distraction and disturbance, as I did not disrupt the setting by writing down extended field notes and emphasizing my presence. I also did not have to ask the interlocutors to repeat themselves. Requesting consent would result in an intervention in the participatory observation and therefore affect the observation process and the interaction of the informants.

The epistemology underpinning my methodological choices influences both the methods of data collection and analysis and the interpretation of data. My face-to-face engagement in the natural home setting of the families, and observing and recording their encounters with state representatives were sometimes at the expense of anticipatory informed consent. Although I initially asked for the informed consent of the participants involved, the ethical guidelines fail to ensure informed consent when scrutinizing successive mother-state representative interactions. Asking repeatedly for informed consent would disrupt the situation and be to the detriment of data quality.

Hence, the second dilemma I faced concerned 'truly' informed consent versus obtaining valid data: how to deal with informed consent and research tools (a recorder) given that the aim of the study is to reveal successive child protection interactions. Although I had the informed consent of both the mothers and the state representatives to allow me to be present during child protection encounters and my mode of working was clear to them, I consider my study to be semi-covert or 'shallow cover' (Fine 1993) because I kept the exact aim of the study to myself. In my view, it would be difficult to communicate how my study had developed in relation to my aim, given that the three parties involved probably had a different view of the key issues involved and different interests (Wax 1996). I found it awkward to tell 'that I was micro analyzing successive child protection encounters in order to examine child protection processes, as it seemed that (most of) the state representatives (mainly family supervisors) (re)produced their asymmetrical power in 'dubious' ways being neither in the interest of the mother nor her child(ren)'. Moreover, revealing the exact purpose would in my view have undermined the aim of the study because it would most likely lead to reactivity. The data that I would then gather would probably confirm the status quo. So, in line with Bourgois (1990) and Bell (2014) I question whether I could reconcile effective participant observation in child protection encounters with 'truly' informed consent.

It was furthermore to be expected that the state representatives would obstruct my access to observe any more child protection encounters and that the mothers would use my assumption in their struggle against the family supervisor. If I were sure that revealing my 'true' aim would be beneficial to the mothers and not harm the family supervisor (personally), I might have

considered disclosing it. However, disclosure would most likely backfire on the single mothers since my presence alone[11] and a critical note towards the family supervisor from other 'authoritative' bodies involved in the process (i.e. the social workers working in a voluntary framework with the family or the mothers' lawyer) had already disadvantaged the mothers on some occasions.[12] Would it be 'ethical' to tell the child protection representatives that they could benefit from my study as it provides an insight into their (not very effective) ways of communicating, considering the fact that the mothers had life-changing issues on their minds? I guess not, because my loyalty was towards the mothers and my primary concern was to disentangle the child protection encounters taking place with them in their private homes away from the public gaze.

In this respect, the use of an audio-recording device was also semi-concealed.[13] Every time I visited the families I asked for permission to use the audio-recorder. The mothers gave their consent to record basically everything taking place in their homes during my visits. This enabled me to record child protection encounters as well. I often did not specifically ask the state representatives for their consent to record the encounters with the mothers due to reasons of avoiding diversion, disturbing the encounter and non-acceptance. The recorder was always visibly placed on the table where the conversation took place. It never occurred that somebody ordered it to be turned off, and if this were so, I would have relied on field notes. This would, in my view, have been at the expense of the quality of the data, because I would no longer have been able to capture the fine-grained details of institutional communication and how this (detrimentally) affected the state representative-mother relationship, the effectiveness of the intervention process and the single-mother families' lives.

In my view the anticipatory AAA principle of informed consent disconnects with the naturalistic ethnographic inquiry of revealing how power is unequally distributed and (re)produced through child protection encounters and the consequences this brought with it. Instead, I relied on a form of consent that can be seen as a relational and sequential process based on trust (Katz and Fox 2004) (and regularly checking the families' levels of comfort) rather than a contractual agreement between the families, the state representatives and myself.

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11 If this was the case I did my best to put it right. An example is that a family supervisor had written in an official report that the mother "should not always bring unknown people to supervised meetings". Since it appeared that I was the "unknown people" I discussed it and asked the family supervisor for a revision.

12 Paper presented at CADAAD, an international Critical Discourse Analysis conference in Budapest on 3 September 2014 (Verhallen 2014c).

13 According to Dutch law (Article 139a of the Dutch Civil Code) it is allowed to audio-record conversations with the consent of at least one of the parties involved, if the person who records is present/participates in the conversation. Although it is legal to record participants, it does not necessary mean that it is ethical.

From a different angle, Hammersley (2013: 9) aptly states that gaining data for discourse analysis through 'secrecy' may be justifiable because this type of work involves very little possibility of harm being done to the participants involved. I concur with him that if there are issues of greater significance at stake, such as disentangling invisible compulsory state interventions, then informed consent and the underlying principle of respecting autonomy may be outweighed by the principle of 'do no harm'.

3.6 The transparency principle

"Anthropologists should be clear and open regarding the purpose, methods, outcomes, and sponsors of their work. Transparency, like informed consent, is a process that involves both making principled decisions prior to beginning the research and encouraging participation, engagement, and open debate throughout its course" (AAA 2012).

In line with the principle of informed consent, how transparent should (or could) a researcher be towards the participants? Is being transparent towards everyone involved in the study by definition more ethical than partial disclosure, and furthermore, does it produce 'valid' data? I think that it is 'undoable' for ethnographers to uphold the 'total' transparency requirement as outlined by the AAA. In this respect, Gans already stated in 1962 that:

"If the researcher is completely honest with people about his activities, they will try to hide actions and attitudes they consider undesirable, and so will be dishonest. Consequently the researcher must be dishonest to get honest data" (1962: 46).

Although I was never dishonest about my study, in my view the transparency principle would intersect with my study's aim and detract from the relationship with the participants involved. Hence, I was not truly transparent and none of the participants asked me to be so.

With respect to all above-described ethical principles, a serious issue concerns being transparent in representing data in public. What is it to represent data in an ethical way? How can data be represented without having totally upheld the ethical guidelines as formulated by the AAA? Castañeda (2006) recommends distinguishing between ethical issues that arise in fieldwork and those with which one is confronted by producing text (although they may overlap). Whereas the dilemmas in fieldwork are driven by the context, those regarding data representation stem from the author's normative moral position vis-à-vis the consequences of representation (Bell 2014). Bell elaborates on this by stating that informed consent is in the context of data collection about:

"Agreeing to be done to. [...] [while] for the most part, the doing to doesn't
happen in the fieldwork situation but, rather, in the act of writing about it"
(2014: 516).

'The doing to' (i.e. harm) most often concerns the representation of data in
public. But then how can the lives of child protection families be accurately
represented as they are lived? I endeavor to be transparent and to do no harm to
any of the participants involved through 'partial self-censorship' (Lee 1993) by
means of anonymizing all names, places, and withholding certain details that
could lead to the revelation of the families and state representatives involved,
as shown as follows.

4 Ethics in practice: the case of Kate

I will demonstrate the six above-described ethical dimensions by providing an
insight into one day of fieldwork with Kate's family in which several ethical
dilemmas arose between two, or more, of the six core dimensions that I had to
navigate. I chose to focus on this day because the complexity, abruptness and
convergence of a variety of ethical issues that I experienced during the course
of the study are clearly visible in this exceptional situation of a child running
away from his out-of-home care placement and returning to his mother despite
the restraining order placed upon her.
      To respect the confidentiality of the mother and her son that are central to
this excerpt, Kate and Martin are fictitious names as well as the research site.
Kate's family consented to contribute to the study on a voluntary basis, to the
use of an audio-recorder and to the use of quoted material. Although Kate's
first reaction was to use her real name, she agreed to be anonymized, after
having renegotiated this aspect upon hearing my argument that she may regret
disclosure at a later moment in time as both Kate and her son Martin, who is still
a minor, could suffer the consequences thereof (which I cannot foresee). I told
Kate that it went against my professional ethical principle of doing no harm;
when I would use her real name I could not anticipate the consequences for her
family and the other participants involved. I therefore removed information
that could lead to someone's identification. We furthermore agreed that the
empirical data would only be used for scientific purposes. Since Kate wanted
her story to be made public she approached a journalist on my advice. This
journalist wrote about Kate's family in a Dutch newspaper.
      The excerpt below is taken from an interaction between Kate, a Dutch single
mother, and a police officer at Kate's apartment on an early Friday evening
in 2011. All quotations are verbatim and have been translated from Dutch to
English. I added some background information between (…).

   Kate: I would like to ask you just to let him (her 13-year old son Martin) be there
   (with Kate's parents) tonight?

Police officer: Aha, yes, yes

Kate: Tomorrow I have an appointment with the family supervisors and the lawyer in Amsterdam.

Police officer: Aha

Kate: And he (Martin) also sent a letter to the juvenile-court judge this afternoon.

Police officer: Aha

Kate: He had already sent an email, but he had to send a formal letter as well.

Police officer: But well, he's safe, he turned up again and he is not wandering the streets.

Kate (raising her voice): No!

Police officer: And if you want to speak to him, can you reach him on the phone?

Kate: Yes

Police officer: And tomorrow there is an appointment between the (name of) Child Protection Agency, the lawyer and you about Martin in Amsterdam?

Kate: Yes

(…)

Police officer: I think it is better if he stays there tonight in consultation with the Agency. But we want to make a call to discuss this.

Source: Interaction between Kate and a Police officer in 2011[14]

The ethical dilemmas that I encountered are indicated in the following description of fieldwork among Kate's family as […] so that I can easily refer to them. Kate's son Martin (13 years old) was placed in out-of-home care, but he ran away from his temporary place of residence, which is about 200 kilometers from his hometown. As an ethnographer studying Kate's child protection case for almost a year, I was present when the encounter between her and the police officer took place. At that moment I had already been informed about Martin running away and was mostly aware of the underlying circumstances. The police officer, however, did not ask me any questions and took my presence for granted and I did not ask for the police officer's consent [Dilemma 1: informed consent versus 'do no harm' to Kate's family and our relationship; Dilemma 2: informed consent versus data quality and data representation].

Earlier that day in the morning, Kate called me. She sounded in distress and in panic. She told me that her son Martin had called her from a telephone booth. He had said that he was coming home and he immediately hung up. Kate said that she did not know what to do since she did not even know where Martin was. Later that day it appeared that Kate was not even allowed to know where Martin was residing, because she was subject to a temporary restraining order in order to protect Martin. Kate asked me if I could please come over to her place. Then, she could tell me more about the situation as she was now stressed, puzzled and agitated. Kate explained that she did not want to be alone while waiting for Martin to maybe turn up, as she did not know whether he was

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14 The original excerpt in Dutch is entitled "Interaction between Kate and a Police officer" and included in Appendix 2.

serious about coming to her. Kate said that if Martin turned up I could meet him myself and talk to him if he agreed. With regard to the competing core merits of 'doing no harm', my form of engagement, obtaining quality data, and maintaining our relationship, I initially had doubts as to whether or not to visit Kate, as the matter seemed very serious and private. I wondered what would be more 'ethical', because carrying out ethnographic fieldwork in a family in the middle of a crisis could be, or could become, 'inappropriate'. But, on the other hand, Kate insisted and expected me to come. My visit could therefore sustain our relationship, contributing to trust and rapport, and could be seen as a research opportunity to experience such a day with Kate (and maybe Martin) and to collect quality data. My research curiosity, feelings of moral obligation and reciprocity in not leaving Kate alone in a situation like this were decisive for the engagement.

When I arrived in the early afternoon, I was actually surprised that Martin was already there. Although he was somewhat exhausted, he was excited about his "adventure", as he called it, and really wanted to share his run-away experience with me. So, he divulged all the details of his trip to his home, which were not shared with anybody else [Dilemma 3: 'do no harm' versus representation of confidential data]. He also told me that his motive for running away was: "I really dislike the place and want to be with mum". It was not his first out-of-home care placement, but particularly at this temporary place of residence he said that he was very unhappy. He was not allowed to stay in contact with Kate. However, he told me later that through false names they were able to stay in contact on the Internet [Dilemma 4: 'do no harm' versus representation of possible incriminating data]. Martin told me that he often had to go to "the foster parents' church", which did not correspond with his beliefs, and that he had to work at the foster parents' place, as opposed to the other children. He furthermore told me that he had no mobile phone and that he had no money at all because he (as the only one) did not get any pocket money. In Martin's view, nobody cared about him. He told me that he wanted to be with Kate and showed me a signed drawing in which he stated that this 'letter' was intended for the juvenile court judge to consider replacement.

It turned out that, prior to Martin's arrival, Kate had called the police a few times to ask if Martin had been reported missing. She was very worried about Martin because of his 'personality disorder'. Kate expressed her fear that Martin would probably be placed in secure (custodial) institutional care this time, as Martin had tried to run away before. However, he had never made it to her apartment before, because the police had stopped him and brought him back (sometimes by force) to his out-of-home care residence.

Kate was desperate; she did not know what to do and had to cry. I tried to comfort her and brought her a glass of water. When she recovered somewhat, she called the police once again to ask if somebody had reported Martin as missing and to inform them that Martin was with her. Kate was afraid that if she did not inform the police about Martin's whereabouts, she and Martin "would

be in serious trouble". The police indicated that Martin had not been reported missing and in this respect Kate asked them if they were sure, "because Martin is at my place [...] He is not allowed to be here due to a restraining order"… "He has already been here for a few hours, while his current place of residence is miles away". She continued by stating: "his school teacher could have reported Martin as missing, because obviously Martin did not go to school, or maybe his foster parents?"

Kate told me that she had not yet called the Child Protection Agency. She did not dare to call the Child Protection Agency because they were figuratively "on non-speaking terms". In this respect, Kate said: "let sleeping dogs lie". In Kate's view, it would just be a matter of time before 'the Agency' found out that Martin had ran away from his out-of-home care residence. She took the opportunity to stay as long as possible with Martin and next to this she was 'eager to know' how long it would take before the Child Protection Agency took action. In Kate's view other people were currently responsible for Martin, because her responsibilities and legal rights as a mother were restricted due to a supervision order and a restraining order. Kate felt that she immediately had to inform the police about Martin's possible run-away action, but she was somehow not sure about informing the Agency. She asked me for advice. I made clear that advising her about whether or not to inform the Agency was a dilemma for me, because I did not know what would be the best thing to do in her situation. So I suggested the option of (again) calling her parents or contacting Suzanne or Janet, two good friends of Kate, to discuss the situation, as they might know what to do. Otherwise my position as a researcher with the necessary distance and objectivity would be at stake [Dilemma 5 – research position versus trust and rapport].

Then, during the afternoon Kate made many phone calls to inform, and to ask advice from her parents and some good friends, while I was talking to Martin. I recorded the conversations we had that day, as I usually did with Kate's consent, and now with the consent of both Martin and Kate. When Kate finished calling her confidants, she decided to call both the Child Protection Board and Agency to inform them about Martin's appearance at her apartment. Kate asked me to record on tape that she had called these child welfare institutions as "evidence" of the fact that she had informed them "if they won't believe me" [Dilemma 6 – research position versus relationship]. I felt uncomfortable and asked myself if our agreement, that the recorded data are used for scientific purposes only, had just been put to the test. I responded directly and assertively by joking that there are indeed ghosts everywhere. Kate had to laugh, and I smiled as well. Herewith I knew that she had accepted my response. I decided to mention the issue of recording at a later moment when the air would be cleared (I will come to this later). Since the recorder was already recording I decided to just leave it that way when Kate called the institutions. Kate herself recorded all her telephone calls with the institutions, probably 'as evidence'.

At the end of the afternoon, Kate stated that she did not know what to do with Martin, because none of the institutions seemed to respond to her official report. Kate indicated that she wanted to be with Martin as long as possible but acknowledged that this could be tricky. She eventually decided to let her parents pick up Martin so that he could stay with her parents "as long as it lasted". Kate said that she hoped that Martin could stay the night with her parents and have some sleep: "I hope that Martin is not being roused from his bed in the middle of the night and then taken to secure residential care (...) I am afraid that the latter will happen".

At the beginning of the evening Kate's doorbell rang. Kate opened the front door and I was still sitting in the living room. Contrary to Kate's expectations, because there was not even a formal police report about Martin's initial disappearance, some police officers came over to Kate's house to pick up Martin. However, fifteen minutes prior to the police officers' arrival, Kate's parents had already taken Martin with them. It was now a question of what would happen since Martin had gone. The police officers asked if they could enter the house, and Kate let them in. When they were in the living room, they took a seat on the couch opposite me.

Many questions entered my mind with regard to the situation that had now arisen. How would the 'powerful' police officers deal with this situation? What would happen to Martin? How would the Child Protection Agency react towards Martin and Kate in the short and long term? And what should I say if the police officers asked me questions?

As briefly illustrated by means of the above-described interaction, the police officers listened to Kate's opinion and took my presence for granted. I felt uncomfortable about the fact that my recorder was placed visibly on the table with the bright red recording light on. I decided not to interfere in the situation, to say nothing about it and to just observe the conversation [see Dilemma 1]. After having called the Child Protection Agency, it appeared that a police officer had managed to allow Martin stay the night with his grandparents. Kate was very happy with the result and explicitly thanked the police officers. It seemed that they had reacted in the best way Kate could have had imagined. The next day Kate would see what would happen next, as she had an appointment with the Child Protection Agency and her lawyer. Kate was now relieved but still very distressed about the following day. A little later, I decided to go home. It was a long and emotional day for Kate and an intense day of fieldwork.

[Sources: diary, field notes and transcriptions of the encounter, interviews with Kate and Martin]

5 'Dancing in the rain'

Being there while child protection intervention practices took place in the natural home setting of Kate's family provided me with on-the-spot information,

but also led to several ethical concerns. Some unanticipated ethical dilemmas arose and required an immediate solution, such as, for instance, the situation whereby I felt that Kate tested my position, or our relationship, by suggesting that evidence should be gathered while we had agreed that the recorded data would be used for scientific purposes only [see Dilemma 6]. In situations such as these, I might have foreseen a dilemma arising since my recorded data could be 'used' for purposes other than we had agreed.[15] In this particular case, I was unsure of what to say or do, because on the one hand I wanted to sort out my feelings of being tested, whilst on the other hand I did not know what I would evoke by bringing up the matter. A week later I renegotiated with Kate that the recorded data would only be used for my study and advised Kate to approach a journalist in her search for media publicity.

With respect to responding to the most 'ethically important moment' (Murphy and Dingwall 2007) that emerged that day about whether to inform the police officer about my role as a researcher and about accidentally recording the conversation [Dilemmas 1 and 2] my ad-hoc decision not to interfere in the natural run of events seemed to be a legitimate argument, particularly given the highly sensitive situation was not interfering, in my view, the most appropriate way of behavior. Informing the police officers about recording was subordinate to the principles of no harm and my responsibility towards the 'principals' of the study. In this particular situation, the informed consent of the powerful would not have any added value. The police officers acted in the capacity of state representatives and not as private individuals, and were furthermore tangential, while informed consent would only serve to protect the privacy of the police officers and this interest is already safeguarded by anonymization. Meanwhile, informing them about recording could do Kate's family more harm than good. I was aware that the police officers could ask me some investigative questions regarding the situation. Luckily, I was not asked any questions, and if this would have been the case, I would most probably have said who I was, and that I conducted a longitudinal ethnographic study of Kate's family in order to understand their everyday life.

Concerning the representation and transparency of fieldwork data, ethical dilemmas arise during writing about fieldwork [Dilemmas 2, 3, 4]. In this respect, I still have reservations about whether or not to use the interactional data between Kate and the police officer, because the police officer was uninformed about the study in general and about being recorded in particular.[16] On the other hand, could I harm a 'vector of the public concern' by representing the police officers as anonymous 'spear carriers'?

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15 In the Dutch legal system the recorded data could not be used in court (Interviews with the lawyers of the mothers in 2010, 2011).

16 The informed consent of the police officers could not be subsequently obtained because I could no longer trace them.

I believe that I did not harm anybody's individual integrity because I have anonymized the data from this excerpt. Yet, it is not excluded that the police officers involved recognize themselves in this illustration. And if so, would this be a problem? The fact that I violated the norm of explicit informed consent from the police officers is irrelevant because the interest of the police officers have not been harmed. Decisive in displaying the data in the way I do here is that it gives, besides the dilemmas I faced, an (nuanced) insight into the real-life world of a child protection family. It also reveals how all the participants involved (Kate, Martin, the police officers, the child protection agency and the researcher) manage a child protection encounter and how issues of power, authority and resistance are produced in dialogue.

With regard to representing the empirical data of Martin [Dilemmas 3, 4], I am very careful in disclosing confidential and potentially incriminating data (Gabb 2010). Martin's age plays a crucial role in withholding empirical insights. So, in order to respect Martin's autonomy and to guarantee his anonymity I decided not to elaborate on his trip to his home and to only superficially describe his way of staying in contact with Kate. Moreover, he could later regret what he had said to me in the heat of the moment. For me, the ethical principle of doing no harm to research subjects is, with reference to data representation, very important.

6 Conclusion

In this chapter I respond to a recent call for aiming to improve methodological integrity and transparency in ethnographic research as a starting point in the discussion about ethical ethnographic research, because the AAA's anticipatory ethical guidelines inadequately address emergent ethical issues that arise during the process of conducting an ethnographic study. Ethnographic fieldwork is situated and not open to rationalistic planning. As Calvey (2008) aptly describes:

> "It is in the particular cases of the here and now with participants that ethics are situationally accomplished (2008: 908)".

My research concerning 30 single-mother so-called multi-problem families shows that the tune of the AAA's regulatory ethical principles does not correspond to the dance of ethnographic research. Ethical issues are inherent in the naturalistic nature of ethnographic inquiry and largely stem from the emergent ethnographic research design – the emergent position, aim and execution of the study – and the epistemology underpinning the research. Because 17 of the 30 single-mother families were subjected to child protection intervention processes, my aim became to scrutinize these processes as the child protection trajectories had a major impact on the families' everyday lives. I became more engaged in a complex field characterized by unequal power/knowledge relations and endeavored to unveil the structures of power,

dominance and oppression which were (re)produced by the interactional and institutional child protection practices exercised in the families. My full-day ethnographic experience with Kate's family is illustrative of the incongruity between anticipatory ethical principles and ethnographic research on child protection families.

Since my study was driven by realism and naturalism to obtain 'naturally occurring data' of child protection encounters between the single-mother families and the state representatives involved I adopted a semi-covert role. This role, my form of engagement and the (emergent) research design gave rise to several ethical dilemmas between the following core merits of ethnographic research: (1) epistemics and data quality; (2) 'do no harm'; (3) informed consent; (4) trust and rapport; (5) the form of engagement; (6) transparency and data representation. Several lessons can be learned from the dilemmas that I had to navigate. First, trust and rapport are crucial in conducting longitudinal ethnography among child protection families. Second, a sustainable relationship, which is based on reciprocity, requires going beyond a 'neutral' form of engagement in order to gather quality data. Third, regarding anticipatory transparency, it is unavoidable and even necessary to conceal the study's 'true' intent from both the mothers and the state representatives in order to make child protection intervention processes and mechanisms transparent. Fourth, obtaining the informed consent of the powerful (i.e. state representatives) is unfavorable if it harms a developing situation for the powerless (the mother and child who are the principals of the study). It may furthermore result in an intervention in the observed interaction process, which probably leads to data that supports the status quo. When representing data in public a fifth lesson is 'do no harm' to the participants involved through at least anonymization techniques and by withholding certain information which could lead to the revelation of personal identities or ascriptions. Correspondingly, a sixth lesson is that ethnographic research can proceed ethically without a (often unavoidable) mutually agreed-upon understanding of its 'true' aims but through a relationship-centered approach which endeavors to contribute to the well-being of the child protection families involved.

So, rather than starting from the nebulous ethical principles, which might pave the way for data fabrication because ethical guidelines are hard to meet (Bell 2014), I propose to expose and discuss ethical issues with regard to the above-outlined core dimensions of ethnography. I argue that ethnographical ethical principles are not a recipe for 'ethical' ethnographic behavior because ethnographic research is rather an arena in which several major and minor dilemmas arise between the different core dimensions.

A last lesson that can be learned is that the dilemmas that arise in ethnographic research are highly indeterminate, subjective, dynamic, and because the anticipatory guidelines cannot be upheld during fieldwork, dilemmas fundamentally arise during data representation. Nevertheless, only by exposing and discussing the true ethnographic 'realities' are we able to

discover what it takes to conduct ethical ethnographic research. The idea that the vector of ethical ethnographic research depends on the ethnographer's explicit methodological rigorous choices and epistemic premises is a step forward in the discussion about ethical ethnography and it synchronizes with Burawoy's (1998) reflexive ethnographic practice. Instead of dancing the tune of 'objective' ethnography, we should (re)consider the context and the situation of ethnographic inquiry as points of departure. Reflexivity valorizes context, challenges the status quo and discloses the limits of positivist ethical ethnographic principles. To use Burawoy's words (1998: 29) I suggest listening to the tune before evaluating the dance.

Chapter 6

Disentangling an invisible trade: state intervention in Dutch and Dutch-Curaçaoan single-mother families in the Netherlands

1 The framework

Making visible how state interventions – mainly child protection interventions – in the Netherlands are put into practice in Dutch and Dutch-Curaçaoan single-mother families with multiple problems has been the object of my ethnographic research endeavor. Institutional discourse is, as Agar (1985) indicated, a strategic tool used by state institutions to control individuals. State institutions regulate, via decision-making and legitimation processes, the organization of social life in various domains, by means of, among other things, the distribution of rights and duties for citizens (Sarangi and Slembrouck 1996). Hence, as 'agents of the state' (Gibelman 2004), social workers carry out child welfare and protection interventions in families. These interventions are thus intertwined with forms of social control and, as we have seen, shape several power/knowledge asymmetries between the social workers executing state interventions and the single-mother families subjected to these interventions. Power/knowledge differentials (Foucault 1980) are an overarching theme in this book because they seem to play a key role in the interaction between the single-mother families and the state institutions at all four macro-, meso-, micro- and ego-levels of this study, albeit in varying ways.

Using Agar's (1985) institutional discourse theory, this final chapter addresses the key research question of how state interventions are shaped by institutional discourse and power asymmetries in encounters between single-mother families with multiple problems and state representatives. Descending step-by-step from a macro-, meso- to a micro-level, this chapter aims to disentangle the state interventions in the single-mother families under study. It does so through the combined ethnographic-critical discourse analytical framework, which I have developed for the analysis of empirical data upon which the chapters are drawn; the findings are grounded in ethnographic data and deductively derived from the conceptual framework that I have sketched in the introduction (Chapter 1).

A thread intertwined in the conceptual framework puts together Chapters 2, 3, and 4, as they demonstrate how Agar's (1985) theory on institutional

discourse manifests itself at the different levels of aggregation. The three functions of institutional discourse – diagnosis, directives and report – to attain institutional goals are (re)produced *at* and *across* the different levels by means of e.g. social work practices.[1] Chapter 5 is epistemologically interwoven with the other chapters, because the data upon which the chapters are grounded are interpreted by the researcher, who took part in the asymmetrical intervention setting under scrutiny.

Before I turn to the main research question, I will first draw some general conclusions regarding the four separate chapters. By so doing, I unravel the invisible trade step by step. This book ends with an epilog that describes some ideas about how the visibility of state interventions can contribute to the effectiveness of state interventions in families and makes some suggestions to improve them in the future.

1.1 Macro-level

In the second chapter I addressed the question of what is, according to Dutch policymakers, a 'multi-problem family' (MPF), and what consequences has their definition had for social workers in practice, in terms of recruiting families for MPF interventions. An analysis of Dutch MPF policy documents revealed that MPF definitions are ambiguous and unaligned. Who is subjected to MPF policy appeared to vary per municipality, policy period, and policymaker. Moreover, not only families with problems turned out to be included in the policy definitions but also families 'at risk' and ethnic minority groups. The label MPF thus has a preventive diagnostic function obtained since it includes families who may become problematic. Because MPF policy is directed at preventively recruiting certain disadvantaged groups – such as single-mother families (of Curaçaoan origin) whose children are considered to be at a higher risk of developing delinquent behavior (cf. Keating et al. 2002), we may conclude that this approach (unintentionally) discriminates against vulnerable groups in Dutch society (see Snik et al. 2004; De Savornin Lohman 2009).

At the implementation level, nebulous MPF policy directives appeared to have consequences for the 'street-level bureaucrats' (Lipsky 1980) who provide support to MPFs in practice. We saw that ambiguous policy made it indeterminate, for most 'frontline' social workers, how to recruit MPFs. Moreover, it appeared to leave room for professional discretion in deciding who is eligible for support. Social workers seemed to instrumentally use the label MPF in recruiting families, based on a mixture of the social workers' experiences, convictions and (strategic) opportunities to meet policy directions (cf. Parton 2000).

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1   To be precise, the practices include: policy practices at the macro-level, social work practices at the macro-, meso-, and micro-level and successive child protection practices at the meso- and micro-level.

When analyzed through the lens of institutional discourse (Agar 1985), the chapter reveals how MPF policy is established and put into practice at the Dutch municipality level. Informed by the 'risk factor prevention paradigm' (Farrington 2000), Dutch policymakers define (i.e. diagnose) which families are the object of MPF policy. So, who is a MPF is to a large extent already framed and directed, whilst the policymakers appeared to use their professional discretion to outline MPF policy. We may conclude this from the differences between the MPF policies of the three municipalities in question. Although the policymakers diagnosed and outlined the directives for the social workers working as 'street-level bureaucrats' with MPFs, it also seemed that the social workers involved had substantial room for professional discretion since they themselves diagnose MPFs for (preventive) interventions. To concretize, the chapter has shown how Dutch policymakers shape MPF diagnosis, and subsequently, by means of recontextualization (Agar 1985), how social workers have 'bureaupreted' (Sarangi and Slembrouck 1996: 43) MPF policy directives into MPF recruiting practices.

In addition, despite the discrepancy between MPF social work reality and the MPF policymaker paper reality, the families recruited by the social workers bear a resemblance to the diagnostic categories of MPF as formulated by the policymakers. However, this does not seem to be coincidental; the continuation of MPF projects depends (to a large extent) on the subsidy from municipalities in which the writing of reports (Agar 1985) appeared to play a key role for e.g. auditing and evaluating institutional performance. In the view of Foucault (1979), this is a form of social and psychological control, or to put it differently, 'governmentality'. Yet, an invisible driving force seems to be 'new public managerialism' (cf. Lonne et al. 2009; Munro 2010; Tilbury 2002) because of the apparent processes in which families 'spontaneously come to fit their categories' (Hacking 1986: 223). So, we may conclude that social work practitioners' discretion does not question the available frame but the selection of cases that do or do not fit these frames. Albeit power differentials are evident at this level, the fine-grained details remain invisible from the public gaze. Nevertheless, in line with Agar and Foucault it seems that MPF policy is more top-down directed than the state representatives themselves consider.

Finally, the societal relevance of this chapter lies in the insight it provides into who is diagnosed as MPF, and thus subjected to MPF policy and, furthermore, how families are recruited for interventions. This insight might contribute to discussions about whether the 'intended/right' families are diagnosed and recruited for MPF interventions and whether the ways in which recruiting occurs in practice is the 'intended/right' way to target families for state interventions.

1.2 Meso-level

The third chapter paid particular attention to the role and the function of institutional (re)diagnosis (Agar 1985) in the single-mothers' state intervention processes. Based upon an examination of the impact of institutional diagnosis for these families – through the (re)production of successive diagnosis along institutional directives and reports – it appeared that the role of deficit-based diagnosis is key in institutional child welfare and protection argumentation. In line with Hennum (2011) it seemed that deficit-based diagnosis, such as the label MPF, is functional in managing risks, as it served to secure the on-going legitimacy of intervention in the private sphere of the single-mother families. Moreover, deficit-based diagnosis appeared to be the driving force behind the mothers' ensnarement in the child protection system through repetitive recontextualization practices. These were recurring sequences of institutional functions regulated in social work encounters, written reports, judicial decisions wherein diagnosis has been constituted, and because diagnosis has been institutionally recorded in reports it has also constituted the institutional reality for future action (cf. Mehan 1993). Yet, based upon 'institutionally recorded memories' families have been repetitively rediagnosed.

The act of diagnosing positioned the social workers (and particularly the family supervisors) as the holders of truth about the single-mother families' lives (cf. Gergen 1999). In line with Foucault (1980) and Fairclough (1992, 1992b), diagnosis shaped hierarchies of knowledge, language and power. Although both the mothers and the institutional representatives invoked categories in social work encounters as a matter of importance to make their 'moral judgments' (White 2003), it seemed that the institutional representatives' truths are exclusively reflected in written reports, unless they made room for the single mother's truth which did not occur very often (Habermas 1979; Agar 1985). As Agar (1985) noted, reports indeed turned out to be powerful directives, because they functioned to convince other institutional representatives in order to attain institutional goals. It also appeared that the mothers could control or direct intervention practices through, for instance, selectively providing information or other manipulative strategies, albeit their manipulative strategies still appeared to have little effect or were even detrimental (cf. Dumbrill 2006; Agar 1985).

Taken as a whole, this meso-level chapter reveals all three institutional discourse functions of diagnosis, directives and report, in line with Agar's theory. Also the discrepancies between the mothers' client frames and the institutional frames have become visible. It furthermore uncovers the powerful function of diagnosis in the process of state interventions in families, and unfolds how diagnosis is (re)produced during different episodes of the intervention process. In addition, the chapter has shown that power differentials between the state representatives and the single mothers were being displayed in both text and talk, particularly by means of the recontextualization of diagnosis.

Taken together, the power of the system and the little institutional room made for the mothers' frames and their 'validity claims' (Habermas 1979) have been exposed.

Lastly, the societal relevance of this chapter is that it displays how disadvantaged single-mother families gradually became caught in the child protection system. The mothers seem to be able to reverse funneling, albeit only if a family supervisor makes room for their validity claims (Agar 1985; Habermas 1979).

1.3 Micro-level

Due to the fact that state interventions are mainly communicative events (cf. Fairclough 1992) and to a large extent are goal-oriented and task-driven practices (cf. Agar 1985; Sarangi and Candlin 2011), the fourth chapter descended to the micro-level child protection encounter between a family supervisor and a single-mother. By focusing on social work encounters *in situ*, the chapter aimed to reveal how the functions of institutional discourse (Agar 1985) shape a child protection interaction between a mother and a family supervisor in practice, and how the child protection interaction, in turn, shapes the institutional discourse in which the interaction is embedded.

First, I have developed a contextual discourse-analytical framework in order to be able to scrutinize a child protection interaction in detail. This framework has incorporated the interplay between micro-level verbal communication and (non-)discursive aspects, social positioning (Bernstein 1990) and more macro-level contextual factors of power asymmetries (Foucault 1980). The macro-contextual factors in which a child protection interaction is embedded, such as for instance institutional discourse that shapes the interaction, was first explored through a holistic ethnographic perspective (see also Chapters 2 and 3). The framework exposed that the mother – family supervisor relationship is embedded in an asymmetrical knowledge/power setting (cf. Agar 1985; Maynard 1991; Marková 1991) since the roles, responsibilities, interests and goals differ and are determined by the Dutch political climate and the judicial youth care system wherein e.g. new public management and risk aversion play an important role (cf. Lonne et al. 2009). It appeared that the political dimensions have underpinned and influenced the family supervisor's position whose institutional role was to simultaneously care for and control the family (Garland 1985), or to put it differently, to execute a 'carrot and stick mandate'. The family supervisor's position turned out to be dominant due to the legal position of asking, diagnosing, directing, controlling, indicating, supporting and reporting, while the single mother's participation was largely dependent on the opportunity made available by the family supervisor. Furthermore, it exposed the family supervisor's access to child protection institutional procedures, rules, expert knowledge or 'hidden' knowledge (cf. Drew and Heritage 1992). To address the first part of the research question, all the aforementioned

institutional aspects made the distribution of power/knowledge in the interaction asymmetrical. These crosswise linkages between the different levels are further discussed in the following section.

The contextual analysis of the child protection interaction obviously revealed the three functions of institutional discourse, i.e. diagnosis, directive and report. The institutional message that was directed by the child protection agency and translated into practice by the family supervisor exposed the fact that although an institutional goal may be *a priori* formulated, it also arises *in situ* in the interaction between the family supervisor and the mother. The following important power differentials exposed themselves in the interaction: (1) asymmetrical ways of presentation, (2) knowledge asymmetries, (3) asymmetrical interactional control, (4) asymmetrical communication strategies and (5) asymmetrical perspectives. Moreover, these five intertwined topics appeared to be asymmetrically power producing. As a result, the child protection agency had gained the upper hand; although the mother did not consent to relinquish her parental custody in the interaction with the family supervisor, through successive recontexualization practices she was discharged from her legal parental authority by the juvenile court judge, whilst the family supervisor was replaced by another family supervisor to represent the child protection agency in court.

In concurrence with Agar's institutional discourse theory, I have shown that institutional interests shape the family supervisor – mother interaction and their working relationship, which in turn affect the institutional setting in which subsequent child protection practice takes place. Moreover, the productive power of a child protection agency (i.e. a site of the macro system) proved to overpower both the family supervisor's and the mother's influence. In line with Agar (1985) it turns out that neither of them could fight the force of institutional discourse.

To finish this micro-level, the societal relevance of this chapter is that an analysis of a social work interaction provides an insight into child protection communication. Such an insight might be useful to learn how to (or not to) communicate child protection messages that are beneficial to a sustainable social work relationship.

1.4 Ego-level

Due to the delicate matter of studying child protection intervention processes in single-mother families, yet by means of an ethnographic study design, I have chosen to dedicate Chapter 5 to divulging my own inquiry. On the ego-level, I endeavored to clarify to the reader that I am aware of my own engaged and non-neutral position as an ethnographer. Therefore I made transparent which interrelated epistemological, methodological and ethical dilemmas I encountered in my ethnographic research into single-mother child protection families and how I navigated these conundrums.

Based on my analysis of my fieldwork experience and current debates on ethnographic research ethics and integrity, I identified six related and overlapping epistemological, methodological and ethical core dimensions. These dimensions are: (1) epistemics and data quality, (2) the 'do no harm' principle, (3) informed consent, (4) trust and rapport, (5) the form of engagement, (6) transparency and data representation. It appeared that these six dimensions were regularly at odds with each other during the ethnographic study. Moreover, it turned out that the ethical principles of the important American Anthropological Association were incongruent with the complex and varied circumstances in which my ethnographic inquiry took place.

In sum, the principle of informed consent appeared to disconnect with the naturalistic ethnographic inquiry of scrutinizing how power is unequally distributed and (re)produced in child protection encounters. Also, positivist notions of being 'neutral' in the field in order to collect 'objective' data turned out to be not only unachievable – as an ethnographer studying asymmetrical knowledge and power relations (Agar 1985; Foucault 1980) is by definition engaged – but also to hinder the researcher's relationship of trust and rapport with the single-mother families. Instead, by means of empathy, patience, time and reflexivity, I sought to build sustainable relationships based on trust and rapport. I attempted to equalize issues of power within these relationships and endeavored to make the mothers feel comfortable in exercising their agency and ability to voluntarily share information with me. I concur with Lawlor and Mattingly (2001: 153) that "relationship work is the real work of ethnography". Yet, it was through the 'mutual knowledge sharing' that I could disentangle the social order reflected in institutional discourse. Only by so performing, was I able to lay bare how interrelated aspects of power/knowledge (Foucault 1980) were unequally distributed and (re)produced *in situ* interactions between the single mothers and the state representatives.

As final points, this chapter could be of relevance to other ethnographers in anticipating similar value conflicts in their work because of the lessons drawn on how I navigated the ethical dilemmas encountered in my study. From my fieldwork experience I furthermore see some parallels with the work of social workers, and what is required for building sustainable relationships with families. I will give two suggestions here.

First, engagement combined with reflexivity might be a better tool than 'positivist' tools in enhancing relationships and gathering correct information about families. This is because the latter method seems to increase power asymmetries between the single mothers and the state representatives, which may contribute to entrapment in child protection practices. For instance, with reference to Chapter 4, I question whether the game used (and how it was used), to convince the mother connects to the life-worlds of people with few

intellectual capabilities.[2] In my view tools such as these are hardly effective as the 'game' seemed to patronize the mother in question and thereby hindered a good working relationship that played a decisive role in a further funneling in the system.

Second, investing in relationships with families and seeking to equalize the asymmetrical relationship with families by means of 'mutual knowledge sharing', providing room for participation in encounters, collaborative goal-setting, instead of aiming to meet 'positivist' performance indicators by 'ticking boxes', storing information in data processing systems and other bureaucratic proceedings in order to manage risks and produce reports, might enhance reflexive relationships based on trust and rapport. Moreover, these aspects are not only important to build effective working relationships but actually to estimate risks and understand the (context of the) problems of families. Investing in trust and rapport, however, cost more time and patience than (most of) the social workers are currently able to invest in their relationships with clients.

2 Disentangling an invisible trade

Until now I have separately applied the institutional discourse theory of Agar (1985) at the macro-, meso- and micro-levels. By so doing, I disentangled the different functions of institutional discourse at the level of individual 'sites', although by descending down the levels the social order (re)produced in institutional talk already became more visible. In the following part I endeavor to unravel an invisible trade by means of relating the functions of Agar's theory across the levels. In other words, the different conceptual sites will be crisscrossed, because the function of diagnosis at the macro-level, for instance, had an impact on the meso-level, and its impact becomes clearly visible at the micro-level. The core question of this book, i.e. how state interventions are shaped by institutional discourse and power asymmetries in the encounters between single-mother families with multiple problems and state representatives, will be answered through a disentanglement of several linkages underpinning this book.

Despite the fact that only two groups of five single-mother families are included in the study, the preliminary framework presented here reveals some linkages across the different levels. My aim is to demonstrate that state interventions can be disentangled through such a framework that measures institutional functions along the yardstick of conceptual landscapes by following threads consisting of, for instance, diagnosis (macro) – directive – diagnosis (micro). However, I acknowledge that this is not all-encompassing because

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2   With respect to Flores, I questioned her measured IQ due to the fact that she had to take IQ
    tests in Dutch while her native language is Papiamentu.

non-discursive practices (people's motives for instance) will (always) remain invisible 'black boxes'. But this may indeed be a route to explore because state interventions are mainly communicative practices, and their functions are constituted in language (cf. Fairclough 1992, 1992b).

2.1 Diagnosis

As we have seen in the different chapters, deficit-based diagnosis underlies the selection of families at risk/with problems for state interventions – these are the regulatory features of institutional discourse at the macro-level. The meso-level chapter reveals that most of the single-mother families in this study became caught in the child protection system through the reproduction of primarily deficit-based diagnosis. Through 'bureaupretation' (Sarangi and Slembrouck 1996) the social workers fit the client frames to the institutional diagnostic categories available. In so doing, state institutions can manage and control family cases. Prottas (1979) views 'street-level bureaucrats' (Lipsky 1980) as 'people-processors', and bureaucratic state institutions as 'people-processing' machines aiming to attain institutional interests and goals.

We have seen that deficit-based reasoning is a powerful means because it marginalized and subjugated the single-mother families through adherence to the hegemonic standards of Western society by means of subsequent 'rites de passage' (Van Gennep 1960; Foucault 1980). The single-mother families are 'measured' along the lines of the 'middle-class' norms of dominant groups in society. Several categorizations turned out to be constituted in language, such as, for instance, the statement "shouting may be common to you people" or the "complicated hair that you have" brought to light in the third chapter. Also a dominant 'motherhood' discourse made it difficult for Joyce, who fell victim to 'domestic violence', to reverse the process of system funneling, as she remained haunted by her own history.

In line with Mäkitalo and Säljö (2002: 75) the family supervisor in question had invoked a particular category, which can be viewed as "a mode of reproducing a specific type of interactional pattern and moral order". The respectively 'low-class', 'racial', and 'gendered' diagnoses are based upon the identification or association of specific symptoms and signs, which, in turn, anticipate the treatment regime to be followed (cf. Mehan 1993).

Also the case of Flores in Chapter 4 illustrates linkages between normative 'middle-class' standards, which have their effect in the shape of diagnostic categories at the micro-level. Due to the fact that Flores has been diagnosed as 'mentally disabled' according to dominant Western IQ standards, the family supervisor used an instrument, a game, to connect with Flores' life-world in order to persuade her to consent to the institutional message. However, the game does not catch on, whilst the family supervisor's language use is task-driven and directed towards (re)diagnosis in order to attain institutional goals (Agar 1985). This illustration reveals the impact of deficit-based diagnosis

formed at the macro- and institutional level, and the way it 'connects' with the micro-level.

Diagnosing involves a set of discursive processes, which become visible in the social work encounter. This results in facts, opinions, or circumstances being established, and frames the mother on basis of one type of diagnosis (deviant) rather than another type (normal). Diagnoses are (re)produced in interactions and are constitutive of the state institution that gives rise to them. In sum, we see how a deficit-based diagnosis at the macro-level via a top-down directive is established in a micro-level interaction between agents of the state and single mothers. The summary of the interaction at the micro-level is fed back by the social worker to her/his organization by means of institutional meetings or written documents, which in turn is directed towards the policymakers and thus towards the macro-level in line with Agar's theory. In these ways, diagnoses are recurrently being (re)produced.

2.2 Directives

As we have seen in Chapter 2, the 'multi-problem family' directives are at the societal policy level ambiguous and general. It became clear that directives are not only top-down directed but also arise from the bottom based upon social work experiences. However, due to institutional interests and financial budgets for delivering services to families, the social work practitioners seem to diagnose the same 'at risk' families as the policy directives indicate. Chapter 3 indeed reveals that Dutch-Curaçaoan single-mother families enter the child protection system via the preventive, voluntary-based route. These families were at a minimum regarded as being at a risk of neglect, as they entered the child protection system based on an institutional diagnosis of 'neglect'. As such it appears that the directives at the meso-level are in line with the directives outlined at the macro-level of Dutch society.

The directives became further visible at the level of social work encounters. Chapter 3 has shown how these directives are addressed in social work practice. In particular, the case of Flores in Chapter 4 discloses that the family supervisor is instructed to communicate an institutional message to Flores. It seemed that the instructions given by the family supervisor produces strong classification and strong framing. With strong classification and framing, the relations between Flores and the family supervisor become more asymmetrical and more hierarchical (cf. Bernstein 1990). The institutional message communicated to Flores mirrors a task-driven and goal-oriented institutional discourse in accordance with Agar's (1985) institutional discourse theory.

Also in line with Scott's scholarship (1990, 1998) it seemed that Flores engaged in impression management to cope with the power asymmetrical setting and a life-changing top-down directed institutional message. As it was in Flores' interest to produce a credible presentation of 'self' (Giddens 1991) aligned with the expectations of the powerful, she framed and labeled herself

consistent with the hegemonic social order (cf. Goffman 1981, 1983). In so doing, she and also other (powerless) mothers endorsed their own subordination and became 'docile bodies' (Foucault 1979) in institutional discourse. Through participating in institutional discourse the mothers and the state representatives seem to reproduce the hegemonic social order (cf. Maynard 1988; Scott 1990, 1998; Habermas 1979; Burawoy 1998; Foucault 1984; Payne 2006; Agar 1985).

In a similar vein, there is also a hierarchical structure amongst the state representatives with the juvenile court judge as the legal authoritative body and the family supervisor as the most authoritative 'social worker'. The case of Flores demonstrates the hierarchical structure between the family supervisor and the social worker in a voluntary framework, which were shaped by their different mandates and roles. Hence, the family supervisor has the ability and the authority to direct the social worker to do something for the family supervisor. This reflects their asymmetrical relationship, roles and the power to control the interaction. Although, it also turned out from the interaction that both Flores and, in particular the social worker, can produce agency to negotiate power. In this regard, they both resisted consenting to the interests of the family supervisor. However, the asymmetrical power/knowledge interplay between the different hierarchical state representatives underpins how state interventions are (re)produced in single-mother families and, as a result, their 'reality' is considered to be more valid (cf. Foucault 1980).

2.3 Reports

In line with Hennum (2011) we have seen that much of the report writing in institutional discourse is meant to convince an audience. The authors of official policy documents have expertise and knowledge-based legitimacy in diagnosing certain families as a 'multi-problem family' at the macro-level. These documents function as directives for social service institutions, their managers and the social workers, serving as 'street-level bureaucrats' (Lipsky 1980). Due to the risk-averse and new public management directives, we may conclude that state representatives have actually become the 'system-level bureaucrats' of present-day Western societies (Bovens and Zouridis 2002), particularly through the important function that institutional representatives ascribe to the production of written reports.

Reports must reflect the actions (not) undertaken and the decisions (not) made in order to build forms of knowledge-based legitimacy for performing their legal, and other professional, roles in families. Whilst they also function as bottom-up directives, as the state representatives organize information to account for institutional performances. With this they aim at representing the realization of institutional 'objectives' (i.e. interests), which are the driving forces of institutional discourse and political action.

In addition, we have seen that reports function as important recontextualization practices (Agar 1985). In another setting a report serves as "institutional

memory" and becomes "the credible account when talk is no longer accessible" (Sarangi and Brookes-Howell 2006: 6). This has consequences for 'meaning-making' and 'truth-finding' (Foucault 1980) and sets directives for future actions. The case of Flores reveals the function of reports; a family supervisor must write summaries of a child protection encounter in an official report so that they can be used in other settings, for instance for other social workers, care providers and insurance companies, the Child Protection Board and the juvenile courts. Based upon the representation of 'reality' in these reports, subsequent steps were often taken, albeit often without checking whether this is the actual situation (Verhallen 2013; Hennum 2011). Previous diagnoses are often copy-pasted into reports, and are only altered if state representatives do their best. The case of Julia has shown that processes can be modified, as opposed to the case of Flores, whose image of "always taking unknown people to supervised meetings" is still being reified.

As Zimmerman (1998) aptly noted, an alignment of diagnoses in reports is often in the interest of the institutional system since a misalignment of diagnoses leads to problems in fulfilling standardized tasks and agendas.

3 Conclusion

I concur with Cottam that the current child welfare and protection system is:

> "A costly gyroscope that spins around the families, keeping them at the heart of the system, stuck exactly where they are (2011: 139)."

Returning to the core question of this book, I have used a longitudinal and multi-sited ethnography along with critical discourse analysis to make visible the unequal powerful dynamics of institutional discourse. The empirical data reflected in the chapters are themselves sites of institutional discourse. Institutional discourse is not only the performing of roles but can be seen as collective practices shaped by institutions, within institutional hierarchies and networks, and within institutional language. These collective practices are directed towards maintaining the social order and confirm the status quo, thereby giving rise to institutional discourse and the social order. All four levels together disentangle how institutional discourse is (re)produced and constituted within sites of a larger system which is influenced by power asymmetries. Hence, in concurrence with Scott (1990, 1998) the social workers and their managers aim to fulfill the expectations of powerful institutions, and by fulfilling the institutional interests, they confirm the status quo and reproduce (or even enlarge) the existing social order. Only if institutional representatives make room for the mothers' frames may a counter-discourse be produced. Without this, it seems difficult for the single-mother families to escape the funnel of the child protection system.

Epilog: Beyond an invisible trade

This epilog draws on the ethnographic study upon which both this PhD thesis and the book (Verhallen 2013) entitled "*Gezinsinterventies bij Nederlandse en Nederlands-Curaçaose multi-probleem gezinnen*" [Family interventions with Dutch and Dutch-Curaçaoan multi-problem families] are based. These research results, which functioned as a common thread throughout the research inquiry, give rise to a reflection and some final comments about the present-day developments and trends in the field of child welfare and child protection, and the current decentralization operation of the youth care system in particular.

A top-down social policy approach based on risk management and audit underlies the institutional child welfare and child protection discourse in the Netherlands (see also other countries e.g. the UK, Canada, the United States, Australia, Sweden, Norway in cf. Gillingham 2006; Parton et al. 2007; Broadhurst et al. 2010; Höjer and Forkby 2011; Jack 1997). These so-called new public management strategies to manage risk in child protection make it paradoxically more difficult for social work professionals (particularly for family supervisors) to build sustainable working relationships with the single-mother families, whilst this is still crucial for the effectiveness of child protection intervention processes (cf. Gladstone et al. 2012; Verhallen 2013). The room for professional discretion is restricted through a controlled and proceduralized workforce that enhances a path-dependent system that focuses on deficits and families 'at risk'. It thereby reifies the current asymmetrical social order, and furthermore reduces the possibility to learn how to improve professional performance. We have seen that institutional discourse is directed towards an institutional objective and uses diagnosis, directives and reports to attain goals.

This is not to say that there is no room for professional agency at all, such as the family supervisor in Julia's case and the police officer in Kate's case have demonstrated. However, because of a blaming culture, professional decision-making has become difficult (cf. Munro 2010). Due to some high-profile family dramas such as the Savanna case this culture has arisen – and is particularly related to so-called false negative cases whereby a social work professional *should* have done something but did not do so (cf. Munro 2010; Lonne et al.

2009). It must not be disregarded that the application of risk-based policy in child protection is itself highly contested by various scholars (cf. Munro 2010; Jack 1997; Parton et al. 1997; Tilbury 2002; Gillingham 2006; Featherstone et al. 2013). In this regard, the impact of blaming and individual responsibility penetrated into the legal system, as "it is easier to ascribe individual than corporate responsibility [in the legal system]" (Munro 2010: 1143).[1]

On top of that, difficult contradictory value-based decision-making processes are central to social work practice and concern the core dilemma between the need for intervention to protect children and defending the birth family and parents' rights (i.e. under Article 8 of the European Convention on Human Rights), whilst legislation and policy have become more 'child-centric' than 'family-centric' (cf. Baartman 2008; Parton 2006; Jack 1997).

Unsurprisingly, these tendencies have led to 'a better safe than sorry approach' and were also directed at disadvantaged single-mother families in the Netherlands, as their overrepresentation in child protection cases indicates. Albeit a risk-averse attitude is understandable within this politico-economic context, it seems that it (unintentionally) supports institutional representatives in placing the protection of themselves and their agencies, and furthermore institutional interests that are informed by financial incentives related to output indicators, above the protection of children (cf. Munro 2010; Tilbury 2002). In this regard, Lonne et al. (2009: 177) describe that particularly the preoccupation of managers has been focused on system outcomes instead of on clients. This risk-averse detached instructional setting may explain the minor agency of the single-mother families and their subordinate role in child protection trajectories because the language of risk, audit, performance, accountability and even culpability seems predominant. Therefore institutional interests appear to be the invisible trade.

Also the invisibility of the child was noticeable in social work interactions between the social workers and the single mothers, as illustrated by the cases of Flores and Kate (see Chapters 4 and 5). Furthermore, the child's lack of participation and room for having a voice in child protection intervention processes is striking. The crucial question is then whether the primary aims of the Dutch Youth Care Act are actually being served. Based on the above, we may argue that the system has not shifted towards 'child-centrality' but towards 'state-centrality' since the child does not seem to be an empowered citizen and the institutions and the institutional discourse overpower its parents.

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1   With respect to the increased policy of risk-aversion and the impact of blaming, Munro (2010: 1142-1143), for instance, describes some important psychological and organizational factors that contribute to the tendency of considering accidents as evidence that a particular risk was not managed well. 1. It offers a satisfying explanation, 2. Hindsight bias distorts our judgment, 3. Judgment is biased by the fundamental attribution error, 4. Organizational factors encourage blaming.

It is apparent from the literature (cf. Lonne et al. 2009; Munro 2010; Parton 2009; Featherstone et al. 2013; Broadhurst et al. 2010; Tilbury 2002; Hennum 2011) and this ethnographic study that the general nature of the social work relationship is oriented toward social control at the expense of social care. Consequently, the working relationship has become increasingly power asymmetric and hardly sustainable, whilst a 'good' relationship is still of crucial importance to bring about change and progress in families.

In this regard, the limitations, shortcomings and driving forces of the current child welfare and protection system seem to indicate that state interventions are often counterproductive to the well-being of the single-mother families, or at least they do not help. Therefore I argue that the system ought to attend to broader structural constraints, such as poverty, exclusion, physical and mental health issues, which make family life and parenting difficult rather than focusing on normative deficit-driven and risk-driven assessments that further marginalize disadvantaged families (cf. Parr 2009; Jack 1997; Gillingham 2006).

Furthermore, the wishes, concerns and voices of those who are most affected by state interventions, i.e. the child, ought to be heard and given room in decision-making processes more than is currently the case – for example, and depending on the age of the child, by child advocates and counselors, and their mothers for instance by means of low-threshold community- and neighborhood platforms.

Additionally, a child welfare and protection framework should rebalance the functions of social care[2] and control, and reorient toward a relationship-based approach between the social work practitioner and the family (cf. Lonne et al. 2009). Hence, the room for professional discretion must be enlarged to be able to build sustainable relationships in which the key features are the following: mutual sharing and goal setting, collaboration, respect, strengths, trust and rapport (Verhallen 2014b). Since child protection work is in essence 'moral work' (Parton 2009) it should include reflexivity and ethics as core principles of practice (cf. Lonne et al. 2009). These principles could be incorporated into social work assessments with explicit reflexivity and argumentation concerning the decisions made and actions undertaken which should be reported (see Agar 1985), as decision-making is often accompanied with value conflicts. An explication should enhance learning, and not blaming – with hindsight a decision could be judged as 'wrong'. However, humans cannot anticipate all possible situations that can occur in life, and in the worst-case scenario, prevent family dramas from occurring.

Furthermore, the reactions of the family members should be described in reports as well, so that other social work professionals know about the families

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2   It must be noted that also the notion of care is problematic, as it could enhance 'dependency' and might overlook the capacities of individuals (McMillen et al. 2004). This is not empowering but confirmative of the status quo.

in question. In this respect, it is crucial to discuss the contents of reports with the families to verify the descriptions. Yet, because intervention practices are embedded in asymmetrical relationships, the power asymmetrical relationship should be taken into account, and with this the (competing) frames, interests, goals and ethical principles of the family members, and also of the other stakeholders involved.

Moreover, social work practitioners must understand the legal framework of child protection in order to prevent incorrect information transmission and to be able to translate judicial jargon into layman's terms for the families concerned. Thus, they must be made aware of the accompanying responsibilities, including the duty of family support and care, and how these in turn shape their social work practice and relationship – for instance, by asking for feedback from the family, other professionals and colleagues. In this regard openness and transparency are important so as not to create the impression of bias, dishonesty, disinterest, injustice and so on (see for more details Verhallen 2013).

Additionally, providing an insight into one's own frame of reference is likely to entail realignment of the families and the social work practitioners' frames. This is crucial in creating a relationship of partnership. Such a realignment requires for at least a rethinking, and may result in a reformulation, of social policy and child protection language use: the label 'multi-problem family' has turned out to be counterproductive in state intervention processes as well as some other binary either/or institutional diagnostic terms such as 'abuse' and 'neglect', 'incapability' 'serious harm' and 'safety'. Featherstone et al. (2013: 8) stress that the language of child protection separates the child from its family whilst there is no counter or complementary discourse that focuses instead on 'family support'. Also the prime principle 'in the best interests of the child' requires a responsive approach as observed by Lonne et al. (2009):

> "Without an appreciation of the fact that applying the 'best interest' principle offers nothing more than a focus on assessment, it risks being a template for action where decisions are defended without justification other than this is in the best interests" (2009: 182).

In concurrence with Lonne et al. (2009), I contend that it is crucial to ask reflexive questions about concerning on what basis the principle is being vindicated and to explicate the reasoning and steps undertaken to meet this criteria. Hence, they highlight the perspective used (or excluded – i.e. the child, mother) to ascribe meaning to the child's best interest principle by stating that:

> "When combined with the risk-averse and power-laden organizational cultures that typify many child protection agencies, this principle is often used singularly as the only ethical principle relevant to protective decision making" (2009: 182).

This is a worrying finding.

An alternative approach of addressing the complex problems and circumstances in which the single-mother families find themselves should include an explicit consideration of (competing) ethical principles, practice-informed experiences of the social work practitioners and the experiences of the child and its family. This could be grounded in a strength- and relationship-based approach and obviously in conjunction with structural and practical arrangements. Hence, this is not to say that a focus on problems of families must be totally discarded because this may disqualify the difficult situations in which families find themselves and that is not a respectful approach. However, a more balanced approach towards development and participation could bring about (some) change (see Verhallen 2014b).

The arguments outlined above are merely roughly sketched and will probably not work without some fundamental systemic changes. For instance, placing in care should not be funded as an out-put performance indicator[3], as it may evoke incentives to increase placements in care. In this regard, Munro rightly states that:

> "A child protection system that adopts a policy priority of meeting performance indicators sends out a message that other aspects of work are less important" (2010: 1141).

Crucially, an alternative approach should transcend a 'system-centered' focus and move towards an inclusive 'child and its family supportive and (sub) culturally respectful' discourse (cf. Featherstone et al. 2013; Parton 2009; Lonne et al. 2009; Blundo 2001).

The current transformation to a decentralized youth care system opens up possibilities for the 393 municipalities in question (Statistics Netherlands 2015); however it is a long and difficult process that may involve deliberate and unforeseen pitfalls. In this regard, I acknowledge the limitations in my attempt to only capture the single mothers' points of view in suggesting ways forward. Also other viewpoints and experiences are important to scrutinize, namely, the family supervisors who put child protection interventions into practice, the children who are subjected to supervision orders, the role of the (absent) fathers and also the relevant familial, community and organizational context. These are needed along with variations of my suggestions in order for them to be suitable for the unique situations in which the municipalities find themselves.

Despite these limitations, this book brings to light that institutional discourse is not neutral, but strategic, powerful and once in the system, it is hard to escape from. Institutional discourse is embedded in a wider new public management discourse with its own classifications (e.g. deficit-based

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3   See Ministry of Youth and Family (2009). http://wetten.overheid.nl/BWBR0026916/geldig-heidsdatum_30-06-2012.

diagnosis), distributions (e.g. directives) and forms of recontextualization (e.g. written reports), which are audited according to performance indicators. It is also a semiotic means that shapes and regulates the socially constructed positions of the social work practitioners, the single mothers and the researcher in institutional discourse. Social positioning through institutional discourse is inseparable from power/knowledge relations because a social position is regulated by a space of possibility, i.e. a voice or room for discretion, to act upon institutional discourse (cf. Bernstein 1990).

Through a disentanglement of how state intervention processes take place in single-mother families, I have shown that both social work practitioners and mothers are caught in an economic, socio-political system-driven institutional discourse because there appear to be driving forces at play (Agar 1985). The social work practitioners and families should be given (more) space to act upon institutional discourse, not as opponents but as allies. Reflexive relationship-based approaches that seek to equalize power inequalities create possibilities for the social work practitioners, the child and its family to be partners in formulating goals in order to bring about change and development. Social policy and state intervention practices should increasingly become visible by means of studies and transparent reporting, and I hope that my contribution to disentangle an invisible trade will assist that process.

Samenvatting

Het ontrafelen van een onzichtbare uitwisseling – Staatsinterventies in Neder-landse en Nederlands-Curaçaose alleenstaande-moedergezinnen

Het doel van dit etnografisch onderzoek is om zichtbaar te maken hoe in Nederland overheidsinterventies – voornamelijk kinderbeschermingsmaatregelen – in de praktijk worden uitgevoerd in Nederlandse en Nederlands-Curaçaose alleenstaande-moedergezinnen met meervoudige problemen. Het eerste hoofdstuk geeft de lezer een indruk van waar dit boek over gaat. Het vormt een inleiding, geeft achtergrondinformatie en presenteert het conceptuele kader van dit boek om de focus van deze studie voor de lezer te verhelderen. De auteur hanteert in dit boek Agars *institutional discourse theory* (1985) als kader, en analyseert daarmee de empirische onderzoeksgegevens op de verschillende macro-, meso-, en microniveaus. Deze drie onderzoeksniveaus vallen samen met Hoofdstuk 2, 3 en 4. Hoofdstuk 5 behandelt het ego-niveau, en is epistemologisch gerelateerd aan de andere hoofdstukken omdat het een beeld geeft van de gebruikte onderzoeksmethodologie en de bijzondere positie van de onderzoeker, die voortvloeit uit de onderzoeksopzet. Hier biedt de auteur inzicht in haar eigen betrokkenheid en niet-neutrale positie als etnograaf en analyseert zij de voornaamste ethische dilemma's die zij is tegengekomen in het onderzoeksproces.

Door van niveau naar niveau te bewegen streeft de auteur ernaar de *invisible trade* (de onzichtbare uitwisseling die ge(re)produceerd wordt in de interactie tussen de betrokken overheidsvertegenwoordigers en de gezinnen) te ontrafelen door de functies van *institutional discourse* met elkaar te verbinden *op* en *tussen* de verschillende niveaus. Daarmee hoopt de auteur in het afsluitend Hoofdstuk 6 de centrale vraag van dit boek te kunnen beantwoorden: Hoe worden overheidsinterventies gevormd door institutioneel discours en door machtsverschillen in de interactie tussen alleenstaande-moedergezinnen met meervoudige problemen en overheidsvertegenwoordigers? De vier macro-, meso-, micro- en ego-niveaus vallen samen met vier hoofdstukken van dit boek. Hieronder volgt een samenvatting van deze hoofdstukken.

Het doel van Hoofdstuk 2 is een antwoord te vinden op de vraag wat volgens Nederlandse beleidsmakers een 'multiprobleemgezin' is, en welke gevolgen de definitie van een 'multiprobleemgezin' heeft voor maatschappelijk werkers in de praktijk, in termen van definiëren, selecteren en aantrekken van gezinnen. De auteur behandelt eerst de nationale en internationale literatuur met betrekking tot het 'fenomeen multiprobleemgezin' (Kaplan 1984) om te bepalen wat een 'multiprobleemgezin' precies is en waar het begrip vandaan komt. Er worden vijf verschillende soorten definities onderscheiden van de term 'multiprobleemgezin'. Opvallend genoeg verwijzen niet alle definitiegroepen naar gezinnen, maar omvatten de definities (ook) problemen die inherent zijn aan het hulpverleningssysteem of de relatie met het hulpverleningssysteem. Hieruit concludeert de auteur dat er in de wetenschappelijke literatuur geen eenduidige definitie te vinden is van het begrip 'multiprobleemgezin' en dat deze zelfs verwijst naar problemen die zich buiten het gezin om voordoen.

Uit een analyse van Nederlandse beleidsdocumenten aangaande het 'multiprobleemgezin' blijkt dat ook daarin de definities meerduidig en uiteenlopend zijn. Het lijkt per gemeente, beleidsperiode en beleidsmaker te variëren wie valt onder het beleid voor 'multiprobleemgezinnen'. Anders dan in de literatuur valt hier echter op dat de definities in beleidsdocumenten het ook hebben over 'risicogezinnen' en rekening houden met 'etniciteit'. Het etiket 'probleemgezin' heeft dus een preventief diagnostische functie om gezinnen in beeld te krijgen nog voordat er zich problemen voordoen. Deze aanpak lijkt bepaalde achtergestelde groepen te discrimineren: bij alleenstaande-moedergezinnen lijkt men er bijvoorbeeld van uit te gegaan dat hun kinderen een groter risico hebben op het ontwikkelen van crimineel gedrag (Keating et al. 2002); zij zijn waarschijnlijk mede om deze reden zeer kwetsbaar als het gaat om preventieve overheidsinterventies (Smeyers 2010).

Het feit dat er geen eenduidige definitie bestaat van het 'multiprobleemgezin' heeft in de praktijk gevolgen voor de professionals in het sociaal werk, de *street-level bureaucrats* (Lipsky 1980) die deze gezinnen ondersteuning geven, omdat in deze situatie voor de meesten van hen onduidelijk is hoe zij 'multiprobleemgezinnen' dienen te selecteren. Tegelijkertijd worden beleidsdefinities niet gebruikt als richtlijnen voor het selecteren van gezinnen, omdat ze worden beschouwd als ontoereikend: ze leiden tot een mismatch met de doelgroep of geven niet aan *hoe* men beslist wie er tot de doelgroep behoort. Bovendien is het selecteren van gezinnen volgens een definitie één ding, maar moeten de maatschappelijk werkers die 'multiprobleemgezinnen' vervolgens ook nog overtuigen mee te doen aan 'multiprobleemgezinsinterventies'; dat laatste is iets heel anders, en blijkt vrij moeilijk te zijn. De ogenschijnlijk onbruikbare richtlijnen voor 'multiprobleemgezinnen' laten ruimte voor een eigen invulling in de beslissing wie er in aanmerking komt voor steun. Maatschappelijk werkers richten zich op verschillende manieren op gezinnen: bijvoorbeeld op basis van risico's, postcode, en signalen van complexe gezinssituaties – vaak in overeenstemming met beleid rond 'multiprobleemgezinnen' zoals opgesteld

door beleidsmakers. Zij lijken dus het etiket 'multiprobleemgezin' in te zetten bij het selecteren van gezinnen, op basis van een mix van hun eigen ervaringen en overtuigingen, en de (strategische) kansen om te voldoen aan beleidsrichtlijnen (Parton 2000).

Vanuit het gezichtspunt van institutioneel discours (Agar 1985) laat dit hoofdstuk zien hoe beleid voor 'multiprobleemgezinnen' wordt vastgesteld op het niveau van Nederlandse gemeenten. Het geeft weer hoe de diagnostische categorie 'multiprobleemgezin' wordt vormgegeven door beleidsmakers in de gemeenten Amsterdam, Dordrecht en Rotterdam, en daarnaast hoe beleidsrichtlijnen voor 'multiprobleemgezinnen' door 40 verschillende maatschappelijk werkers 'gebureaupreteerd' worden (*bureaupreted*: Sarangi en Slembrouck 1996: 43) en vertaald naar de realiteit van hun sociaal werk: het aantrekken van gezinnen voor de 'multiprobleemgezinsaanpak'. Het laat verder zien dat er een discrepantie bestaat tussen de realiteit van sociaal werk in de praktijk en het beleid rond 'multiprobleemgezinnen' op papier. Het is opvallend dat ondanks deze kloof de gezinnen die door de maatschappelijk werkers worden geworven zeker overeenkomsten vertonen met de diagnostische categorie 'multiprobleemgezin' zoals door beleidsmakers geformuleerd. Dit lijkt echter weer geen toeval, omdat de continuïteit van 'multiprobleemgezinsprojecten' afhankelijk is van subsidies van gemeenten. Op uitvoeringsniveau spelen machtsverschillen een rol, hoewel het onduidelijk is op welke manier precies, omdat zowel beleidsmakers als maatschappelijk werkers hebben aangegeven dat maatschappelijk werkers veel ruimte hebben voor een eigen invulling bij het uitvoeren van 'multiprobleemgezinsbeleid'. Dit betekent dus dat de eigen invulling door maatschappelijk werkers geen vraagtekens zet bij het beschikbare kader, maar bij de selectie van zaken die wel of niet in dat kader passen. Er lijkt echter een onzichtbare drijvende kracht aan het werk te zijn in de vorm van *new public managerialism* (Lonne et al. 2009; Munro 2010; Tilbury 2002) door de processen waarin gezinnen ogenschijnlijk spontaan blijken te voldoen aan de criteria (*spontaneously come to fit their categories*: Hacking 1986: 223). De vraag is dus in wezen of het 'multiprobleemgezinsbeleid' sterker top-down gestuurd wordt dan eigenlijk het geval lijkt te zijn.

Dit hoofdstuk is maatschappelijk relevant door het inzicht dat het biedt in wie er onderworpen wordt aan het beleid rond 'multiprobleemgezinnen' en hoe processen van definiëren, selecteren en werven van gezinnen zich afspelen in de praktijk. Dit inzicht kan een bijdrage leveren in de discussies over de vraag of de 'bedoelde/juiste' gezinnen geworven worden voor multiprobleemgezinsinterventies en of de wijze waarop deze werving in de praktijk plaatsvindt ook de 'bedoelde/juiste' wijze is om gezinnen in beeld te krijgen voor overheidsinterventies.

Hoofdstuk 3 daalt af naar het mesoniveau en probeert een antwoord te vinden op de vraag wat de rol en de institutionele functie zijn van institutionele (her)diagnoses in overheidsinterventieprocessen als het gaat om alleenstaande moeders. Op basis van longitudinaal veldwerk op meerdere locaties (*multi-*

sited) in 30 alleenstaande-moedergezinnen met meervoudige problemen on-derzoekt dit hoofdstuk de invloed van institutionele (her)diagnoses op deze ge-zinnen. De rol van *deficit-based diagnoses* is belangrijk in de argumentatie van de institutionele hulpverlening aan kinderen en de kinderbescherming, omdat het een vorm van risicomanagement is en ertoe dient te zorgen voor legitimiteit van interventie in de privésfeer van deze alleenstaande-moedergezinnen (Hen-num 2011). Op een dergelijke manier zijn 22 alleenstaande-moedergezinnen die de auteur diepgaand heeft bestudeerd institutioneel gediagnosticeerd als 'multi-problematisch' om ze de juiste diensten te kunnen geven. Diagnoses lei-den tot instructies voor experts en specialisten en worden zodanig ingezet dat ze de belangen en het sociaal beleid weergeven van het Nederlandse systeem voor sociale zorg en kinderbescherming (NB: in het Nederlands beschrijft de diagnose 'de huidige stand van zaken', terwijl het woord in het Angelsaksisch een medische connotatie heeft). Het stellen van diagnoses geeft de maatschap-pelijk werkers (en met name de gezinsvoogden) de positie van 'waarheidsbe-zitters' (*holders of truth*) ten opzichte van de alleenstaande-moedergezinnen en hun leven (Gergen 1999). Hierdoor ontstaat een hiërarchie van kennis, taal en macht (Foucault 1980; Fairclough 1992, 1992b).

In Hoofdstuk 3 gaat de auteur in op de rol en de (re)productie van diagnose in de 22 alleenstaande-moedergezinnen die onderwerp zijn geweest van over-heidsinterventies, via een gecombineerde benadering van etnografie en *criti-cal discourse analysis*. Deze benadering is gebruikt om de (re)productie van diagnoses gedetailleerd te analyseren in vier verschillende onderdelen (ofwel fasen) die bijzonder relevant zijn in processen van kinderbeschermingsinter-venties (invoering in het systeem, interactie, rapportage en gerechtelijk be-sluit), omdat hieruit blijkt hoe overheidsinterventieprocessen worden ervaren (etnografie) en hoe hierover in de praktijk (opnieuw) wordt onderhandeld (kri-tische discours analyse).

In deze analyse illustreert het onderdeel 'invoering in het systeem' duide-lijk hoe door institutionele diagnoses de alleenstaande-moedergezinnen van de ene categorie (bijvoorbeeld die van een gezin dat hulp nodig heeft) terechtko-men in een deviantere categorie van een gezin dat onder kinderbescherming komt te vallen, en zo van een achtergestelde sociale positie terechtkomen in een positie van verplicht toezicht (Van Gennep 1960). Zowel de moeders als de overheidsvertegenwoordigers (*institutional representatives*) beroepen zich in gesprekken vaak op categorieën. Dit speelt dan ook een belangrijke rol in het geven van hun morele oordelen. Het lijkt er echter op dat in schriftelijke rapporten uitsluitend de waarheidsversie van de overheidsvertegenwoordigers wordt weergegeven, tenzij de vertegenwoordiger ook ruimte biedt aan de waar-heidsversie van de alleenstaande moeder, wat niet vaak maar wel af en toe is voorgekomen (Habermas 1979). Uit Habermas' werk blijkt dat discrepanties tussen de validiteit van waarheidsclaims van moeders en die van overheids-vertegenwoordigers niet alleen worden ge(re)produceerd middels een weer-gave van een gesprek in een rapport, maar dat deze discrepanties ook worden

gegenereerd in het rapport zelf – bijvoorbeeld waar een eerste aanname later in hetzelfde rapport als harde conclusie wordt gepresenteerd, wetende dat dit soort rapporten met name bedoeld is om andere overheidsvertegenwoordigers te overtuigen (Hennum 2011) om een institutionele doelstelling te bereiken (Agar 1985). Het is echter niet zo dat moeders de interventie niet kunnen beïnvloeden of sturen door bijvoorbeeld informatie selectief te verstrekken of met gebruik van andere manipulatiestrategieën (Agar 1985; Silverman 1998). De manipulatiestrategieën van de moeders lijken echter weinig effectief of zelfs schadelijk te zijn (Dumbrill 2006; Agar 1985).

Het door ervaring leren omgaan met institutionele kaders lijkt echter wél mogelijkheden te bieden voor het terugdraaien van een institutionele diagnose op een manier die voor de moeders positief uitpakt, zoals het uitzonderlijke geval van Julia illustreert. Hier lijkt het erop dat de ontvankelijkheid van de gezinsvoogd, of anders gezegd de manier waarop de gezinsvoogd omging met de professionele ruimte die er was en met de risico's (namelijk door de moeder mede invloed te geven), de juiste ruimte creëerde om de kinderbeschermingsfuik waarin het gezin terecht was gekomen weer open te breken. Vanuit de moeders gezien lijkt het erop dat ook indien overheidsvertegenwoordigers geen ruimte geven voor het verhaal van de moeder of geen 'goed afgewogen oordeel' geven, de diagnose in officiële rapporten ook voor de rechter 'gewoon als routineformaliteit' wordt gereproduceerd. *Deficit-based diagnosis* lijkt de drijvende kracht te zijn achter situaties waarin moeders vastzitten in het kinderbeschermingssysteem, door recontextualiseringsprocessen in combinatie met risicomijdend handelen.

Wanneer dit hoofdstuk wordt bekeken vanuit de institutioneel discours theorie dan worden de drie institutionele discours functies zichtbaar: diagnose, richtlijn en rapportage. Ook de discrepanties tussen de cliëntkaders van de moeders en de institutionele kaders worden zichtbaar. Het maakt bovendien duidelijk hoeveel macht de functie van diagnose heeft in overheidsinterventies in gezinnen, en laat zien hoe een diagnose ge(re)produceerd wordt in de vier verschillende onderdelen van het interventieproces. Het illustreert ook de machtsverschillen tussen overheidsvertegenwoordigers en de alleenstaande moeders zowel in schriftelijke als in mondelinge communicatie, met name door recontextualisering van diagnose in een daaropvolgend interventieonderdeel (dat wil zeggen interactie, rapportage, of besluit). Ten slotte toont het de macht van het systeem en de institutionele ruimte die bestaat voor de kaders van de moeders en hun 'validiteitsclaims' (*validity claims*: Habermas 1979). De maatschappelijke relevantie van dit hoofdstuk ligt in het feit dat het laat zien hoe achtergestelde alleenstaande-moedergezinnen door de (re)productie van institutionele diagnoses geleidelijk verstrikt raken in het kinderbeschermingssysteem, maar dat als overheidsvertegenwoordigers hen ruimte geven voor hun validiteitsclaims zij in staat zijn om deze situatie terug te draaien (Agar 1985; Habermas 1979).

Hoofdstuk 4 kijkt vervolgens naar het microniveau en richt zich op de vraag hoe institutioneel discours vormgeeft aan de kinderbeschermingsinteractie tussen een moeder en een gezinsvoogd in de praktijk, en hoe deze kinderbeschermingsinteractie ook weer vormgeeft aan het institutioneel discours waarbinnen de interactie plaatsvindt. Dit hoofdstuk analyseert op microniveau hoe opeenvolgende gesprekken tussen een gezinsvoogd en een moeder *in situ* plaatsvinden, middels een contextuele analyse van een kinderbeschermingsinteractie tussen een alleenstaande moeder en een gezinsvoogd: Flores en Hester (niet hun echte namen). De auteur construeert een kader voor discours analyse om deze kinderbeschermingsinteractie nauwkeurig te bekijken. Op deze manier kan de auteur zich richten op de wisselwerking tussen mondelinge communicatie en (niet-)discursieve aspecten en sociale positionering op microniveau en contextuele factoren van machtsasymmetrieën op macroniveau.

Eerst worden de macro-contextuele factoren die samengaan met een kinderbeschermingsinteractie, ofwel het institutioneel discours dat deze interactie vormgeeft, verkend vanuit een holistisch etnografisch perspectief (zie ook Hoofdstuk 3). Via inductieve analyse worden de specifieke gegevens vastgelegd van Flores' gezin, het kinderbeschermingsdossier en het interventieproces. Hieruit komt naar voren dat de relatie tussen de moeder en de gezinsvoogd vastligt in een asymmetrische kennis/macht-setting (Agar 1985; Maynard 1991; Marková 1991) omdat de rollen, verantwoordelijkheden en doelstellingen verschillend zijn en worden bepaald door het Nederlandse politieke klimaat en het gerechtelijke jeugdzorgsysteem waarin bijvoorbeeld nieuw overheidsbestuur en risicomijding een rol spelen (Lonne et al. 2009). De politieke dimensies ondersteunen en beïnvloeden Hesters positie, wier rol het is om tegelijkertijd voor Flores' gezin te zorgen en het te controleren. Deze rol kan worden omschreven als die van welwillend beschermer èn kritisch toezichthouder (*carrot and stick mandate*). Hester staat boven Flores, aangezien Hester juridisch de positie heeft waarin ze moet vragen, diagnosticeren, sturen, controleren, indiceren en rapporteren, terwijl Flores, die onvrijwillig betrokken is in het kinderbeschermingstraject, grotendeels afhankelijk is van Hester. Bovendien heeft Hester toegang tot institutionele kinderbeschermingsprocedures, regels, kennis van experts of 'verborgen' kennis (*hidden knowledge*: Drew en Heritage 1992), wat de verdeling van macht en kennis asymmetrisch maakt. Om in te gaan op het eerste deel van de onderzoeksvraag: alle hierboven beschreven institutionele aspecten beïnvloeden de relatie en de implementatie van kinderbeschermingsinterventies.

Omdat overheidsinterventies grotendeels doelgerichte communicatieve handelingen zijn (Agar 1985; Sarangi en Candlin 2011), gaat de auteur diepgaand in op de interactie tussen Flores en Hester om te analyseren, beoordelen en helder te krijgen wat de institutionele doelstellingen zijn en hoe de interactie vervolgens *institutional discourse* produceert. De auteur gaat in op (1) de constructie van identiteiten via taal, zijnde het presenteren van zichzelf en de ander, (2) de uitwisseling van kennis via taal, (3) interactionele controle, (4)

communicatiestrategieën, en (5) het overeenkomen van perspectieven. Naast de interactie op microniveau heeft de auteur contextuele data verzameld in een extensieve etnografische casestudie over het gezin van Flores. Deze casestudie geeft op mesoniveau weer hoe het proces van kinderbeschermingsinterventie plaatsvindt, en door recontextualisering toont deze de (re)productie van *deficit-based diagnose* (zie ook Hoofdstuk 3).

Uit de contextuele analyse van de interactie tussen Hester en Flores komen ten eerste de drie functies van institutioneel discours naar voren: diagnose, richtlijn en rapportage. Het zaakdossier van Flores als gediagnosticeerde cliënt bestaat uit verschillende verzamelingen van (impliciete, verschillende, en onderling tegensprekende) 'morele oordelen', en bestaat uit meer dan honderd schriftelijke rapportages. De institutionele boodschap vanuit de kinderbeschermingsinstelling die door Hester in de praktijk werd vertaald laat zien dat hoewel een institutionele doelstelling *a priori* kan worden geformuleerd (de doelstelling was Flores ertoe te bewegen in te stemmen met ontheffing), deze ook *in situ* ontstaat in de interactie tussen Flores en Hester (de doelstelling werd geherformuleerd omdat Flores niet instemde met ontheffing). De analyse brengt ook belangrijke machtsverschillen naar voren in de interactie met Flores. De interactie ontrafelt dus institutioneel discours door het volgende te laten zien: (1) asymmetrische manieren van (zelf)presentatie, (2) kennisasymmetriëen, (3) asymmetrische interactionele controle, (4) asymmetrische communicatiestrategieën, en (5) asymmetrische perspectieven. Deze vijf onderling gerelateerde aspecten lijken een asymmetrische machtsverhouding tussen Flores en Hester te produceren. Het blijkt echter dat de kinderbeschermingsinstelling (en niet de gezinsvoogd Hester) aan het langste eind trekt vanwege de 'productieve macht' van institutioneel discours. Ondanks het feit dat Flores niet instemde met ontheffing uit de ouderlijke macht in de interactie met Hester, werd Flores uiteindelijk door opeenvolgende recontextualiseringshandelingen uit de ouderlijke macht ontzet door de jeugdrechter. Hester werd op haar beurt vervangen door een andere gezinsvoogd, die de kinderbeschermingsinstelling voor de rechter vertegenwoordigde.

In overeenkomst met Agars institutioneel discours theorie laat de auteur zien dat institutionele belangen sturing geven aan de interactie tussen gezinsvoogd en moeder, en aan hun werkrelatie, wat weer invloed heeft op de institutionele setting waarin opeenvolgende kinderbeschermingshandelingen plaatsvinden. Daarnaast bleek de productieve macht van een kinderbeschermingsinstelling (onderdeel van een groter systeem) zowel de invloed van Hester als die van Flores te boven te gaan. In lijn met Agar (1985) blijkt dat geen van hen beiden voldoende tegenstand kon bieden aan de macht van institutioneel discours.

De maatschappelijke relevantie van dit hoofdstuk is dat een analyse van een interactie op microniveau inzicht verschaft in de communicatie binnen de kinderbescherming. Een dergelijk inzicht kan nuttig zijn om te leren hoe kinderbeschermingsberichten gecommuniceerd moeten worden (of juist niet) in het streven naar een duurzame sociale werkrelatie.

Vanwege het delicate onderzoeksonderwerp (overheidsinterventieprocessen in alleenstaande-moedergezinnen) en de onderzoeksopzet (etnografie in combinatie met kritische discours analyse) verdiept Hoofdstuk 5 zich in het 'ego' van de onderzoeker. De vraag die de auteur in Hoofdstuk 5 wil beantwoorden is: Welke onderling gerelateerde epistemologische, methodologische en ethische dilemma's is de auteur tegengekomen in haar etnografische onderzoek naar alleenstaande-moedergezinnen in kinderbeschermingsprocessen, en hoe is zij hiermee omgegaan? Het observeren, analyseren, beoordelen en ontrafelen van kinderbeschermingsinterventies in de alleenstaande-moedergezinnen ging gepaard met epistemologische, methodologische en ethische dilemma's vanwege het delicate onderzoeksonderwerp en de etnografische opzet. In dit etnografisch onderzoek bestaat geen strikte scheiding tussen het onderzoeksonderwerp en de onderzoeker (de etnograaf) omdat de etnograaf als *participant observer* onderdeel uitmaakte van de onderzoekssetting. Als zodanig heeft de auteur het onderzoeksonderwerp beïnvloed, en heeft het onderzoeksonderwerp ook de auteur beïnvloed. De auteur vindt het daarom belangrijk om te reflecteren op en inzicht te verkrijgen in de manier waarop zij haar etnografisch onderzoek heeft uitgevoerd.

Gebaseerd op een analyse van haar veldwerk en gevoed door de huidige discussies over ethiek en integriteit in etnografisch onderzoek identificeert de auteur zes onderling gerelateerde en overlappende epistemologische, methodologische en ethische kerndimensies: (1) epistemologische aspecten en datakwaliteit, (2) het *do no harm*-principe, (3) *informed consent* (op informatie gebaseerde toestemming), (4) vertrouwen en goed contact, (5) de vorm van betrokkenheid, en (6) transparantie en dataweergave. Deze dimensies stonden regelmatig met elkaar op gespannen voet tijdens het etnografisch onderzoek, wat geïllustreerd wordt door een analyse van een typische maar nogal overweldigende dag veldwerk in het gezin van Kate (een Nederlandse alleenstaande moeder). De vier aannames die gelden in de belangrijke ethische principes (2012) van de American Anthropological Association – *do no harm*, *informed consent*, *maintain a respectful and ethical professional relationship* en *transparency* (die sterk overeenkomen met vier van de zes kerndimensies van onderzoeksethiek) – blijken onverenigbaar met de complexe en gevarieerde omstandigheden van dit etnografisch onderzoek, waarnaar de hoofdstuktitel 'Dancing in Dry Rain' verwijst (het begrip 'droge regen' is ook een oxymoron). Het hoofdstuk laat ook zien dat de epistemologische kerndimensie cruciaal is omdat de epistemologische positie van de onderzoeker diepgaand gerelateerd is aan ethische kwesties.

Wat betreft het tweede deel van deze vraag geeft de auteur een aantal voorbeelden van zulke onverenigbare kwesties en legt zij uit hoe ze daarmee is omgegaan. Ten eerste staat het principe van *informed consent* los van de naturalistische etnografische studie die erop gericht is te laten zien hoe macht ongelijk verdeeld en ge(re)produceerd wordt in kinderbeschermingsinteractie. Daarom maakt de auteur, in lijn met Dingwall (1980), een onderscheid tussen 'de cliën-

ten' (*principals*: de alleenstaande-moedergezinnen) en 'de speerdragers' (*spear carriers*: de overheidsvertegenwoordigers) in haar onderzoek, waarin de loyaliteit van de onderzoeker voornamelijk lag bij de alleenstaande moeders. Ten tweede is een positivistisch begrip als 'neutraal blijven' in het veld om 'objectieve' gegevens te verzamelen niet alleen onuitvoerbaar – want een etnograaf die asymmetrische kennis- en machtsrelaties bestudeert (Agar 1985; Foucault 1980) is per definitie betrokken – maar hindert het ook de vertrouwensrelatie en een goed contact tussen de auteur en de alleenstaande-moedergezinnen. Daarom heeft de auteur geprobeerd de machtsverhoudingen in deze relaties gelijk te maken en streefde zij ernaar de moeders op hun gemak te stellen als zij hun eigen macht en vermogen (*agency and ability*) gebruikten om vrijwillig informatie met haar te delen. Ten derde is het opbouwen van vertrouwen en een goed contact niet alleen cruciaal voor het verzamelen van data van goede kwaliteit die verandering en nuances vastlegt (Hodge 2013) maar blijkt het daadwerkelijk een voorwaarde te zijn voor een ethische relatie. Om te spreken met Lawlor en Mattingly (2001: 153): "relationship work is the real work of ethnography". Om dus gegevens van de juiste kwaliteit te verkrijgen, die om te voldoen aan de ethische aspecten voor (alle) onderzoeksonderwerpen nuttig dienen te zijn (Hodge 2013), heeft de auteur veel geduld geoefend en veel tijd besteed aan het tot stand brengen van een sterke relatie tussen onderzoeker en participant. In plaats van te streven naar een 'neutrale houding' heeft de auteur dus een reflexieve houding aangenomen en haar eigen aanwezigheid geanalyseerd als onderdeel van het onderzoeksonderwerp (Kelner 2014). De auteur is, met onder andere Haraway (1991), Scheper-Hughes (1995) en Hale (2013), van mening dat reflexiviteit een betere garantie vormt voor 'objectiviteit' (in de gepositioneerde en intersubjectieve betekenis) dan professionele neutraliteit, omdat het laatste niet alleen een ontkenning zou inhouden van de subjectieve positie van de onderzoeker maar ook de status quo in stand zou houden. De auteur was daarom van mening dat haar betrokkenheid geen afbreuk zou doen aan de kwaliteit van de data, maar juist een "virtue to be exploited" zou zijn (Burawoy 1998: 14). In lijn met Burawoys perspectief steunt de auteur op een vorm van 'ingebedde objectiviteit'. Het was de 'wederkerige reactie' waardoor de in institutioneel discours gereflecteerde sociale orde ontrafeld kon worden, omdat interacties duidelijk maken hoe onderling gerelateerde macht/kennis ongelijk verdeeld wordt en *in situ* interacties (re)produceert tussen de alleenstaande moeders en de overheidsvertegenwoordigers. Ook aan de ethische eisen wordt op eenzelfde manier situationeel voldaan door de deelnemers te betrekken (Calvey 2008) en vaak te vragen om een onmiddellijk besluit.

Omdat de auteur lessen trekt uit de manier waarop zij tijdens haar onderzoek omging met ethische dilemma's, kan dit hoofdstuk van nut zijn voor andere etnografen wanneer zij in hun werk vergelijkbare waarde-conflicten verwachten tegen te komen.

Het laatste hoofdstuk gaat kort in op de verschillende hoofdstukken van dit boek en probeert dan de vraag te behandelen die de kern vormt van dit

boek: hoe overheidsinterventies worden gevormd door institutioneel discours en machtsasymmetrieën in de interactie tussen alleenstaande-moedergezinnen met meervoudige problemen en overheidsvertegenwoordigers. De auteur ont- rafelt een onzichtbare uitwisseling (*invisible trade*: Pithouse 1998) door een verband te leggen tussen de functies van institutioneel discours, niet alleen op de verschillende niveaus maar ook tussen de verschillende niveaus. De auteur bespreekt daartoe de functies van diagnose, richtlijn en rapportage binnen en tussen de verschillende niveaus. De auteur concludeert dat het huidige sys- teem van hulpverlening aan kinderen en van kinderbescherming in Nederland "a costly gyroscope" is "that spins around the families, keeping them at the heart of the system, stuck exactly where they are" – in de woorden van Cottam (2011: 139).

Terugkerend naar de kernvraag van dit boek: de auteur heeft een longitu- dinale etnografie uitgevoerd op meerdere locaties, in combinatie met een kri- tische discours analyse, om de ongelijke machtsdynamiek van institutioneel discours zichtbaar te maken. De empirische gegevens die in de hoofdstukken zijn opgetekend zijn zelf ook locaties van institutioneel discours. Institutioneel discours is niet alleen het uitvoeren van rollen maar kan ook worden gezien als collectieve handelingen die door instellingen worden gevormd, binnen en middels institutionele hiërarchieën en netwerken, en binnen en middels insti- tutioneel taalgebruik. Deze collectieve handelingen zijn gericht op het in stand houden van de sociale orde en bevestigen de status quo, waarbij institutioneel discours en de sociale orde ontstaan. De vier niveaus samen ontrafelen hoe in- stitutioneel discours zichzelf (re)produceert en bestaat binnen onderdelen van een groter systeem dat beïnvloed wordt door machtsasymmetrieën. In lijn met Scotts resultaten (1990, 1998) hebben maatschappelijk werkers en hun mana- gers dus het doel te voldoen aan de verwachtingen van machtige instellingen, en door te voldoen aan de institutionele belangen bevestigen zij de status quo en reproduceren zij (of versterken zij zelfs) de bestaande sociale orde. Alleen als overheidsvertegenwoordigers ruimte maken voor de kaders van de moeders in kwestie kan een counter-discours tot stand komen. Zonder een dergelijke tegenbeweging lijkt het voor alleenstaande-moedergezinnen zeer moeilijk te ontsnappen aan de fuik van het kinderbeschermingssysteem.

In de epiloog reflecteert de auteur op het etnografisch onderzoek en presen- teert zij enkele afsluitende opmerkingen over huidige ontwikkelingen en ten- densen op het gebied van hulpverlening aan kinderen en kinderbescherming, en specifiek de huidige decentralisatie in het jeugdzorgsysteem. De auteur pleit ervoor sociaal beleid en overheidsinterventies steeds duidelijker zichtbaar te maken, en hoopt dat haar bijdrage aan het ontrafelen van een onzichtbare uit- wisseling dat proces zal bevorderen.

Resúmen

Desenredo di un Interkambio Invisibel – Intervenshon di Estado den famia di mamanan soltero Ulandes i Kurasoleño-Ulandes

E meta di e investigashon etnográfiko akí ta pa hasi visibel kon na Ulanda intervenshonnan di gobièrnu – prinsipalmente medidanan di kinderbescherming (protekshon di mucha) – ta wòrdu ehekutá den práktika den famianan di mamanan soltero ulandes i ulandes kurasoleño ku problemanan múltiple. E promé kapítulo ta duna e lektor un impreshon di loke e buki akí ta trata. E ta forma un introdukshon, e ta duna informashon di fondo (*achtergrondinformatie*) i e ta presentá e kuadro konseptual di e buki akí pa aklará e punto di atenshon di e estudio pa e lektor. E outor ta mantené den e buki akí Agars *institutional discourse theory* (1985) komo kuadro, i ta analisá ku esei e datonan empíriko riba diferente nivel makro, meso i mikro di e investigashon akí. E tres nivelnan di investigashon ta koinsidí ku Kapítulo 2, 3 i 4. Kapítulo 5 ta trata e 'nivel di ego'(*egoniveau*), i ta epistemológikamente relatá na e otro kapítulonan pasobra e ta duna un bista di e metodologia di investigashon ku a wòrdu uzá i e posishon partikular di e investigador, ku ta resultá di e propósito di e investigashon. Aki e outor ta duna un bista den su propio envolvementu i den su posishon no-neutral komo etnógrafo i e ta analisá e dilemanan étniko mas prinsipal ku el a topa durante e proseso di investigashon.

Dor di move di nivel pa nivel e outor ta trata di desenredá e *invisible trade* (e interkambio invisibel ku ta wòrdu (re)produsí den e interakshon entre e representantenan di gobièrnu envolví i e famianan) dor di konektá e funshonnan di diskurso institushonal ku otro *riba* i *entre* diferente nivel. Ku esaki e outor ta spera di kontestá den Kapítulo 6, e kapítulo final di e buki akí, e pregunta sentral: Kon intervenshonnan di gobièrnu ta wòrdu formá dor di diskurso institushonal i dor di diferenshanan di poder den e interakshon entre famianan di mamanan soltero ku problemanan múltiple i representantenan di gobièrnu? E kuater nivelnan makro, meso, mikro i ego ta koinsidí ku kuater kapítulo di e buki akí. Akibou ta sigui un resúmen di e kapítulonan akí.

Meta di Kapítulo 2 ta pa haña un kontesta riba e pregunta kiko, segun stipuladónan di maneho hulandes, un 'famia ku problema múltiple' (*multi-*

probleemgezin) ta, i kua ta e konsekuensianan ku e definishon di un 'famia ku problema múltiple' tin pa trahadónan sosial den práktika, den término di definishon, selekshon i reklutashon di famia. E outor ta trata literatura nashonal i internashonal relashoná ku e fenómeno 'famia ku problema múltiple' promé (Kaplan 1984) pa stipulá kiko ta un 'famia ku problema múltiple' eksaktamente i di unda e konsepto ta bini. Ta distinguí sinku diferente tipo di definishon pa e término 'famia ku problema múltiple'. Remarkablemente no ta tur grupo di definishon ta referí na famia, pero e definishonnan ta abarká (tambe) problemanan ku ta inherente na e sistema di dunamentu di yudansa òf n'e relashon ku e sistema di dunamentu di yudansa. For di esaki e outor ta konkluí ku den literatura sientífiko no por haña un definishon uniforme di e konsepto 'famia ku problema múltiple' i hasta ta referí na problemanan ku ta surgi pafó di e famia.

For di un análisis di dokumento di maneho ulandes ku ta konserní e 'famia ku problema múltiple' ta sali na kla ku eiden tambe e definishonnan ta ambiguo i diferente. E ta parse di ta varia pa munisipio (*gemeente*), temporada di maneho i stipuladó di maneho ken ta kai bou di e maneho pa 'famia ku problema múltiple'. Ta notabel ku, kontrali na literatura, e definishonnan den dokumentonan di maneho ta papia di famianan ku ta kore riesgo (*risicogezinnen*) i ta tene kuenta ku 'etnisidat' tambe. E etiketa 'famia ku problema' tin pues un funshon preventivo i diagnóstiko pa haña bista riba e famianan promé ku problemanan surgi. Ta parse ku e aserkamentu akí ta diskriminá sierto gruponan marginá: por ehèmpel serka famianan di mamanan soltero ta parse ku ta wòrdu presumí ku nan yunan tin un chèns mas grandi pa krea un komportashon kriminal (Keating et al. 2002). Nan ta probablemente tambe dor di e motibu akí, hopi vulnerabel ora ta trata di intervenshonnan preventivo di gobièrnu (Smeyers 2010).

E hecho ku no ta eksistí un definishon eksplísito pa e 'famia ku problema múltiple' tin konsekuensia den práktika pa e profeshonalnan ku ta hasi trabou sosial, e *street-level bureaucrats* (Lipsky 1980) ku ta duna sosten na e famianan akí, pasobra den e situashon akí pa mayoria di nan no ta klaro kon nan mester selektá 'famianan ku problemanan múltiple'. Na mesun momentu definishonnan di maneho no ta wòrdu uzá komo indikashon pa selekshon di famianan, pasobra nan ta wòrdu konsiderá komo inadekuá: nan ta kousa un 'mismatch' ku e grupo meta òf nan no ta indiká *kon* ta disidí ken ta pertenesé na e grupo. Ademas selekshon di famianan segun un definishon ta un kos, pero despues e trahadónan sosial mester konvensé e 'famianan ku problema múltiple' ei pa partisipá na e intervenshonnan ku 'famianan ku problema múltiple' tambe. E pida último akí ta algu kompletamente otro, i ta resultá di ta bastante difísil.

E indikashonnan pa 'famianan ku problemanan múltiple' ku aparentemente ta inútil, ta laga espasio pa un interpretashon propio pa disidí ken ta bini na remarke pa sosten. Trahadónan sosial ta aserká famianan na diferente manera: por ehèmpel a base di riesgo, kódigo postal i señalnan di situashonnan familiar kompleho – hopi biaha di akuerdo ku e maneho enkuanto 'famianan ku problemanan múltiple' manera a keda stipulá pa stipuladónan di maneho.

Aparentemente nan ta pone e etiketa 'famianan ku problemanan múltiple' ora di selektá famia, a base di un meskla di nan propio eksperenshanan i konvikshonnan, i e chènsnan (stratégiko) pa kumpli ku indikashonnan di maneho (Parton 2000).

For di e punto di bista di diskurso institushonal (Agar 1985) e kapítulo akí ta demostrá kon maneho pa 'famianan ku problemanan múltiple' ta wòrdu determiná riba e nivel di munisipionan ulandes. E ta reflehá kon e kategoria diagnóstiko 'famia ku problemanan múltiple' ta wòrdu formá pa stipuladónan di maneho den e munisipionan Amsterdam, Dordrecht i Rotterdam i banda di esei kon e indikashonnan di maneho pa 'famianan ku problemanan múltiple' ta wòrdu '*bureaupreted*' (Sarangi i Slembrouck 1996: 43) i tradusí den e realidat di nan trabou sosial: reklutashon di famianan pa e 'aserkamentu di famianan ku problemanan múltiple'. Mas aleu e ta demostrá ku ta eksistí un deskrepansia entre realidat di trabou sosial den práktika i e maneho enkuantu 'famianan ku problemanan múltiple' riba papel. Ta remarkable ku apesar di e abismo akí e famianan ku ta wòrdu reklutá dor di trahadónan sosial sigur ta koinsidí ku e kategoria diagnóstiko 'famia ku problema múltiple', di akuerdo ku formulashon di stipuladónan di maneho. Sinembargo esaki atrobe no ta parse un kasualidat, pasobra e kontinuashon di 'proyektonan pa famianan ku problemanan múltiple' ta dependé di supsidio di munisipionan. Riba nivel ehekutivo diferensha di poder ta hunga un ròl, ounke no ta kla di ki manera eksaktamente, pasobra tantu stipuladónan di maneho komo trahadónan sosial a indiká ku trahadónan sosial tin hopi espasio pa duna nan propio interpretashon ora ta ehekutá e 'maneho pa famianan ku problemanan múltiple'. Esaki pues ta nifiká ku e interpretashon dor di e trahadónan sosial no ta kuestioná e kuadro disponibel, sino e kasonan ku ta pas òf no ta pas den e kuadro ei. Sinembargo ta parse ku tin un motor aktivo i invisibel ta trahando den forma di new public managerialism (Lonne et al. 2009; Munro 2010; Tilbury 2002) pa medio di prosesonan den kua famianan aparentemente espontáneamente ta resultá di ta kumpli ku e kategoria (*spontaneously come to fit their categories*: Hacking 1986: 223). Pues e pregunta esensial ta si e 'maneho pa famianan ku problemanan múltiple' ta wòrdu manehá mas fuerte 'top-down' ku ta parse di ta e kaso.

E kapítulo akí ta sosialmente relevante dor ku e ta duna nos konsosementu di ken ta wòrdu someté na e maneho enkuantu 'famianan ku problemanan múltiple' i kon e prosesonan di definishon, selekshon i reklutashon di famianan ta tuma lugá den práktika. E konosementu akí por duna un kontribushon na diskushonnan tokante e pregunta si e famianan 'intenshoná/korekto' ta wòrdu reklutá pa e intervenshonnan pa famia ku problemanan múltiple i si e forma riba kua e reklutashon akí ta tuma lugá den práktika ta e forma 'intenshoná/korekto' tambe pa hasi e famianan visibel pa intervenshonnan di gobièrnu.

Kapítulo 3 ta baha pa nivel meso i ta purba di haña un kontesta riba e pregunta kiko ta e ròl i e funshon institushonal di e (re)diagnósisnan den prosesonan di intervenshon di gobièrnu ora ta trata di mamanan soltero. A base

di trabou den vèlt (*veldwerk*) longitudinal na vários sitio (*multi-sited*) bou di 30 famia di mama soltero ku problemanan múltiple e kapítulo akí ta investigá e influensha di (re)diagnósis riba e famianan akí. E ròl di *deficit-based diagnoses* ta importante den argumentashonnan di ayudo sosial institushonal na mucha i 'kinderbescherming' (protekshon di mucha), pasobra e ta un forma di 'risk management' i mester sòru pa legitimidat di intervenshon den e esfera privá di e famianan di mama soltero akí (Hennum 2011). Di tal manera 22 famia di mama soltero ku e outor a studia profúndamente a keda institushonalmente diagnostiká komo 'multi-problemátiko' pa por duna nan e servisionan adekuá. Diagnósisnan ta resultá den instrukshonnan pa ekspertonan i speshialistanan i ta wòrdu implentá di tal forma ku nan ta reflehá e interesnan i e maneho sosial di e sistema pa kuido sosial ulandes i 'kinderbescherming'. (Nota bon: na ulandes e diagnósis ta deskribí 'e situashon aktual', miéntras ku na ingles antiguo e tin un konotashon médiko). Diagnostikashon ta duna e trahadónan sosial (i partikularmente e vogtnan di famia (*gezinsvoogden*)) e posishon di 'doñonan di bèrdat' (*holders of truth*) respekto di e famianan di mamanan soltero i nan bida (Gergen 1999). Dor di esaki ta surgi un herarkia di konosementu, idioma i poder (Foucault 1980; Faiclough 1992, 1992b).

Den kapítulo 3 e outor ta elaborá e ròl i e (re)produkshon di diagnósis bou di e 22 famianan di mamanan soltero ku tabata tópiko di intervenshonnan di gobièrnu, pa medio di un aserkamentu di etnografia kombiná i *critical discourse analyse*. E aserkamentu akí a wòrdu uzá pa analisá e (re)produkshon di diagnósisnan detayadamente den 4 diferente parti (o sea fase) ku ta sumamente relevante den prosesonan di intervenshon di 'kinderbescherming' (implementashon den e sistema, interakshon, reportahe i disishon hudisial), pasobra for di esaki ta sali na kla kon prosesonan di intervenshon di gobièrnu ta wòrdu eksperenshá (etnografia) i kon ta (re)negoshá den prátika tokante (*critical discourse analysis*).

Den e análisis akí e parti 'introdukshon den e sistema' ta ilustrá klaramente kon dor di diagnósis institushonal e famianan di mamanan soltero di sierto kategoria (por ehèmpel esun di un famia ku mester di yudansa) ta resultá den un kategoria mas desviante di un famia ku ta bai kai bou di 'kinderbescherming', i asina ta resultá for di un posishon sosialmente marginá den un posishon di supervishon obligatorio (Van Gennep 1960). Tantu e mamanan komo representantenan di gobièrnu (*institutional representatives*) den kòmbersashonnan hopi bes ta hasi un apelashon na e kategorianan. Esaki tambe ta hunga un ròl importante ora di ekspresá opinion moral.

Sinembargo ta parse ku den rapòrtnan por eskrito únikamente e vershon di e bèrdat di e representantenan di gobièrnu ta keda ekspresá, a ménos ku e representante laga oportunidat pa vershon di e bèrdat di e mama soltero, loke no tabata pasa hopi, pero sí debesenkuando (Habermas 1979). For di obra di Habermas ta sali na kla ku diskrepanshanan entre valides di e demandanan pa e bèrdat di e mamanan i esnan di e representantenan di gobièrnu no solamente ta wòrdu (re)produsí mediante un interpretashon di un kòmbersashon den un

ràpòrt, pero ku e deskrepanshanan akí tambe ta wòrdu generá den e ràpòrt mes. Por ehèmpel kaminda algu ku na promé instante tabata un suposishon ta wòrdu presentá despues, den e mésun ràpòrt komo un konklushon final, sabiendo ku e tipo di ràpòrtnan akí ta partikularmente destiná pa konvensé otro representantenan di gobièrnu (Hennum 2011) pa alkansá un meta institushonal (Agar 1985). Sinembargo no ta asina ku e mamanan no por influenshá òf manehá e intervenshon dor di por ehèmpel duna informashon selektivo òf dor di uzo di otro strategianan di manipulashon (Agar 1985; Silverman 1998). E strategianan di manipulashon di e mamanan sinembargo ta parse di ta menos efektivo òf hasta dañino (Dumbril 2006; Agar 1985).

Siñamentu di kon trata ku kuadronan institushonal pa medio di eksperensha, sinembargo sí ta parse di ta ofresé posibilidatnan pa koregí un diagnósis institushonal na un manera ku ta resultá positivo pa e mamanan, manera e kaso eksepshonal di Julia ta ilustrá. Aki ta parse ku e suseptibilidat di e vogtdi famia, òf na otro manera bisá, e forma ku e vogt di famia a trata ku e oportunidat profeshonal ku tabatin i ku e riesgonan (es desir dor di duna e mama influensha tambe), a krea e espasio adekuá pa kibra e reda di 'kinderbescherming' den kua e famia a resultá atrobe. Mirá for di punto di bista di e mamanan ta parse tambe ku si representantenan di gobièrnu no duna oportunidat na e relato di e mama òf si nan no duna 'un opinion bon balansá', e diagnósis den e ràpòrtnan ofisial, lo wòrdu (re)produsí dilanti di hues tambe komo 'simplemente formalidat di rutina'. *Deficit-based diagnosis* ta parse e motor tras di situashonnan den kua mamanan ta pegá den e sistema di 'kinderbescherming', dor di prosesonan di rekontekstualisashon (*recontextualisering*) den kombinashon ku aktuashonnan kaminda ta evitá rísiko.

Ora considerá e kapítulo akí saliendo for di e teoria 'institutional discourse' e ora ei e tres funshonan di 'institutional discourse' ta bira visibel: diagnósis, instrukshon i reportahe. Tambe e deskrepanshanan entre e kuadronan di kliente di e mamanan i e kuadronan institushonal ta bira visibel. Ademas lo e trese tambe na kla kuantu poder e funshon di diagnósis tin den intervenshonnan di gobièrnu den famianan, i ta demostrá kon un diagnósis ta wòrdu (re)produsí den intervenshonnan di gobièrnu den famianan, i ta demostrá kon un diagnósis ta wòrdu (re)produsí den e kuater diferente partinan di e proseso di intervenshon. E ta ilustrá tambe e diferenshanan di poder entre representantenan di gobièrnu i e mamanan soltero, tantu den komunikashon por eskrito komo verbal, partikularmente dor di rekontekstualisashon di diagnósis den un parti di un intervenshon siguiente (esaki ke men interakshon, reportahe òf desishon). Finalmente e ta indiká e poder di e sistema i e oportunidat institushonal ku ta eksistí pa e kuadronan di e mamanan i nan 'demandanan pa valides' (*validity claims*: Habermas 1979). E relevansha sosial di e kapítulo akí ta sintá den e hecho ku e ta demostrá kon famianan di mama soltero márgina, dor di (re) produkshon di diagnósisnan institushonal poulatinamente ta keda enredá den e sistema di 'kinderbescherming', pero si representantenan di gobièrnu duna nan

oportunidat pa nan demanda pa valides nan ta kapas di drei e situashon akí bèk (Agar 1985, Habermas 1979).

Kapítulo 4 despues ta studia e nivel mikro i ta pone atenshon riba e pregunta kon e diskurso (*discourse*) institushonal ta konkretisá e interakshon entre e mama i e vogt di famia den práktika, i kon e interakshon di kinderbescherming na su turno ta konkretisá e diskurso institushonal den kua e interakshon ta tuma lugá. E kapítulo akí ta analisá riba nivel mikro kon kòmbersashonnan konsekutivo entre un vogt di famia i un mama *in situ* ta tuma lugá, mediante un análisis kontekstual di un interakshon di 'kinderbescherming' entre un mama soltero i un vogt di famia: Flores i Hester (nòmbernan fiktisio). E outor ta konstruí un kuadro pa un análisis di diskurso pa opservá e interakshon di 'kinderbescherming' akí minusiosamente. Di e forma akí e outor por konsentrá riba e interakshon entre komunikashon verbal i aspektonan (no) diskursivo i posishonamentu sosial riba nivel mikro i faktornan kontekstual di asimetrianan di poder riba nivel makro.

Promé ta eksplorá for di un perspektiva holístiko i etnográfiko e faktornan makro-kontekstual den kua e interakshon di 'kinderbescherming' ta tuma lugá, o sea di diskurso institushonal ku ta konkretisá e interakshon akí (mira tambe Kapítulo 3). Via análisis induktivo ta stipulá e datonan spesífiko di e famia di Flores, e fail di 'kinderbescherming' i e proseso di intervenshon. For di esaki ta sali na kla ku e relashon entre e mama i e vogt di famia ta stipulá den un 'setting' di konosementu/poder asimétriko (Agar 1985; Maynard 1991; Marková 1991) pasobra e ròlnan, repronsabilidatnan i metanan ta diferente i ta keda fihá dor di e klima polítiko ulandes i e sistema hudisial di 'jeugdzorg' den kual por ehèmpel maneho di gobièrnu i evitamentu di riesgo ta hunga un ròl (Lonne et al. 2009).

E dimenshonnan polítiko ta sostené i influensiá e posishon di Hesters, kende su ròl ta pa kontrolá i alabes sòru pa e famia di Flores. E ròl akí por wòrdu deskribí komo esun di un protektor servisial i un supervisor krítiko (*carrot and stick mandate*). Hester ta pará riba Flores, dor ku hurídikamente Hester tin e posishon den kua e mester hasi pregunta, diagnostiká, instruí, kontrolá, indiká i raportá, mientras Flores, kende ta involví fuera di su boluntat den trayekto di 'kinderbescherming', pa gran parti ta dependiente di Hester. Ademas Hester tin aseso na proseduranan institushonal di 'kinderbescherming', reglanan, konosementu di ekspertonan òf konosementunan 'skondí' (*hidden knowledge*: Drew i Heritage 1992), loke ta hasi e repartishon di poder i konosementu ásimetriko. Pa pone atenshon na e promé parti di pregunta prinsipal di e investigashon akí: tur e aspektonan institushonal deskribí akiriba ta influenshá e relashon i implementashon di intervenshonnan di 'kinderbescherming'.

Pasobra intervenshonnan di gobièrnu pa gran parti ta akshonnan komunikativo direkto (Agar 1985; Sarangi i Candlin 2011), e outor ta elaborá profundamente riba e interakshon entre Flores i Hester pa analisá, husga i haña un bista kla di loke ta e metanan institushonal i kon e interakshon ta produsí diskurso (*discourse*) institushonal despues. E outor ta elaborá riba

(1) e konstrukshon di identidatnan atrabes di idioma, siendo presentashon di bo mes i di e otro, (2) e interkambio di konosementu atrabes di idioma, (3) kontròl interakshonal, (4) strategianan di komunikashon i (5) e semehansa di perspektivanan. Banda di e interakshon riba nivel mikro e outor a kolektá datonan kontekstual den un 'casestudy' ekstensivo i ètnográfiko tokante e famia di Flores. E 'casestudy'akí ta mustra riba nivel meso kon e proseso di intervenshon di 'kinderbescherming' ta tuma lugá i dor di rekontekstualisashon di (re)produkshon di *deficit-based diagnoses* (mira tambe Kapítulo 3).

For di e análisis kontekstual di e interakshon entre Hester i Flores na promé lugá e tres funshonnan di diskurso institushonal ta destaká: diagnósis, instrukshon i reportahe. E fail di e kaso (*zaakdossier*) di Flores komo kliente diagnostiká ta konsistí di diferente kolekshon di 'huisionan moral' (implísito, diferente i kontradiktorio), i ta konsistí di mas ku shen reportahe por eskrito. E mensahe institushonal for di e institushon di 'kinderbescherming' ku den práktika a wòrdu tradusí dor di Hester ta demostrá ku ounke un meta institushonal *a priori* por wòrdu formulá (e meta tabata pa stimulá Flores pa bai di akuerdo ku eksonerashon), esaki ta surgi tambe *in situ* den e interakshon entre Flores i Hester (e meta a wòrdu formula pasobra Flores no a bai di akuerdo ku ekshonerashon. E análisis tambe ta trese diferenshanan di poder importante den e interakshon ku Flores dilanti. E interakshon pues ta desenredá diskurso institushonal dor di demostrá lo siguiente: (1) maneranan ásimetriko di presentá (bo mes), (2) asimetrianan di konosementu, (3) kontròl interakshonal ásimetriko, (4) strategianan di komunikashon ásimetriko, i (5) perspektivanan ásimetriko. E sinku aspektonan akí ku ta relatá na otro ta parse di ta produsí un proporshon di poder ásimetriko entre Flores i Hester. Ta parse sinembargo ku e institushon di 'kinderbescherming' (i no e vogt di famia Hester) ta esun ku ta sali ganá pa motibu di e 'forsa produktivo' di diskurso institushonal. Apesar di e hecho ku Flores no a bai di akuerdo ku eksonerashon for di outoridat paternal den e interakshon ku Hester, finalmente dor di aktonan di rekontekstualisashon konsekutivo hues pa hòbennan (*jeugdrechter*) a kita outoridat paternal for di Floris. Hester na su turno a wòrdu reemplasá dor di un otro vogt di famia, ku a representá e institushon di 'kinderbescherming' dilanti di hues.

Di akuerdo ku Agars su teoria di diskurso institushonal e outor ta demostrá ku interesnan institushonal ta kontrolá e interakshon entre vogt di famia i mama, i nan relashon di trabou, ku na su turno tin influensia riba e 'setting' institushonal den kua e akshonnan konsekutivo di 'kinderbescherming' ta tuma lugá. Banda di esei a keda demostrá ku e poder produktivo di un institushon di 'kinderbescherming' (parti di un sistema mas grandi) ta surpasá tantu e influensia di Hester komo esun di Flores. Konforme Agar su teoría (1985) ta resultá ku ningun di nan no por ofresé sufisiente resistensia na e poder di diskurso institushonal.

E relevansha sosial di e kapítulo akí ta ku un análisis di un interakshon riba nivel mikro ta duna nos un bista den e komunikashon den 'kinderbescherming'.

Un noshon asina por ta útil pa siña kon (òf kon no) mester komuniká mensahenan di 'kinderbescherming' ora ta aspirá un relashon di trabou duradero.

Pa motibu di e tópiko delikado di investigashon (prosesonan gubernamental di intervenshon den famianan di mamanan soltero) i e ophetivo di e investigashon (etnografia den kombinashon ku anális krítiko di diskurso (*critical discourse analysis*) Kapítulo 5 ta profundisá den e 'ego' di e investigadó. E pregunta ku e outor ke kontestá den Kapítulo 5 ta: Kua ta e dilemanan epistemológiko, metodolígiko i étiko mutuamente relashoná ku otro e outor a topa den su investigashon etnográfiko bou di famianan di mamanan soltero den prosesonan di 'kinderbescherming', i kon el a dil ku esakinan? Opservashon, analisashon, husgamentu i desenredo di intervenshonnan di 'kinderbescherming' den famianan di mamanan soltero a keda akompañá pa dilemanan epistemológiko, metodológiko i étniko pa motibu di e tópiko delikado di e investigashon i e ophetivo etnográfiko. Den e investigashon etnográfiko akí no ta eksistí un separashon estrikto entre e tópiko di investigashon i e outor (e etnógrafo) pasobra e etnógrafo komo *participant observer* ta forma parti di e 'setting' di e investigashon. Di tal manera e outor a influenshá e tópiko di investigashon i e tópiko di investigashon tambe a influensiá e outor. Pa e motibu ei e outor ta haña importante pa reflehá i haña un idea di e manera ku el a ehekutá su investigashon etnográfiko.

Basá riba un análisis di su trabou den vèlt (*veldwerk*) i alimentá dor di e diskushonnan aktual tokante étika i integridat den investigashon etnográfiko e outor ta identifiká seis dimenshon étiko, epistemológiko, metodológiko núkleo ku ta relatá na i ku ta konsidí ku otro: (1) aspektonan epistemológiko i kalidat di dato, (2) e prinsipio *do no harm*, (3) *informed consent* (pèrmit basá riba informashon), (4) konfiansa i bon kontakto, (5) e forma di envolvementu, i (6) transparensha i reprodukshon di dato. Frekuentemente tabata reina tenshon entre e dos dimenshonnan akí durante e investigashon étniko, loke ta wòrdu ilustrá dor di un análisis di un dia di trabou den vèlt (*veldwerk*) típiko pero bastante imponente den e famia di Kate (un mama soltero ulandes). E kuater ponenshanan ku ta válido den e prinsipionan étniko importante (2012) di e American Anthropological Association − *do no harm, informed consent, maintain a respectful and ethical professional relationship* i *transparency* (ku ta koinsidí fuertemente ku kuater di e seis dimenshonnan núkleo di étika di investigashon) ta resultá di ta imkompatibel ku e situashonnan kompleho i variá di e investigashon etnográfiko akí, na kua e título di e kapítulo '*Dancing in Dry Rain*' ta referí (e konsepto 'awaseru seku') tambe ta un 'oxymoron'. E kapítulo ta demostrá ku e dimenshon núkleo epistemelógiko ta krusial pasobra e posishon epistemelógiko di e investigadó ta profundamente relatá na kuestionnan étiko.

Loke ta trata e di dos parti di e pregunta akí e outor ta duna algun ehèmpel di kuestionnan imkompatibel asina i e ta splika kon el a dil ku nan. Na promé lugá e prinsipio di *informed consent* ta pará lòs for di e estudio naturalista i etnográfiko ku ta intenshoná pa demostrá kon inhusto poder ta wòrdu repartí

i (re)produsí den kòmbersashonnan di 'kinderbescherming'. Pesei e outor ta hasi konforme Dingwall (1980), un distinshon entre 'e klientenan' (*principals*: e famianan di mamanan soltero) i 'e kargadónan di flecha' (*spear carriers*: e representantenan di gobièrnu) den su investigashon, den kua e loyalidat di e investigadó tabata partikularmente na banda di e mamanan soltero. Na di dos lugá un konsepto (*positivistic*) manera 'keda neutral' den vèlt pa kolektá datonan 'ophetivo' no solamente no por implementá – pasobra un etnográfiko ku ta studia konosementu i relashonnan di poder asimétriko (Agar 1985; Focault 1980) pa definishon ta involukrá – pero tambe e ta strobe e relashon di konfiansa i un bon kontakto entre e outor i e famianan di mamanan soltero. Pesei e outor a purba di hasi e proporshon di poder entre e relashonnan akí igual i ta aspirá pa trankilisá e mamanan ora nan tabata hasi uzo di nan propio poder i abilidat (*agency and ability*) pa boluntariamente kompartí informashon kuné. Na di tres lugá kreamentu di konfiansa i un bon kontakto no ta solamente krusial pa kolekshon di dato di bon kalidat ku ta dokumentá e kambionan i matisnan (Hodge 2013), pero berdaderamente e ta resultá di ta un kondishon pa un relashon étiko. Pa papia ku Lawlor i Mattingly (2001: 153): "relationship work is the real work of ethnography". Pues pa por haña dato di kalidat adekúa, dato ku mester ta útil pa (tur) tópiko di investigashon (Hodge 2013) pa por kumpli ku aspektonan étiko, e outor mester tabatin hopi pasenshi i dediká hopi tempu na kreamentu di un relashon fuerte entre e investigadó i e partisipante (*participant*). Na lugá di aspirá un 'posishon neutral' e outor a tuma un posishon refleksivo i a analisá su propio presensia komo parti di e tópiko di investigashon (Kelner 2014). E outor ta, ku entre otro Haraway (1991), Scheper-Hughes (1995) i Hale (2013), di opinion ku refleksividat ta forma un mihó garantia pa 'ophektividat' (den sentido posishoná i intersuphektivo) ku neutralidat profeshonal, pasobra e último no solamente lo a kontené un negashon di e posishon suphektivo di e investigadó, pero tambe lo a mantené e 'status quo'. Pesei e outor tabata di opinion ku su envolvementu lo no hasi daño na e kalidat di e datonan, pero lo tabata netamente un "virtue to be exploited' (Burawoy 1998: 14). Di akuerdo ku e perspektiva di Burawoys e outor ta konfia den un forma di ophektividat kontekstual ('*embedded objectivity*'). E tabata un 'reakshon resíproko' dor di kua e orden sosial ku ta wòrdu reflehá den diskurso institushonal por a wòrdu desenredá, pasobra interakshonnan ta aklará kon poder/konosementu mutuamente relatá ta wòrdu repartí inhustamente i ta (re)produsí interakshonnan *in situ* entre mamanan soltero i representantenan di gobièrnu. Tambe ta kumpli ku eksigensianan étiko na e mésun manera situashonal dor di envolví e partisipantenan (Calvey 2008) i dor di puntra frekuentemente pa un desishon inmediato.

Pasobra e outor ta siña su lès dor di e manera ku el a dil ku dilemanan étiko durante su investigashon, e kapítulo akí por ta útil pa otro etnógrafonan na momentu ku nan ta ferwagt di topa ku konfliktonan di balor (*waarde-conflicten*) semehante den nan trabou.

E último kapítulo ta trata breviamente e diferente kapítulonan di e buki akí i ta purba di trata despues e pregunta ku ta forma e núkleo di e buki akí: kon intervenshonnan di gobièrnu ta wòrdu formá dor di diskurso institushonal i asimetrianan di poder den interakshon entre famianan di mamanan soltero ku problemanan múltiple i representantenan di gobièrnu.

E outor ta desenredá un interkambio invisibel (*invisible trade*: Pithouse 1998) dor di hasi un konekshon entre e funshonnan di diskurso institushonal, no solamente riba e diferente nivelnan, pero tambe entre e diferente nivelnan. Pesei e outor ta elaborá riba e funshonnan di diagnósis, instrukshon i reportahe den i entre e diferente nivelnan. E outor ta konkluí ku e sistema aktual di yudansa na mucha i di 'kinderbescherming' na Ulanda "a costly gyroscope" ta "that spins around the families, keeping them at the heart of the system, stuck exactly where they are" den palabranan di Cottam (2011: 139).

Biniendo bèk riba e pregunta prinsipal di e buki akí: e outor a ehekutá un etnografia longuitudinal na mas ku un sitio, den kombinashon ku un análisis krítiko di diskurso (*critical discourse analysis*), pa hasi e dinámika inhustu di poder den diskurso institushonal visibel.

E datonan impériko ku a wòrdu registrá den e kapítulonan mes ta formanan di diskurso institushonal tambe. Diskurso institushonal no ta solamente ehekushon di ròl sino tambe por wòrdu mirá komo akshonnan kolektivo ku ta wòrdu formá dor di instanshanan, den i mediante herarkianan i retnan institushonal, i den i mediante uzo di idioma institushonal. E akshonnan kolektivo akí ta intenshoná pa mantené e orden sosial i afirmá e 'status quo', kaminda diskurso institushonal i orden ta surgi. E kuater nivelnan huntu ta desenredá kon diskurso institushonal ta (re)produsí su mes i ta eksistí den partinan di un sistema mas grandi ku ta wòrdu influenshá dor di podernan asimétriko. Konforme e resultadonan di Scotts (1990, 1998) trahadónan sosial i nan mènedjernan pues tin komo meta pa kumpli ku ekspektivanan di instanshanan poderoso, i dor di kumpli ku e interesnan institushonal nan ta afirmá e 'status quo' i nan ta reprodusí (òf hasta fortifiká) e orden sosial eksistente. Solamente si e representantenan di gobièrnu traha lugá pa e kuadronan di e mamanan enkuestion un 'counter discourse' por tuma lugá. Sin sierto kontra-moveshon ta parse ku ta hopi difísil pa e mamanan soltero por skapa for di e reda di e sistema di 'kinderbescherming'.

Den e epílogo e outor ta reflehá riba e investigashon etnográfiko i e ta hasi algun remarke final tokante e desaroyonan i tendensianan aktual riba e tereno di yudansa sosial pa muchanan i 'kinderbescherming', i spesífikamente e desentralisashon aktual den e sistema di 'jeugdzorg'. E outor ta boga pa hasi maneho sosial i intervenshonnan di gobièrnu kada bes mas visibel, i e ta spera ku su aporte na e desenredo di un interkambio invisibel lo aselerá e proseso ei.

Summary

Disentangling an Invisible Trade – State Interventions in Dutch and Dutch-Curaçaoan single-mother families

Making visible how state interventions – mainly child protection interventions – in the Netherlands are put into practice in Dutch and Dutch-Curaçaoan single-mother families with multiple problems is the object of my ethnographic research endeavor. The first chapter is meant to give the reader an idea of what this book is all about. It introduces the topic of this book, gives some background information and outlines the conceptual framework of the book to clarify to the reader the focus of my study. I used the institutional discourse theory of Agar (1985) as a framework throughout this book to view and analyze the empirical data at the different macro-, meso-, micro-levels of this study. These three different levels of inquiry correspond to Chapters 2, 3 and 4. Chapter 5 concerns the ego-level, and is epistemologically linked to the other chapters because it gives an account of the research methodology employed and the special position of the researcher that flows from the research design. Here, I provide an insight into my own engaged and non-neutral position as an ethnographer and analyze the key ethical dilemmas encountered in the research process.

By descending down the levels, I aim to disentangle the invisible trade, which is the purpose of this book, by means of relating the functions of institutional discourse at and across the various levels. By so doing, I endeavor to address the core question of this book in the concluding Chapter 6, which is how state interventions are shaped by institutional discourse and power asymmetries in the encounters between single-mother families with multiple problems and state representatives. The four macro-, meso-, micro- and ego-levels correspond with four chapters of this book. These will be summarized in the following part of this summary.

The second chapter aims to address the research question of what, according to Dutch policymakers, is a 'multi-problem family', and what consequences does the definition of a 'multi-problem family' have for social workers in practice, in terms of defining, selecting and recruiting families. I first scrutinized the (inter-)

national literature regarding the 'multi-problem family phenomenon' (Kaplan 1984) to examine what a 'multi-problem family' actually entails and where it originates from. I distinguished five different groups of 'multi-problem family' definitions. Strikingly, not all groups of definitions refer to families, but (also) include problems inherent in the welfare system or the relationship with social services. Consequently, I concluded that there is no uniform definition of a 'multi-problem family' to be found in the scholarly literature.

In a similar vein, an analysis of Dutch 'multi-problem family' policy documents revealed that 'multi-problem family' definitions are ambiguous and unaligned. Hence, it seems to vary per municipality, policy period, and policymaker who is subjected to 'multi-problem family' policy. As opposed to the literature, it is striking that the definitions in policy documents also include families 'at risk' and takes 'ethnicity' into account. Therefore, the label 'multi-problem family' has a preventive diagnostic function to include families who may become problematic. Such an approach seems to discriminate against certain disadvantaged groups – such as single-mother families whose children are considered to be at a higher risk of developing delinquent behavior (cf. Keating et al. 2002) and who are particularly vulnerable to preventive state interventions (Smeyers 2010).

The fact that there is no uniform definition of a 'multi-problem family' had consequences for the social work professionals, as 'street-level bureaucrats' (Lipsky 1980), providing support to multi-problem families in practice since this situation made it, for most of them, indeterminate how to select 'multi-problem families'. At the same time policy definitions were not used as guidelines to select families since these were seen as inadequate directives because they either mismatch the target group or do not instruct how one decides who belongs to the target group. Furthermore, selecting families along the lines of a definition is one thing, but the social workers still have to recruit 'multi-problem families' for 'multi-problem family' policy, which turned out to be difficult. The apparent unusable 'multi-problem family' directives leaves room for professional discretion in deciding who is eligible for 'multi-problem family' support. Social workers targeted families in various ways: based on e.g. risks, postal codes and signs of complex family situations, often in line with 'multi-problem family' policy as outlined by the policymakers. Hence, they seem to instrumentally use the label 'multi-problem family' in targeting families, based on a mixture of the social worker's experiences, convictions and (strategic) opportunities to meet policy guidelines (see also Parton 2000).

When analyzed through the lens of institutional discourse (Agar 1985), the chapter reveals how 'multi-problem family' policy is established at the Dutch municipality level. It shows how a family diagnostic category of 'multi-problem family' is shaped by policymakers in the municipalities of Amsterdam, Dordrecht and Rotterdam and, furthermore, how 'multi-problem family' policy directives are 'bureaupreted' (Sarangi and Slembrouck 1996: 43) by forty social workers and translated into their social work reality of recruiting

families for 'multi-problem family' policy. It furthermore discloses that there is a discrepancy between the reality of social work practice and the 'multi-problem family' policy on paper. It is striking that despite this gap the families recruited by the social workers bear a resemblance to the diagnostic categories of 'multi-problem family' as formulated by the policymakers. This does not seem to be coincidental, however, as the continuation of 'multi-problem family' projects depends on subsidies from the municipalities. At the implementation level power differentials play a role, although it is unclear how precisely, as both policymakers and social workers expressed that the social workers have substantial room for professional discretion in carrying out 'multi-problem family' policy. So, social work practitioners' discretion does not question the available frame but the selection of cases that do or do not fit these frames. Yet, an invisible driving force seems to be 'new public managerialism' (cf. Lonne et al. 2009; Munro 2010; Tilbury 2002) because of the apparent processes in which families 'spontaneously come to fit their categories' (Hacking 1986: 223). We may therefore question whether 'multi-problem family' policy is more top-down directed than it actually seems.

In addition, the societal relevance of this chapter lies in the insight it provides as to who is subjected to 'multi-problem family' policy and how processes of defining, selecting, and recruiting families take place in practice. This insight might contribute to discussions on whether the 'intended/right' families are recruited for 'multi-problem family' interventions and whether the way in which recruiting occurs in practice is the 'intended/right' way to target families for state interventions.

Descending down to the meso-level, Chapter 3 aims to answer the question of what the role and the institutional function of institutional (re)diagnosis is in the single-mothers' state intervention processes. Drawing on longitudinal multi-sited fieldwork among thirty single-mother families with multiple problems, this chapter examines the impact of institutional (re)diagnosis for these families. The role of deficit-based diagnoses is important in institutional child welfare and protection argumentation because it is a way to manage risks and serves to secure the legitimacy of intervention in the private sphere of the single-mother families (cf. Hennum 2011). In a similar vein, twenty-two single mother families that I have researched in-depth have been institutionally diagnosed as 'multi-problematic' to provide them with the right services. Diagnoses (i.e. in Dutch it covers the meaning of 'the state of affairs') receive specialized instruction and are constructed to reflect the interests and the social policies of the Dutch social welfare and child protection system. So, this diagnosing positions the social workers (and particularly the family supervisors) as the holders of truth about the single-mother families' lives (cf. Gergen 1999). This shapes the hierarchies of knowledge, language and power (Foucault 1980; Fairclough 1992, 1992b).

In Chapter 3, I assess the role and (re)production of diagnosis in the twenty-two single-mother families who were subjected to state interventions

through a combined ethnographic-critical discourse analytical approach. I use this approach to scrutinize the (re)production of diagnosis in four different sequential episodes which are highly relevant in child protection intervention processes (entry to the system, encounter, report and judicial decision), because it reveals how state intervention processes are experienced (ethnography) and (re)negotiated in practice (critical discourse analysis).

By such scrutiny, the episode of entering the system discloses how institutional diagnosis transferred the single-mother families from one category (for instance, a family in need of assistance) to a more deficient category of child protection family, and from a disadvantaged social position to a compulsory supervised position (cf. Van Gennep 1960). Both the mothers and the institutional representatives often invoke categories in an encounter as a matter of importance to make their moral judgments. However, it seems that the institutional representatives' truths are exclusively reflected in written reports, unless the representative makes room for the single mother's truth that not very often but sometimes occurred (cf. Habermas 1979). Following Habermas' (1979) discrepancy between the validity of truth claims between the mothers and the institutional representatives, these are not only (re)produced through a translation of an encounter into a report but are also generated in the report itself – for example, when an initial presumption was reformulated later in the report as a firm conclusion, whilst reports are particularly meant to convince other institutional representatives (Hennum 2011) in order to attain an institutional goal (Agar 1985). However, this is not to say that the mothers cannot control or direct intervention practices through, for instance, selectively providing information or other manipulative strategies (cf. Agar 1985; Silverman 1998). Still, the mothers' manipulative strategies appear to have little effect or are even detrimental (cf. Dumbrill 2006; Agar 1985).

In contrast, learning the institutional frames by experience seems to open up possibilities to reverse institutional diagnosis in a way, which is beneficial for the mothers, as the exceptional case of Julia demonstrates. In this regard, the level of the family supervisor's receptiveness, or to put it differently, the family supervisor's ways of handling professional discretion and risks (namely by giving ownership to the mother) appears to create room to reverse the family's funneling of the child protection trajectory. Viewed from the position of the mothers, it appears that if institutional representatives do not make room for the mother's narrative or do not produce 'balanced judgments', the diagnosis in official reports will also be reproduced in court as a 'mere' routine formality. Deficit-based diagnosis seems to be the driving force behind the mothers' caught up in the child protection system through recontextualization processes accompanied with risk-averse attitudes.

When applied to institutional discourse theory, this meso-level chapter reveals the three institutional discourse functions of diagnosis, directive and report. The discrepancies between the mothers' client frames and the institutional frames also become visible. It furthermore uncovers the powerful

function of diagnosis in the process of state interventions in families, and unfolds how diagnosis is (re)produced during four different episodes of the intervention process. In addition, it demonstrates power differentials between the state representatives and the single mothers displayed in both text and talk, particularly through the recontextualization of diagnosis in a subsequent intervention practice (i.e. encounter, report, decision). After all, it discloses the power of the system and the institutional room made for the mothers' frames and their 'validity claims' (Habermas 1979). Hence, the societal relevance of this chapter is that it shows how disadvantaged single-mother families through the (re)production of institutional diagnosis gradually became caught up in the child protection system, although if institutional representatives make room for their validity claims they may be able to reverse this funneling (Agar 1985; Habermas 1979).

Descending down to the micro-level, Chapter 4 delves into the question of how institutional discourse shapes a child protection interaction between a mother and a family supervisor in practice, and how the child protection interaction, in turn, shapes the institutional discourse in which the interaction is embedded. This chapter examines at a micro-level how successive child protection encounters between a family supervisor and a mother take place in situ through a contextual analysis of a child protection interaction between a single mother and a family supervisor – with respectively the fictitious names Flores and Hester. I build a contextual discourse-analytical framework in order to scrutinize a child protection interaction. This enables me to focus on the interplay between micro-level verbal communication and (non-)discursive aspects, social positioning and more macro-level contextual factors of power asymmetries.

The macro-contextual factors in which a child protection interaction is embedded, i.e. institutional discourse that shapes the interaction, is first explored through a holistic ethnographic perspective (see also Chapter 3). Inductive analysis captures the specifics of Flores' family, the child protection case file and the intervention process. It exposes that the mother – family supervisor relationship is embedded in an asymmetrical knowledge/power setting (cf. Agar 1985; Maynard 1991; Marková 1991) because the roles, responsibilities, interests and goals differ and are determined by the Dutch political climate and the judicial youth care system wherein e.g. new public management and risk aversion play a role (cf. Lonne et al. 2009). The political dimensions underpin and influence the position of Hester whose role is to simultaneously care for and control Flores' family. This role can be circumscribed as a carrot and stick mandate. Hester's position is dominant over that of Flores since the former is in the legal position of asking, diagnosing, directing, controlling, indicating, supporting and reporting, while Flores' participation, who is involuntarily involved in the child protection trajectory, is largely dependent on Hester. Furthermore, Hester has access to child protection institutional procedures, rules, expert knowledge or 'hidden' knowledge (cf. Drew and Heritage 1992),

which makes the distribution of power/knowledge asymmetric. To address the first part of the research question: all the aforementioned institutional aspects affect the relationship and the implementation of child protection interventions. Since state interventions are to a large extent goal-oriented communicative practices (cf. Agar 1985; Sarangi and Candlin 2011), I focus in depth on the interaction between Flores and Hester in order to analyze, assess and reveal the institutional goals and how the interaction, in turn, produces institutional discourse. I look at (1) the construction of identities through language, i.e. presentation, (2) the distribution of knowledge through language, (3) interactional control, (4) communication strategies, (5) the alignment of perspectives. In addition to the micro-level interaction, I gathered contextual data through an extensive ethnographic case study of Flores' family. This case study reveals at a more meso-level the process of child protection intervention and through recontextualization the (re)production of deficit-based diagnosis (see Chapter 3).

The contextual analysis of the interaction between Hester and Flores reveals, first, the three functions of institutional discourse, i.e. diagnosis, directive and report. Various accumulations of (implicit, different and contradicting) 'moral judgments' about Flores as a diagnosed 'client' make up the case file, which consisted of more than a hundred written reports. The institutional message that was directed by the child protection agency and translated into practice by Hester exposes that although an institutional goal may be a priori formulated (the goal was to persuade Flores to consent to a discharge order), it also arises in situ in the interaction between Flores and Hester (the goal was reformulated because Flores did not consent to the discharge order). It also discloses important power differentials in the interaction with Flores. Hence, the interaction disentangles institutional discourse through displaying: (1) asymmetrical ways of presentation, (2) knowledge asymmetries, (3) asymmetrical interactional control, (4) asymmetrical communication strategies and (5) asymmetrical perspectives. These five interweaving topics appear to be asymmetrically power producing, although the child protection agency (as opposed to the family supervisor named Hester) gained the upper hand. It turns out that despite the fact that Flores did not consent to relinquish her parental custody in the interaction with Hester, through successive recontexualization practices she was discharged from her legal parental authority by the juvenile court judge. Hester, in turn, was replaced by another family supervisor to represent the child protection agency in court.

In concurrence with Agar's institutional discourse theory I show that institutional interests shape the family supervisor – mother interaction and their working relationship, which, in turn, affect the institutional setting in which child protection practices then take place. Moreover, the productive power of a child protection agency (a site of a larger system) proved to overpower both Hester's and Flores' influence. In line with Agar (1985) it turns out that neither of them could combat the force of institutional discourse.

In addition, the societal relevance of this chapter is that a micro-level analysis of an interaction provides an insight into child protection communication. Such an insight might be useful to learn how to (or not to) communicate child protection messages in beneficence to a sustainable social work relationship.

Due to the delicate object of the study (state intervention processes in single-mother families) and the research design (an ethnography combined with critical discourse analysis), the fifth chapter delves into the 'ego' of the researcher. The question I aim to address in Chapter 5 is which interrelated epistemological, methodological and ethical dilemmas did I encounter in my ethnographic research on single-mother child protection families, and how did I navigate these conundrums. Observing, analyzing, assessing and disentangling child protection intervention processes in the single-mother families were tied in with epistemological, methodological and ethical dilemmas because of the delicate matter of the research object and the ethnographic design. In this ethnographic study, the research object and research subject (the ethnographer) are not strictly separated because the ethnographer as a participant observer was part of the research setting. Herewith I have influenced the research object whilst also the research object also influenced me. Hence, it is in my view important to be reflexive and insightful in how I conducted my ethnographic research.

Based on an analysis of my fieldwork experience and the current debates on ethnographic research ethics and integrity, I identify six related and overlapping epistemological, methodological and ethical core dimensions. These are (1) epistemics and data quality, (2) the 'do no harm' principle, (3) informed consent, (4) trust and rapport, (5) the form of engagement, and (6) transparency and data representation. These dimensions were regularly at odds with each other during the ethnographic study. I demonstrate this by scrutinizing a typical but quite overwhelming day of fieldwork in Kate's (a Dutch single mother) family. The four assumptions embedded in the important American Anthropological Association's ethical principles (2012) of 'do no harm', 'informed consent', 'maintain respectful and ethical professional relationship' and 'transparency' (which are quite similar to four out of the six identified core dimensions of research ethics) turn out to be incongruent with the complex and varied circumstances in which my ethnographic inquiry took place, which the title of the chapter 'dancing in dry rain' refers to. The chapter also shows that the core dimension of epistemics is of crucial importance because the epistemic position of the researcher is thoroughly related to ethical issues.

To address the second part of the research question, I will give a few examples of incongruent issues and explain how I maneuvered them. First, the principle of informed consent disconnects with the naturalistic ethnographic inquiry of disclosing how power is unequally distributed and (re)produced through child protection encounters. Hence, in line with Dingwall (1980) I distinguish between 'the principals' (the single-mother families) and the 'spear carriers' (the state representatives) of the study whereby my loyalty was primarily with

the single mothers. Second, positivist notions of being 'neutral' in the field in order to collect 'objective' data is not only unachievable – as an ethnographer studying asymmetrical knowledge and power relations (Agar 1985; Foucault 1980) is by definition engaged – but also hinders my relationship of trust and rapport with the single-mother families. Hence, I sought to equalize the power within these relationships and endeavored to make the mothers feel comfortable in exercising their agency and ability to voluntarily share information with me. Third, building trust and rapport, in its turn, is not only crucial in gathering quality data that captures changes and nuances (Hodge 2013) but actually turns out to be a precondition for an ethical relationship. Indeed, in line with Lawlor and Mattingly (2001: 153) "relationship work is the real work of ethnography". So, to obtain data of quality, which in order to be ethical must be of use to (all) the subjects of the study (Hodge 2013), I invested a great deal of time and patience in building a solid researcher-participant relationship. Thus, instead of aiming to adopt a 'neutral stance' I adopted a reflexive stance and scrutinized my own presence as part of the object of study (Kelner 2014). I concur with, among others, Haraway (1991), Scheper-Hughes (1995) and Hale (2013), that reflexivity is a better guarantee for 'objectivity' (in a positioned and intersubjective sense) than professional neutrality, because the latter would not only turn a blind eye to the researcher's subjective position but would also be supportive of the status quo. Hence, my engagement in the field does not, in my view, compromise the quality of data, but is "a virtue to be exploited" (Burawoy 1998: 14). In line with Burawoy's perspective, I rely on a form of 'embedded objectivity'. It was through the 'mutual reaction' that the social order reflected in institutional discourse could be disentangled because interactions reveal how interrelated power/knowledge is unequally distributed and (re)produced in in situ interactions between the single mothers and the state representatives. Also ethics are in a similar vein situationally accomplished with the participants involved (Calvey 2008) and often required an immediate decision.

In addition, as I draw some lessons on how I navigated ethical dilemmas during my study, this chapter may be of relevance to other ethnographers in anticipating similar value conflicts in their work.

The final chapter briefly reflects on the different chapters of this book separately and then aims to address the core question underpinning this book of how state interventions are shaped by institutional discourse and power asymmetries in the encounters between single-mother families with multiple problems and state representatives. I disentangle an 'invisible trade' (Pithouse 1998) by means of relating the functions of institutional discourse not only at the different levels, but also across the different levels. Hence I discuss the functions of diagnosis, directives and reports across the different levels. I conclude by borrowing the words of Cottam (2011: 139) that the current child welfare and protection system in the Netherlands is "a costly gyroscope that spins around the families, keeping them at the heart of the system, stuck exactly where they are".

Returning to the core question of this book, I have used a longitudinal and multi-sited ethnography along with critical discourse analysis to make visible the unequal powerful dynamics of institutional discourse. The empirical data reflected in the chapters are themselves sites of institutional discourse. Institutional discourse is not only the performing of roles but can be seen as collective practices shaped by institutions, within institutional hierarchies and networks, and within institutional language. These collective practices are directed towards maintaining the social order and confirm the status quo, thereby giving rise to institutional discourse and the social order. All four levels together disentangle how institutional discourse (re)produces itself and is constituted within sites of a larger system which is influenced by power asymmetries. Hence, in concurrence with Scott (1990, 1998) the social workers and their managers aim to fulfill the expectations of powerful institutions, and by fulfilling the institutional interests, they confirm the status quo and reproduce (or even enlarge) the existing social order. Only if institutional representatives make room for the mothers' frames may a counter-discourse be produced. Without this, it seems difficult for the single-mother families to escape the funnel of the child protection system.

In the epilog I reflect on the ethnographic study and give some final comments about the present-day developments and trends in the field of child welfare and child protection, and the current decentralization operation of the youth care system in particular. I argue that social policy and state intervention practices should increasingly become visible. I hope that my contribution to disentangling an invisible trade will assist that process.

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Appendix 1

Five stakeholders (Willem Pompe Institute for Criminal Law and Criminology, Platform 31, and the municipalities of Amsterdam, Dordrecht and Rotterdam) wrote a collaborative research proposal on family interventions in multi-problem families in March 2009. Due to a lack of knowledge concerning the livelihood of multi-problem families' in the Netherlands and their use of social services it was decided to use an explorative ethnographic design in which two groups of 15 Dutch and 15 Dutch-Curaçaoan so-called 'multi-problem families' would be compared on, amongst other things, the problems they faced, the use of care provisions, the family circumstances and how state interventions are implemented in practice. The two leading questions in the research proposal were (1) do family interventions have little effect because there is an insufficient view of 'multi-problem families', and in particular on 'multi-problem families' of Dutch-Curaçaoan origin? (2) does the way in which social care is provided to (Dutch-Curaçaoan) 'multi-problem families' lead to few effective family interventions?

The three municipalities involved in the project were interested in whether the problems of the two groups greatly differ as to whether or not to implement general or specific 'multi-problem family' policy based on ethnicity. Since more than half of the Dutch-Curaçaoan families were comprised of single-mother families (see Wobma 2011)[1] I chose to focus on single-mother families in particular to match the two groups for the type of family, as this enabled a comparison of the two groups. The results of the project were published in 2013 in the book 'Gezinsinterventies bij Nederlandse en Nederlands Curaçaose multi-probleem gezinnen' [Family interventions with Dutch and Dutch-Curaçaoan 'multi-problem families']. With this publication the applied research project was successfully concluded in December 2013.

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1   In the Netherlands, Dutch-Curaçaoan families (of which more than 50% are single mothers) were given high priority by Dutch policymakers on both a national and local level. Consequently, so-called 'Antillianengemeenten' (22 Antillean municipalities) were formed in order to tackle the problems of this group (cf. Kamerstukken II 2004-2005, 26283, no. 19) and also a law was implemented on the contribution of regulations for Antillean municipalities (http://wetten.overheid.nl/BWBR0012482).

Appendix 2

1 First excerpt from the interaction (see Excerpt 4 in Chapter 4)

NB alle namen zijn gefingeerd en de gezinsvoogdijinstelling is aangeduid als 'de instelling'. Hester en Flores onderbreken elkaar soms (aangeduid met // en spreken soms door elkaar heen (niet altijd even verstaanbaar).

1. Hester: waar Felicia daarna gaat wonen?, dat weet ik nog niet. Dat hangt ervan af, hoe het met Felicia gaat.
2. Flores: Ok
3. H: (dat) vinden we nog lastig om te zeggen, van kan Felicia in een (pleeg)gezin, of in een woongroep (met kinderen). Dit, dat weet ik nog niet zo goed. De plek waar ze zal gaan wonen, de plek waar ze nu op een wachtlijst staat, de mensen die er werken, die kunnen daar goed naar kijken naar wat goed voor Felicia is, die hebben daar voor geleerd. Die weten precies wat ze doen, die observeren haar, zo heet dat….
4. F: Ok
//
5. H: Hee <<abrupt>>, ik wil nog iets anders bespreken. Het gaat over, eh, eh, het is een ingewikkeld verhaal. Ik ga het proberen goed uit te leggen. Het is… eh… Ik wil voor Felicia een verderstrekkende maatregel aanvragen. Dat betekent, eh eh, heel simpel, dat het gezag niet langer meer…. (telefoon gaat af) Dat kan ik aanvragen bij de Raad voor de Kinderbescherming, en dat houdt dan in dat ik eigenlijk vraag om het … dat het gezag (telefoon gaat af) bij jou ligt, dat dan bij 'de instelling' komt te liggen die dan gezag over Felicia krijgen. Dat gezag betekent, dat jij als ouder, als een ouder heb jij het gezag over Felicia. Dat betekent dat als Felicia ergens getest moet worden, of ze moet naar het ziekenhuis,
// 6. F <<met stemverheffing>>: Ik ga niet ondertekenen dit!!!
// 7. H <<luid>>: Nee, nee, nee! Je moet me even helemaal laten uitpraten. Want dit is een heel ingewikkeld verhaal. Het gezag, dat is nu een OTS, dat betekent dat ik meekijk met het gezag.
8. F: <<met zachte stem>> Ja
9. H: Dus dat we samen kijken naar wat goed is voor Felicia en wat niet, dat jij dit niet alleen bepaalt, maar dat ik mee bepaal, dus dat we het samen doen.

10. F: Ok

11. H: Een voogdijmaatregel betekent, heel zwart-wit, heel simpel betekent dat, dat wij het gezag hebben over Felicia. Dus als wij de voogdij krijgen, dan zijn wij eindverantwoordelijk. Dat wij de handtekeningen moeten zetten. En dat jij, uhm, geen toestemming meer hoeft te geven. Ook betekent dat, dat jij niet meer financieel verantwoordelijk bent, dus dat jij niet meer een bijdrage moet geven en dat je niets meer hoeft te regelen met het LBIO, nooit meer. Dus dit betekent, maar dat betekent niet, dat jij niet de moeder meer bent.

11b. F+T: <<non-verbale reactie>> Ohh? Nee <<Verbazing van: Flores is geen moeder meer, oh ze is het nog wel>>

12. H: Je bent moeder, en blijft moeder. ….

13. F: Ja, maar zie, ik kan niet bepalen dingen voor Felicia.

// 14. H: Ik heb, ik heb spullen bij me, en dus ga ik het je zo nog beter uitleggen. Maar ehm…, het is zeg maar, het is, euhm…, het verandert vooral praktisch. Stel nou Felicia moet onderzocht worden in het ziekenhuis, of er moet geld komen voor een fiets, dan normaal, nu, moet ik dan, heh…, met jou een afspraak maken

15. F: Ja

16. H: Dan moet ik naar jou komen

17. F: Ja

18. H: Dan moet jij je handtekening zetten

19. F: Ja

20. H: Jij geld geven aan mij

21. F: Ja

22. H: Als er een voogdijmaatregel is, dan hoeft dat niet. Dan, kan ik mijn handtekening zetten, en dan kan ik, nou ja niet ik, maar 'de instelling', zij zorgen dan voor geld. Dus, dat is makkelijk, makkelijker voor jou. En makkelijker en beter voor Felicia, want dit gaat sneller.

2 Second excerpt from the interaction (see Excerpt 5 in Chapter 4)

22.1 H: Nu is het zo dat wij verplicht zijn dat als een kind anderhalf jaar uit huis geplaatst is, Felicia is al wat langer uit huis geplaatst, dan moeten wij altijd, dat zijn wij verplicht, dan moeten wij gaan kijken, van nou, kan, is er nog perspectief naar huis, dus dat betekent dat gaat Felicia in de toekomst nog thuis wonen, of niet. En als dat nou niet zo is, wat we de vorige keer natuurlijk met zijn allen duidelijk hebben gezegd, wij denken niet dat Felicia nog thuis komt wonen, uit onderzoek blijkt dat dát niet gaat gebeuren. Dan moet het duidelijk zijn voor het kind, voor Felicia in dit geval, duidelijk zijn, eh, dan moeten dingen duidelijk voor haar zijn. Dat ze dat dan weet, en dan dan, is het, juist een heel gedoe en omslachtig en voor Felicia onduidelijk als we bijvoorbeeld nog steeds hier een handtekening voor nodig hebben, voor geld. Dus het is voor Felicia belangrijk te weten hoe het zit.

22.2 H: En dit betekent dan ook dat dat uh, jij bent wél haar moeder. Altijd. Dat blijft altijd. En, dus, dat verandert niet. Je blijft haar gewoon zien, en alles eigenlijk wat je nu doet, met Felicia en wat ik jou vertel over Felicia dat dat blijft zo.

22.3 H: Dus, het is ook niet zo, dat ik allemaal dingen achter je rug om ga doen, dat ik je niet meer bel, of dat je mij niet meer mag bellen, of dat ik hier niet meer kom.

Dit blijft ook allemaal hetzelfde. Alleen als er belangrijke beslissingen genomen moeten worden, of geld moet komen, dan hoef jij dat niet meer te doen, maar kom ik je dat wel altijd vertellen. Dán gaan we er wel over praten. Dan, ga ik altijd dingen vertellen en vragen stellen. Je weet, daar zal ik altijd echt naar je luisteren. Alleen de uiteindelijke beslissing nemen wij dan.

22.4 H: Ingewikkeld he? Maar, ik heb iets meegenomen. Ik hoop dat het misschien duidelijk wordt, ten minste. Het is een soort spel, ik heb het nog niet eerder gebruikt maar, het is een hulpmiddel voor mij om het uit te leggen.

3 Third excerpt from the interaction (Excerpt 6 in Chapter 4)

1 H: Ik heb een kaartje. En dan, wil ik eigenlijk kijken van, kun je dat nú nog. Als er iets is, mag je dan Felicia troosten?
<<het valt op dat Flores in het gesprek dat volgt heel zacht antwoord geeft, ze is heel voorzichtig en zegt niet zo veel. Ze zegt gedurende de uitleg van Hester wel geregeld "ja">>.
2 F: De ouders.
3 H: Ja, jij kan nu als er een begeleid bezoek is, en als Felicia verdrietig is, kan je Felicia troosten. Dat kan nu toch, he?
4 F: Ja
5 H: Zélfs als ze valt, als ze tijdens een bezoek valt, van een wip af of van zo'n klimding, en ze moet huilen, dan mag jij haar troosten. Dat is mogelijk toch?
6 F: Ja.
7 H: Stel, we hebben een begeleid bezoek en ik ben er bij. Ik ben niet met het gezag, maar 'de instelling' heeft het gezag. En als Felicia valt, mag je haar dan troosten?
8 F: Uhh, U? <<voorzichtig geantwoord>>
9 H: Nee, <<verbaasd>>. Ik-ke niet (maakt wijzend gebaar naar zich zelf). Wánt jíj bent de moeder. Als Felicia dan bij mij komt zeg ik dan, gá maar naar je moeder. (stilte) Toch?
10 F: Ja.
11 H: Dat ga ik niet doen, nee. Het is niet dat ik het niet wil doen <<lachend>>, begrijp me goed, als jij er niet bent, dan ga ik haar natuurlijk wel troosten. <<lachend>>. Maar jij bent de moeder, de ouder troost het kind, want dat blijf jij.. Snap je het? Ben ik zo duidelijk?
12 F: Ja, ja.
13 H: Ik heb hier een plaatje: kleren kopen. Wie koopt er nu kleren voor Felicia? <<lachend>>
14 F: Ja, ja, ik
15 H: Ja, de ouders van Felicia, de opa en oma zeiden tegen mij: ik hoop dat iedere moeder zoveel kleren koopt als Flores. Ze komen om in de kleren, ze hebben stapels kleren. Onderbroeken, sokken, kleren. Dat doe jij, jij koopt kleren. Dat doen de gezinshuisouders, de opa en oma, ook hoor, als het nodig is zeker. Als er iets kapot is, of als ze iets nodig hebben, dan kopen hun het ook hoor. Ze wachten niet, maar het is heel goed dat jij dat koopt.

4 Fourth excerpt from the interaction (Excerpt 7 in Chapter 4)

1 F: [en] als alles gaat goed, misschien ze gaat bij andere mensen wonen?
2 H: Hmmmm…
3 F: Bij ehm…..
4 H: Een pleeggezin… dat zou kunnen. Ja, maar dat weten we nog niet, he?
5 T: En dan, wat is je vraag dan, Flores?
6 F: Eh, als zij gaat bij die mensen wonen, die mensen ook gaan krijgen die voogd?
7 H: Nee. Nee.
8 F: Nee? Zij (jullie) gaan blijven die voogd tot zij wordt 18 jaar?
9 H: Ja. De (naam) instelling… Of ik er nog ben tot haar 18^e, weet ik niet <<lachend>>… Ik weet niet of ik zo lang blijf werken bij de (naam) instelling <<lachend>>. In eerste instantie ben ik de voogd, maar áls ik weg ga, of ziek word, weet ik het, dan wordt het iemand anders.
10 F: Ok. Is goed. Ik begrijp het. << Flores geeft me na afloop van het gesprek aan dat Hester onduidelijk is en erom heen draait, en dat zij dit ziet als dat het allemaal nog open ligt en dat Hester haar niet durft te vertellen wat er aan de hand is, ze wantrouwt Hester zegt ze>>
11 H: Ja, dat is het verhaal een beetje. Het komt er op neer inderdaad… Misschien wil je dat nog eens nabespreken.. (richt zich tot Tamara)
12 T: Ja
13 H: Die handtekening, die toestemming en de duidelijkheid, want vaak bij jonge kinderen is dat wel erg belangrijk.. Dat het helder is, zeg maar
14 T: Ja
15 H: Dat is bij de voogdijmaatregel duidelijk, dat betekent ook dus, en dat is wel belangrijk eigenlijk, dat betekent ook, dat als het gezag bij de (naam) instelling is, dat betekent ook dat we niet ieder jaar naar de rechtbank hoeven. Dus dat je niet ieder jaar de spanning hebt van je weet wel, de hoop, he, dat Felicia, he, terugkomt, dat is er dan ook niet meer…. <<Flores kijkt naar Tamara>>
16 F: En nu wil ze mijn voogd ook. Zo dan ben ik niks meer.

5 Interaction between Kate and a Police officer (Chapter 5)

Kate: Ik wil je vragen of hij vanavond gewoon daar mag blijven?
Politieagent: Aha, ja, ja
Kate: Morgen heb ik een afspraak met de gezinsvoogden en de advocaat in Amsterdam.
Politieagent: Aha
Kate: En hij heeft deze middag ook een brief aan de kinderrechter gestuurd.
Politieagent: Aha
Kate: Hij had al eerder een e-mail gestuurd, maar hij moest ook een formele brief sturen.
Politieagent: Maar goed, hij is veilig, hij is weer verschenen, en hij loopt niet op straat te slenteren?
Kate: <<met stemverheffing>> Nee!
Politieagent: En als je hem wilt spreken dan krijg je hem ook aan de telefoon?

Kate: Ja
Politieagent: En morgen is er een afspraak tussen (naam van kinderbeschermings-instantie) instantie, de advocaat en jou over Martin in Amsterdam?
Kate: Ja
(…)
Politieagent: Ik denk dat het beter is als hij daar vannacht blijft, in overleg met de instantie. Maar we willen eerst een belletje plegen om dit te bespreken.

Curriculum Vitae

Tessa L. Verhallen (1979) was born in Tilburg, the Netherlands. She obtained a MSc in Cultural Anthropology at the University of Utrecht, where she specialized in Multiculturalism, Development and Conflict Studies. In 2004 she graduated on a master thesis focusing on the Tamil diaspora in the Netherlands and their support to the LTTE in their homeland Sri Lanka. From 2004 until 2005, she worked as a junior researcher at the Municipality of Nijmegen. Tessa was a junior teacher in Cultural Anthropology at the Utrecht University between 2005 and 2008. In 2008, she obtained a MSc in Human Geography at the Radboud University Nijmegen and graduated cum laude on a thesis focusing on the limitations of Dutch Tamils' integration processes in the Netherlands. From 2008 until June 2009, she worked as an Anthropologist for the Ministry of Justice. From June 2009 onwards, Tessa worked as a PhD candidate at the Willem Pompe Institute for Criminal Law and Criminology at the Utrecht University.

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