OUT OF HOURS SOCIAL WORK:
AN EXPLORATORY STUDY

Thesis submitted for the degree of
Doctor of Philosophy
at the University of Leicester

by

Martin Granville Blacher
School of Social Work
University of Leicester

October 2004
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ABSTRACT

Social work provision outside conventional working hours is an under-researched aspect of practice. This study identifies and explores the nature of out of hours or emergency duty team (EDT) practice, beginning from the proposition that it is qualitatively different from daytime social work provision. The principal perspectives and voices which inform this study are those of out of hours social work practitioners and practitioner-managers themselves. The methodology employed involved three distinct elements. These were: semi-structured interviews with a sample of practitioners working in a range of locales throughout England, participant observation of out of hours practice and the inspection and analysis of documentary records. Data analysis combined thematic and narrative approaches. Following a review of related literature and an introduction to the methodology, routes to out of hours work are considered. Specific features of the out of hours practice context are outlined, followed by a focus on the processes of practice and understandings derived from an analysis of records of practice. Practitioner perspectives are then presented and explored in relation to a wide range of issues, allowing new insights to be developed in a variety of areas. These include the interplay between the worlds of work and non-work, the character of relations between out of hours and mainstream social work services and other agencies, how practice is documented and accounted for, the particular significance of narrative in out of hours practice, and the importance of discretion and autonomy in connection with professional social work. Morale as a concept is a previously neglected topic which is also addressed. Together these insights allow the nature of out of hours social work to be delineated. The final chapter combines individuals’ thoughts about their occupational futures with wider perceptions of the future for out of hours social work services.
Martin Blacher

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‘Sometimes colleagues will say to me: “How do you cope with never knowing the end of the story?” To which my response is: “Well, do you ever know the end of the story? You know, you reach a decision to close a case and you don’t necessarily know what’s happening to these people after that. Stories never end.”’ (AE, practitioner-manager)

‘….there’s a danger that we’re all seen as dinosaurs because we’re not prepared to move with the government’s views which presumably don’t really want to see much in the way of a supportive social work service going on. I think there are quite a few people who would like to hold on to some of the old social work values, and perhaps there’s more opportunity to do that here.’ (TM, practitioner-coordinator)

‘actual social work practice is frequently typified by the unobserved and uncertain nature of doing the job itself.’ (Pithouse, 1998, p.6)
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INTRODUCTION

‘The locations, activities, relationships and meanings which constitute everyday work are not abundantly documented in welfare literature.’ (Pithouse, 1998, p.1)

Emergency Duty Teams and Out of Hours Teams

In this study Emergency Duty Teams and Out of Hours Teams are treated as different manifestations of a single entity, namely social work services provided outside conventional mainstream office hours. The latter were still identifiable as being between 9am and 5 pm Monday to Friday at the time of writing, in spite of much vaunted changes to extend operational hours and make social work services more accessible, which had already begun to take effect in certain parts of the country in a limited way. From the perspective of those working within Emergency Duty Teams and Out of Hours Teams, certain distinctions and differences between the two service types may be identified. For instance, an emergency duty service may be defined as exactly that-a service which responds to what are accepted as 'social work emergencies', often involving the meeting of statutory duties and obligations which arise in an unanticipated way outside the operating times of daytime duty systems. On the other hand, out of hours teams may regard themselves as offering somewhat more and as operating to provide a more extensive and rounded service during non-office hours. In this model the aim is to provide something rather more akin to an extension of daytime services than a discrete life and limb emergencies only type of service. While there may indeed be examples of particular services which correspond closely to one or other of these ends of the continuum of non-office hours social work provision, the starting point for this study is that all services of this kind share more in the way of commonalities then there are features by which it may be possible to draw clear and unambiguous distinctions between them. Both terms will
therefore be employed in this study, without any fundamental distinction being implied by the semantic variation. Apart from differences of nomenclature, other differences may be identified, for example, between services which routinely take on work not yet completed after initially being referred for the attention of daytime duty services and those which generally do not do so, or between services which users can access directly via a telephone number which is in the public domain and those which can only be contacted through an intermediary, usually a message taking or call centre agency, with the former being less prevalent than the latter. Then there is the range of differences in the scope of provision, with some undertaking PACE work (the provision of Appropriate Adults when young people or vulnerable adults are in police custody, in accordance with the Police and Criminal Evidence Act 1984) while others do not, and some undertaking welfare check, often described as ‘spot check’ or ‘monitoring’ visits on behalf of daytime colleagues while others do not do so, defining this as ‘planned work’. Again, lone working is the norm in many emergency duty teams for a majority of operational time, although in some, particularly the larger services which cover more than a single unitary local authority area, joint working with a colleague for most of the time is usual. The range of work which is undertaken is in part dependent in any particular instance on the local context of provision available outside of conventional operating hours. Within the field of mental health service provision, there may or may not be an assertive outreach and home treatment service (although the continuing trend is towards making such services more extensively available as alternatives to inpatient treatment), or a duty CPN (Community Psychiatric Nurse) may be contactable up to a certain time in the evening as an element of emergency psychiatric service provision. Similarly, in some local authority areas duty appropriate adult services have been developed and consequently this kind of work is not carried out by duty social workers during evenings or weekends. This is an ever changing and evolving context with,
at the time of writing, as noted, some evidence of a gradual shift to more flexible working hours among daytime social work services staff being discernible and advocated in many quarters as a necessary and significant progression. However, while these evolutionary changes are evident and increasingly apparent, it remains the case that at present a social work service is still provided for a majority of the hours in each week by a dedicated out of hours or emergency duty team in most local authority areas. The correspondences and the similarities between these two kinds of service functioning outside office hours and the work which is engaged in outweigh the differences and variations to the extent of making it meaningful and legitimate to look upon them as a singular entity in relation to the other entity, which is the range of diverse and disparate daytime social work services, it is suggested.

At the outset I think it important to declare my own interest and involvement in out of hours social work practice. The idea for the research reported below arose from my own personal experience of doing out of hours social work and developed over time. Having worked in various different settings in the voluntary sector followed by four years working as a field social worker in a children and families team, when I began working as an out of hours practitioner I was immediately struck by the difference which out of hours practice entailed. I begin therefore with a proposition: that social work practice out of hours is qualitatively different from work undertaken in 'mainstream' practice (if this word can be used to denote the majority of social work practice undertaken in the settings of local authority social work teams operating within the conventional time frame of ‘office hours’, that is to say, generally from 9am until 5 pm). I argue that out of hours practice is therefore not just a 'specific seam of social work', which is how Pithouse referred to work with children and families (1998, p.5) but, rather, a fundamentally distinct version of contemporary social work. This study focuses on the nature or essence of out of hours
practice from a range of different vantage points and perspectives. It is therefore best
described as an exploratory study in that, to my knowledge, no comparable research has
been undertaken before (Smith’s monograph *The Heart of the Night* was published shortly
before the completion of this thesis. It was not based on empirical research). I am very
conscious of the consequent breadth of the research, particularly in the light of Silverman's
(2000, p.64) emphasis on the importance of social research having as precise and close a
focus as possible in order for it to have any value or significance. The scope of this
research is necessarily broad. In terms of research questions, the overarching enquiry is:
What is the nature of social work practice out of hours? This central query can be
segmented into a number of sub-questions, including: Who does out of hours or EDT
social work and why? What is the content of practice out of hours? Are there any special
factors which come into play, and what are they and how? Are working relationships with
other agencies different in this context, and if so, how? Do people in contact with out of
hours social work teams discern any difference between out of hours provision and daytime
services? What is the interface between out of hours and daytime social work services like,
and how is it managed? How is social work practice out of hours accounted for (for the
information of colleagues and managers)?
My objective will be to locate out of hours social work practice in relation to the wider
social work context; to examine what constitutes this type of practice and how it intersects
and connects with the 'mainstream'. Further sub-questions which I will seek to address are
therefore as follows: Are there ways of organising and of working which are distinctively
different out of hours, and if so what are they and how do they differ? What are social work
emergencies? If this type of provision is regarded as lacking from the point of view of
service users, why is that so, and what sort of access to social work do people really need at
night and at weekends? Beyond the obvious fact that a large proportion of adults, who may
also be parents or carers for other adults, may have other commitments, including employment responsibilities, which makes it difficult for them to meet their social worker during the 9-5 time frame, what other reasons are there for making provision available outside these times, apart from the received wisdom or a taken for granted assumption that the public should have access to any of the services they want whenever they feel they might need them? As things are, some members of the public are perplexed to discover that their social worker does not in fact work on Saturdays and Sundays as well as throughout the week. Extending the availability of mainstream services as has been mooted and introduced in some authorities is not going to mean that a particular worker is suddenly going to become universally available. This is especially relevant in the face of a working environment and daytime context marked by user frustration at not being able to contact a specific individual during that circumscribed time frame. In fact, one of the paradoxes of those out of hours services which the public can contact directly by telephone, (although this is not the norm in terms of access), is that a very 'thin' and therefore limited service (because of only 1 or 2 people being on duty at any given time) starts to appear to be a more favourable alternative from this point of view, with one service user commenting to the writer in relation to a query about contact with his two children: 'At least you lot are communicative', which I took to mean contactable when he wanted to discuss this issue. So, is there a need for services to be available for greater periods of each day, beyond the EDT and out of hours provision, which, even if they are unable to provide an immediate answer to queries or requests made, at least can mediate them to those best placed to respond during the next working day?

Further developing the theme of research questions: In what relationship to mainstream social work and other services do out of hours arrangements stand? What is the experience of out of hours practice like for a practitioner? What association is there with the activities
of other agencies, given that the police and hospitals are both operational around the clock using a pattern of shift working? And with general practitioners, who operate in a somewhat different way, with deputising doctor services being a widespread means of providing emergency GP cover, including in Coast Town. [Coast Town is the pseudonym which will be used throughout to denote the city where the writer works as an out of hours social worker and where the participant observation and collation and analysis of recorded information were undertaken]. Here, although there is always an emergency GP service, there are some parallels with out of hours social work in that with deputising GP services as the norm outside surgery hours, it is not likely that someone will be able to see their own GP if they need a doctor at night or during the weekend. This has particular significance when it comes to certain statutory events like the convening of a mental health act assessment, when it is unusual to be able to involve a doctor who knows the person being assessed, and even less likely that their own GP will have a role.

Regarding the character of the interface between EDT and daytime social work services, as I will show, these are contested domains associated with issues which include: how long should somebody who has been at work throughout the conventional working day be expected to continue with a piece of work which takes them past 5pm and threatens to occupy them for much longer still? Against this are the suspicions which out of hours staff sometimes have that work which could have been dealt with earlier has been shelved or sidelined with the express intention that it can then be passed to the EDT service to deal with. This can be controversial territory, hence the sort of handover protocols which have been developed in many local authority out of hours services. There is also the issue of how good relations can be fostered and maintained between what are still two distinct service arrangements: from the daytime perspective it may sometimes appear that the out of hours team has a tendency to take the line of least resistance and is therefore somewhat
profligate in its use of resources by comparison. On the other hand, from the out of hours point of view it can seem that people have simply been turned away or ‘fobbed off’ with the advice that they should make an approach to the out of hours team for whatever it is that they want or think they need after 5pm., and that more effective liaison, in this instance in the form of clarifying preferred action would avoid outcomes which are subsequently questioned. No doubt daytime staff would counter that they simply have insufficient time to be able to deal with niceties like this as well. From yet another standpoint, that of the users of services, the approach made outside office hour parameters may perhaps sometimes be a strategic action, taken in the hope or expectation that doing so will meet with a more favourable response than the rejection or refusal which they met with earlier during the day in question. There is another important factor here which links to the idea of services needing to be accessible during the evenings when people are at home from work and school or other commitments. Not only are these periods possibly more convenient and productive in respect of any proposed contact with or from social services, they are also by definition times when relationships are more vulnerable to becoming strained, and when familial proximity can give rise to conflict situations, with the possibility of consequent withdrawal by younger family members, who might go missing or even become involved in high risk or antisocial behaviour. In other words, having families interacting together outside work and school time can be regarded as a somewhat less ‘artificial’ situation than what might prevail during the daytime, even though this may well also be a time when some people are less supported than at others.

As well as being a distinct attraction for many practitioners, the generic nature of out of hours practice may bring into sharp focus what can appear to be quite arbitrary distinctions made between service user groups in the way services are delivered, for example between children and families and mental health services. The service provision gulf can seem an
enormous one viewed from an out of hours perspective, when there is a very apparent overlap between user groups in reality. From this point of view perhaps the out of hours worker is an unreconstructed ‘Seebohmist’, something which it is unfashionable and even suspect to be in an era of increasing specialisation within social work practice.

Another sub-question which I seek to address in this thesis is that surrounding the nature of out of hours social workers. Couched in terms of a dichotomy, are they mavericks who can't cope with mainstream demands and therefore opt out to EDT, or are steered there as a solution to their removal from elsewhere, or are they rather practitioners who have decided to try a move to a setting and kind of work where they are more able to exercise their professional skills and further their practice interests in a way which they no longer feel they can in the world of the daytime office? In this regard, contemporary objections raised by teachers as a reason for wanting to withdraw from the teaching profession, which centre on the burgeoning of bureaucracy and testing which is experienced as oppressive may provide a useful and relevant parallel. Interviews with out of hours and EDT practitioners provided one way of answering some of the sub-questions identified. Without pre-empting the presentation and analysis of interview material, it was certainly the case that some interviewees cited the wish for a less bureaucratised working environment as a principal reason for wanting to move to do something different. (Being ‘freed up from some of the bureaucratic nightmares’ was how one interviewee described it). Similarly, the issue of being an ‘autonomous practitioner’ is a related and important one, with people attaching significance to being able to make more decisions themselves without always being bound by the straitjacket of a managerial hierarchy which must first sanction and approve. Against this, of course, some practitioners may find it much more comfortable and less threatening to operate in a very hierarchically organised environment where significant choices and
decisions are made or at least shared by others, one where an individual is therefore less prone to being personally held accountable for what happens.

There are additional dimensions to the subject of this research, giving rise to yet more sub-questions: What is the significance of the nature of out of hours social work practice? Why is it relevant or important or interesting? A preliminary answer to the last question might be that out of hours social work practice is important because of its huge volume; in terms of the time scale during which this is the only social work service available, it dwarfs the remainder which is bounded by the conventional 9 to 5 working day. This aspect will be considered in relation to the ‘hidden’ nature of OOH or EDT practice. Here, the meaning of ‘hidden’ is the sense of being obscured by the mainstream, the principal mode of service delivery. It is an important topic because of the potential a focus on this kind of practice has for illuminating questions of a much more general nature relating to contemporary social work. These include: How is the practitioner’s role changing? What are the consequences for developing professional working relationships of a care management type of approach for service users, when direct work is now much more likely to be undertaken by someone else? What do practitioners feel about the apparent shift towards an increasingly procedurally driven kind of practice? The many complaints about the bureaucratised nature of current practice tend to suggest that practitioners themselves do not favour the changes which have occurred, and that some have been keen to evade this kind of constraint, at least partially, by joining an out of hours service.

These, then are some of the secondary questions I endeavour to address in the course of this study of out of hours social work practice. They flow from a central and fundamental initial question concerning the nature of this kind of practice activity. The remainder of this introduction is given over to outlining the sequence and content of the chapters which follow.
The first chapter is a literature review— not in the main of material specifically relating to out of hours social work as such, because of the paucity of previous writing on this subject—but of material which is relevant to an exploration of the nature of this kind of practice. Included are a study of intake social work; a study examining social workers’ ‘survival’ strategies; another which locates social workers’ practice in relation to the welfare bureaucracies within which they are employed; an account which focuses on the ‘unseen’ as a feature of contemporary social work practice in relation to children and families, and, finally, an analysis from a postmodern perspective.

The second chapter provides an account of the research methodology, and includes a description of the processes involved in interviewing a sample of out of hours and EDT practitioners and practitioner-managers from a variety of different local authority areas in England. Participant observation as a means of accessing the shape and sequence of the social work process out of hours, together with the use of documentary sources, including recordings of practice, are then introduced as techniques which were employed. In terms of how the resultant data were analysed, a transition from an initial grounded theory approach (Strauss, 1987; Strauss and Corbin, 1998) in relation to the interviews, to a thematic analysis and from there to an orientation to the interview transcripts and documentary material incorporating narrative inquiry (Clandinin and Connelly, 2000) is presented. The evolution of the data analysis techniques and the combination of a range of data collection methods and their associated research perspectives are rehearsed and discussed. It is argued that the inclusion of a range of different approaches from within the broad spectrum of qualitative methodology was a viable and appropriate strategy.

Chapter Three begins the focus on the presentation and analysis of material from the interviews. It examines how and why practitioners become involved in EDT work, taking account of occupational histories and the different factors having a bearing on why people...
enter particular kinds of employment. Chapter Four focuses on the context for practice: the physical and spatial environment of the setting for out of hours social work, and the practical arrangements associated with service provision. In Chapter Five the conduct and content of out of hours social work practice constitute the topic in an account which draws on material from participant observation to expand, illustrate and complement the interview data. Chapter Six is devoted to examining the way out of hours practice is accounted for and documented. The perspective is broadened in Chapter Seven to explore the relationship between EDTs and the wider departments they represent. The nature of the interface with daytime social work services is the primary focus, although contacts with neighbouring and other EDTs is also touched on. The theme of the wider context is continued in the second half of this chapter, in which relationships between out of hours teams and other agencies and professionals are examined. Chapter Eight marks a transition to a closer focus on practitioner perspectives. It considers what practitioners identified as the principal differences between out of hours and mainstream practice and the advantages and disadvantages of this work from their viewpoints. Issues relating to autonomy and responsibility are also considered, as are thoughts about the theoretical underpinnings of EDT practice. The impact of out of hours social work on health, wellbeing and personal and family life, together with issues of safety, risk and perceived vulnerability are also addressed. Team and individual morale are another aspect which is covered in this chapter, as are collegial relationships and opportunities for consultation and conferring as aspects of the support systems available to out of hours practitioners. More formally, matters relating to training and supervision are also discussed. In Chapter Nine, the final chapter, the subject is the future, both for individual practitioners and the services they work in, as well as for out of hours and EDT services in a wider and more general sense.
CHAPTER ONE

A REVIEW OF THE LITERATURE

Introduction

In order to try to identify literature relating to out of hours and emergency duty social work, searches of library databases were undertaken in the early stages of the research process, including the past content of national and international social work journals. This continued throughout the duration of the fieldwork and during the writing up phase. While the literature cited is primarily material published in the United Kingdom, efforts were made, particularly early on, to identify any directly relevant literature published in other countries, especially the USA, which might have allowed international comparisons to be drawn. The method employed involved the use of various internet search engines. However, the result was that the absence of any such pertinent material was largely confirmed.

The review of the literature which follows is therefore undertaken in the absence of anything other than an extremely limited amount of available material devoted specifically to out of hours social work practice. The first section will begin the process of focusing on the content and the context of out of hours social work, before moving to a consideration of the literature which does exist. Next, texts on related areas of practice are discussed, followed by a brief examination of some of the writing on methods of practice which are relevant. By way of introducing the concerns of the present study, the focus is then directed to aspects of four studies of social work which place an emphasis on practice. From here, the theoretical context and methodology of this study are identified.
The content and context of out of hours social work: an introduction

Writing in 1986 Howe identified a sense of a contradiction between the requirements of bureaucratically organised social services departments and a desire among practitioners to be able to give autonomous expression to their practice skills and inclinations:

‘Bureaucratic SSDs seem designed to frustrate social work’s full blossoming; they are perceived as a perverse imposition’. (1986, p.1)

In addition to feeling constrained, practitioners have also been aware of immersion in a restless and sometimes turbulent occupational environment. A sense of pervasive and inexorable change, organisationally driven and impinging on both the content and the context of social work practice has become a familiar aspect of working life for contemporary practitioners. This apparently constant state of flux is typically regarded as having an adverse and deleterious impact. Such perceptions are not new, and have become familiar at least since the beginning of the post Seebohm era. What is different is an awareness of the current extent of change and its far-reaching implications. Parton and Marshall identify:

‘a recognition that social work is currently experiencing a major period of change and uncertainty in its organisation and day-to-day practice such that it seems qualitatively different from what went before, thus requiring new skills and new forms of knowledge in order to practise.’ (1998, pp.240-241)

Camilleri is more trenchant in identifying a ‘sense of crisis within social work’ (1996:p.1), prompting an examination of the nature of social work practice. More recently, the British government has focused on this very question:

‘The Government has launched a detailed and fundamental review into the nature of social work and the purpose and content of social work training’. (Professional Social Work, January 1999, p.1)
While emphases and orientations diverge, the above are illustrative of a consensus regarding the rapidly changing context of contemporary social work practice. The need to respond to the challenges resulting from change in the shape of local government reorganisation, the introduction of new legislation, and rising public expectations was a principal issue addressed in a conference on out of hours social work held at the University of Teesside in February 1998; it was also a factor leading to the formation of ESSA (Emergency Social Services Association).

Out of hours social work teams, mostly established during the 1970s and early 1980s to deliver a service at night and during weekends and bank holidays, were one of the developments of the post Seebohm environment. Against the current general trend towards practice specialism in social work, in many local authority areas a model of generic practice continues to prevail in the delivery of services out of hours. However, in spite of this particular continuity, as indicated above, a changing context inevitably also impacts on out of hours social work practice.

There is of course another and more literal dimension to the context of out of hours social work practice, namely that much of it takes place at night. Alvarez has observed that, in spite of the straightforward transition from daytime to night-time which electric light has made possible for the last hundred years or so:

‘there is still something not quite right- maybe not even quite sane- about a working life led at night.’ (1996, p.xiii)

He draws attention to a change of emphasis which is discernible in the work of the police, an agency routinely providing a round-the-clock service:

‘By night, the police are alert in a different way and to different signs than by day. They are less concerned with the big picture than with details. They search the shadows looking for whatever seems out of place or out of key..........They assume, at best, that no one is around at night without a special purpose- usually one that he or she would prefer not to flaunt by day.’ (1996, p.xiv)
Similarly, there is a sense in which social work has a different texture at night: a high proportion of referrals concern situations in which the police have a role, encompassing a wide spectrum ranging from an older apparently confused person found wandering late at night in a disoriented state, through to young children reported as having been left unattended while their carers are out, to someone arrested under Section 136 of the Mental Health Act (1983) because he or she appears to be mentally disordered, and who must then be formally assessed.

The available literature on social work out of hours

It is against a backdrop of continuing and sometimes profound change that the literature specifically relating to out of hours practice will be considered. The most striking feature of this discrete area of social work practice is, quite simply, the absence of a body of literature on the subject. Out of hours social work is distinguished by an almost complete hiatus in terms of directly relevant research findings, guidance for practitioners (although a post-qualifying programme was introduced by Portsmouth University in 2000), or accounts of practice, apart from a small number of short publications which will be considered below. This lack of available material is all the more surprising when set against the demonstrable significance and importance of this form of practice, including the nature and range of the work undertaken, the environment and conditions within which out of hours services are provided, and the large proportion of time during which these are the only social work services available, together with the generally enhanced level of practitioner autonomy and responsibility in comparison with conventional, office-hours day time work.
The findings in a brief report of a telephone survey of emergency duty teams, based on
practitioner research undertaken by Webb (1993), are consonant with the dearth of
literature relating to social work out of hours. In this study, at the preliminary level of
making contact, a sense of mystique, inaccessibility, and even obstructiveness is pervasive,
encapsulated by the editors of the volume in which it appears with the following query:

‘Are emergency social service duty systems an alert owl, a bat awaiting nightfall, or a mole
making occasional outings but rarely seen by others?’ (Broad and Fletcher, 1993, p.26)

From this, it would appear that not only has there been scant attention given to researching
out of hours social work services, but when someone does attempt to focus on this aspect
of practice, their efforts are likely to meet with a measure of resistance.

From an ‘insider’ perspective, Smith and England have provided a valuable, albeit brief,
overview of emergency duty team work based on their experiences in the county of
Buckinghamshire. In their paper they identify a range of issues which give out of hours
practice its distinctive character and qualities. The stark contrast between office hours and
the rest of each week is highlighted with reference to both numbers of staff and amount of
time involved:

‘When the hundreds of people employed to respond for 37 hours of the week go home
from their day time work they are often replaced by one or two people with responsibility
for the remaining 131 hours of the week and any Social Work emergency that arises within
these hours.’ (1997, p.27)

The contextual framework within which day time practice is undertaken is also different,
and:

Many of the systems and procedures which inform day time work are not in place at night
and Emergency Duty Team members have to attempt to balance the fact that they are not
involved in the mainstream, day to day functioning of the offices with the expectation that
such offices will want them to provide a continuity of their services informed by the
underlying thinking and policies that motivates their responses.’ (1997, p.27)
The range of different models of service delivery will be explored in more detail elsewhere in this study, but a feature of out of hours work is that for most of the time in question, cover is generally being provided by one or at most two social workers. (1997, p.28)

In the course of describing referral sources, including day time colleagues, the police, general practitioners, hospitals, the public, friends and family members of service users, and service users themselves, Smith and England highlight the fact that while there is an awareness within other social work teams of such low staffing levels out of hours, the same does not apply among other professionals and members of the public. For the writer, this has been experientially confirmed by the number of callers who are perplexed on discovering that their own worker is not available on a Saturday or Sunday or during the night, thus somewhat contradicting Fisher at al’s observation concerning: ‘the likelihood that the general public have lower expectations of the service available outside normal working hours’ (1984, p.27).

This feature of working out of hours carries with it an inherent need for prioritising, particularly at times when several different demands arise simultaneously while only one individual is available to respond, and is analogous to the situation of the general practitioner working alone at night, an analogy which will be explored further below. (1997, p.28)

Perceived failure to respond adequately or speedily enough can generate complaints. Regular liaison with day time workers and others is identified as an effective means of raising awareness levels in this regard, as well as in relation to expectations about the capacity of out of hours teams to be able to continue a pattern of routine monitoring type visits established during office hours. Equally, because of the inherently unpredictable nature of incoming work, there are also periods of lower demand when workers can occupy themselves with tasks other than response provision. (1997, p.29)
Smith and England proceed to describe a thirty hour period in the operation of Buckinghamshire’s EDT from early on a Saturday evening through to late on a Sunday night. (1997, pp.29-31) This approach to conveying the content and the essence of social work out of hours is a familiar one, and is typically repeated in the descriptive articles which appear in journals such as Community Care from time to time, notably around public holiday periods.

Again, the nature of lone working is depicted from an experiential perspective:

'The sense of isolation when having to make decisions alone in the early hours of the morning with no one available to discuss the situation with or “bounce ideas off” accompanied by the knowledge that because one’s mind is too full of other things one cannot give the situation the time or attention it needs is one commonly faced by Emergency Duty Team workers.' (1997, p.30)

If the worker is able to establish that there is no immediate risk of harm, an opportunity then has to be found to reflect on what is known and respond in a considered way.

A strength of Smith and England’s account is the insightful way in which the ‘insider’s’ experience of doing out of hours social work is conveyed. For instance, after outlining how a worker was successfully able to accomplish responding to a cluster of situations requiring intervention, there was then a sense of some brief respite having been earned, for instance to allow a chance for a meal, only for the worker to then be immediately confronted with another demanding situation on returning to the office base. (1997, p.31) Similarly, the potential impact of the personal resonances which situations may contain for individual workers is also drawn attention to, underlining the need for effective supervisory systems to be in place. (1997, p.32)

Uncertainty is another distinctive feature of working out of hours:

‘There is intensive involvement in people’s lives for briefly sustained acute periods of time. Workers are often left wondering how clients fare once their involvement has ended.’ (1997, p.33)
Having explored some of the limited literature specifically concerned with out of hours social work, in the next section I turn to a consideration of work focusing on related aspects of social work practice.

**Some related areas of social work practice**

Gostick (1985) views the introduction of specialist out of hours teams as a post Seebohm development which was less conspicuous than the establishing of intake teams. Thompson points to the ‘long established links’ between crisis intervention work and intake teams. (1991, p.118) Buckle’s (1981) study of intake teams can be usefully drawn on as a significant resource in connection with developing an enhanced understanding of out of hours social work.

While there are very apparent differences between intake team social work and out of hours social work, there are many features which they have in common, and many points of convergence. Because of:

‘the unpredictable level of bombardment, the anxiety generated by constantly dealing with new cases (whether in crisis or not) and the vast diversity of demands and expectations placed upon intake workers’ (Buckle,1981, p.63),

the ‘support and security’ afforded by colleagues is of vital importance, although in the case of the lone out of hours worker, this may not be as immediately accessible, of course. Effective working links with other teams is another important factor (1981:p.64), but the nature and scale of these are likely to be rather different for out of hours teams providing cover for a comparatively large number of diverse day time teams. The complexity of filtering referrals which is an issue for intake teams (1981:pp.64-65) is compounded for out of hours teams by the fact that at certain points during the night or weekend they are one of the only agencies or services with which the public can establish contact. One of the
implications of this for the out of hours social worker is that he or she is similarly unable to progress a situation because of the impossibility of liaising with some other agencies.

Intake team and out of hours social workers have in common a high level of individual responsibility for decision making. Organisationally, flexibility concerning the development of operating procedures has been a feature of both types of team, as has the tendency towards increased autonomy within the wider agency, resulting from effective functioning as a team.

Buckle refers to the potential problem of intake teams coming to be regarded as ‘elitist’. It may be that out of hours teams are prone to being similarly perceived, and the special, and in some ways peculiar place held by out of hours teams in relation to weekday/day time area office teams will be explored further in the research findings reported below.

As far as the content of work undertaken is concerned, there is a tendency within both types of team to focus on a presenting problem. Alluding to research reported by Goldberg et al (1977), Buckle notes that a:

‘fairly clear picture emerges of intake workers offering a service consisting of giving information and advice, practical help, inter-agency liaison and general assessment activities.’ (1981, p.90)

If intervention in relation to crisis and other acute situations is also included, this summary of the range of work undertaken can equally be seen as encapsulating the broad outline of the range of work engaged in by out of hours social workers. Along with a marked level of individual responsibility for decision making comes an enhanced level of discretion, for example in response to requests for financial assistance. This too is pronounced in an out of hours setting, when opportunities for conferring are usually minimal.

Finally, in terms of the pertinence of Buckle’s account of intake work, is her interesting and useful comparison of the intake social worker and the general practitioner in medicine.
Approaches to GP surgeries by members of the public are routinely filtered and indeed sometimes dealt with, by a receptionist. Similarly, some out of hours teams operate either with the assistance of a referral co-ordinator, who may not be a social work practitioner, or by using message taking services located within call centres as the initial point of contact. Out of hours social workers and GPs have in common that both are bombarded by a wide range of demands, extending from the trivial or inappropriate through to the very serious life or death situation which may confront a GP, the social work equivalent of which for Buckle’s intake worker is a scenario where someone’s liberty may be at issue. (1981, p.101) For the out of hours social worker, however, the comparison is more direct, as, for instance, when someone makes contact during the night stating that they have either just done or are about to do something which threatens their own or someone else’s life.

Both GPs and out of hours social workers (other than where specialist services are available out of hours) are practitioners with diverse knowledge and skills, with both being, in Buckle’s estimation: ‘generic practitioners of the first order.’ (Buckle, 1981, pp.106-107) While there is some equivalence between the doctor’s diagnosis and the social worker’s assessment, a principal point of divergence is the expectation that the social work service user will be less passive than the patient and will therefore engage more interactively with the social worker. (Buckle, 1981, p.106)

GPs and intake social workers not only act as gatekeepers in relation to access to respective ranges of specialist services, but also can contain situations by avoiding the need for subsequent involvement by others. There is also a gatekeeping function performed by out of hours social workers vis a vis day time services which may not be immediately apparent. Indeed, from the perspective of the day time worker, it may sometimes appear that out of hours colleagues tend to divert substantial amounts of work which it then falls to them to complete. It could equally be argued that out of hours social workers also conclude much
work that would otherwise place an increased onus on day time teams. Buckle makes a similar point in relation to the activities of intake social workers:

‘In addition to his (sic) role as gatekeeper the intake worker also functions as educator and publicity agent in dealing with new clients. All these are powerful roles for encouraging or discouraging clients and potential clients from contacting the department, and hence can be used to expand or contract the flow of work to the agency.’ (Buckle, 1981, p.116)

**Social work methods and out of hours practice**

In Smith and England’s paper cited above, reference is made to O’Hagan’s postulations concerning what the attractions of out of hours social work might be, made in a text on crisis intervention. (O’Hagan, 1986, p.11) As an approach to practice, crisis intervention is the social work method which might seem at first glance to be most congruent with out of hours social work practice. While such an assumption might be partly borne out, neither Rapoport’s (1970) psychodynamic approach nor Golan’s (1978) cognitive model have more than partial applicability in terms of the processes they identify, to the frequently ‘one off’ type of contact which occurs out of hours, giving rise to the staccato character of much of the work undertaken even with repeat or regular users of out of hours social work services.

O’Hagan rehearses the origins of crisis intervention as it developed within American mental health settings during the 1960s, pointing to the contextual dissonance with the typical backdrop within which contemporary social work intervention occurs. (O’Hagan, 1991, pp.139-140)

Thompson is critical of traditional crisis theory’s ‘blindness’ to ‘structural factors’, including class, race, gender, age, disability and sexual orientation. (Thompson, 1991, p.16) He distinguishes between a commonsense strategy of ‘crisis survival’ and the theoretically informed practice which he describes as ‘crisis intervention’. While calling for early
intervention, this is a sequential process undertaken over a period of time extending
substantially beyond the likely duration of involvement by an out of hours social worker,
whose intervention will often be restricted to an initial assessment and analysis of risk,
with area office colleagues being asked to follow a situation up on the next working day.
An inherent cause of anxiety and frustration in out of hours social work is an awareness
that in many instances it will probably prove not to be possible for further intervention to
be made available, or at least not within an optimum time frame. As Thompson observes:
‘The fact that crisis intervention requires early involvement has serious implications for the
organisational structure in which the crisis worker operates; a system which takes two
weeks or more to allocate referrals more or less kills the opportunity for maximal crisis
intervention.’ (1991, p.49)

While it is frequently essential for the out of hours social worker to respond by making
visits and going to see people face to face, the context of much out of hours practice
remains the office or base, and the telephone the principal medium for communication.
Often, quite complex pieces of work can be seen through to completion entirely by phone
work. Other kinds of work, for example calls from people who are feeling suicidal, are by
their nature usually confined to telephone contacts, perhaps at intervals throughout a
particular night.
Telephone work with service users out of hours can encompass all of the elements
identified by Rosenfield in the continuum of telephone working methods which she
identifies, that is: advice giving, advocacy, information provision, supporting and
befriending, as well as, in some instances, a service which could be defined as brief
counselling, as distinct from what Rosenfield defines as ‘formal counselling or therapy’
(1997, p.15)

Whereas area office social workers sometimes communicate with service users by phone, it
is usual for there to be face to face contact too. Some users of out of hours social work
services, by contrast, are rarely, if ever visited, even though there is relatively frequent telephone contact. Rosenfield draws attention to ‘the greater significance’ in telephone work of aspects such as ‘voice pitch and tone’ (1997, p.18) and ‘minimal encouragers or verbal gesturing.’ (1997, p.24)

An advantageous feature of telephone work is that:

‘The telephone is an excellent medium for enabling the client to feel safe enough to reveal something without feeling too exposed or vulnerable.’ (1997, p.26)

Although Rosenfield is concerned with counselling by telephone rather than calls from service users to out of hours social workers, her observation that:

‘anecdotal evidence from telephone counselling services where experienced face to face counsellors also work on the telephone, suggests that the release of a range of emotions often tends to occur at a far earlier stage in the telephone relationship than it does when a client is face to face with a counsellor’ (1997, p.26)

is also pertinent for out of hours social work services. Phone calls from an enraged parent which begin with invective, extreme expressions of anger and frustration and a concomitant demand that a particular child or young person is removed immediately, failing which he/she will be physically assaulted, are by no means uncommon. (Practice theories and models identified by out of hours practitioners as informing their own work will be included in the substantive findings presented below).

In the next section, the focus will be expanded to a consideration of research on social work practice in general. As a preliminary observation Satyamurti’s remark about the ‘relative neglect’ of social work such that: ‘there are very few sociological accounts of the field, and not many empirical studies’ continues to have contemporary relevance (1981, p.1). Four studies of social workers and their practice which were published between 1981 and 1996 will be considered. Work by Satyamurti (1981), Howe (1986), Pithouse (1987) and Camilleri (1996) will serve to sharpen the focus on research into social work practice
and to introduce some of the specific themes which will be explored in subsequent chapters in relation to practice out of hours. These studies have not been arbitrarily selected, but, rather, were defined as key studies spanning a period of some two decades in terms of data collection. While on the one hand there are substantial points of divergence between these works, both in respect of the theoretical contexts in which they are located, and the objectives and associated methodologies of the writers concerned, there are clearly also shared concerns and points of convergence and commonality. Beginning with Satyamurti’s study, these texts will be reviewed in chronological order of publication, addressing the goals and objectives of the research, the methodology chosen for data collection and its associated theoretical context, the main findings, and their significance for a study of out of hours social work.

**Satyamurti: ‘Occupational Survival’**

Satyamurti asserts the need for empirical work which attends to: ‘connections between the structural and the subjective’ (1981, p.2). She seeks to delineate how social workers’:

‘occupational identity and practice are shaped by features of their situation, as mediated through the main sets of relationships in which they are involved’,

and to identify ‘strategies that social workers adopt, individually and collectively, in order to make their work tolerable to themselves.’ (1981, p.2)

The data collection phase of her research was completed during a time of extensive organisational change resulting from the post-Seebohm creation of local authority Social Services Departments which amalgamated a previously disparate range of welfare agencies which had provided services for various different groups. Satyamurti regarded this context as a favourable one, given the aims of her research.
Methodologically, data were collected during a two year period of what is described as being ‘part-time participant observation.’ (1981, p.6) Additionally, 40 structured interviews with social workers were completed, along with smaller numbers of interviews with other professionals, and only 8 with the users of services. Departmental records provided documentary sources, although recorded information produced by social workers was generally found to be of poor quality.

Satyamurti identifies the principal theoretical and methodological contribution of her work as inhering in her: ‘attempt to hold together within one account the internal and external worlds of the social worker’, with primacy being given to the ways in which social workers:

‘interpreted, responded to and shaped their situation in the context of their main relationships, in a structural and organisational milieu involving constraints on their capacity to work in ways that they thought appropriate.’ (1981, p.180)

Theoretically Satyamurti locates her study within the tradition of the Chicago School of social research established during the 1920s and 1930s (an early exemplar of which was Robert Park who promoted the observational study of rapidly changing social phenomena in the Chicago of that era. [May,1997, pp133-6]) In particular, she cites the work of Everett Hughes focusing on how people make their occupation tolerable and how they strive for autonomy. In this regard she argues for the wider applicability of her findings to other ‘people processing’ occupations:

‘attempts to maximise autonomy are probably very widespread.’ (1981, p.181)

She concludes that there are ways in which the experiences of service users and social workers converge, notably that ‘both are unable to control key factors bearing on their lives’ (1981, p.181), although it must be the case that the implications of the latter are potentially far more profound for service users. She also regards social workers and service
users (she uses the term ‘clients’) as both operating with ‘contradictory frames of reference’. For the social worker, this could entail viewing the same service user:

alternately...as hero or heroine- evoking admiration; as victim- evoking sympathy and concern; as hopeless inadequate- evoking despair and withdrawal; and as manipulator- evoking anger and fear.’ (1981, p.181)

Satyamurti identified a number of features of the social workers’ occupational circumstances which ‘impinged negatively’ on them. Resource shortages at the level of the wider community, at the intra-departmental level of lack of available placements for children for example, and in terms of the absence of necessary skills and information together constituted the; ‘non-availability of the means whereby the job...could have been effectively carried out.’ (1981, p.182)

Social workers experienced exclusion from policy and decision making processes at departmental level and were found not to have been inclined towards involvement in those forums to which they were invited. Inadequate supervision was concurrent with bureaucratic forms of control. The familiar contradiction between those powers and duties oriented towards the care of service users and those making for the control of users was also evident in social workers’ roles (1981, pp.183-4). Another factor was the uncertainty associated with the kind and the amount of incoming work, which Satyamurti attributed to SSDs being ‘residual’ agencies with a ‘diffuse area of responsibility’, rendering it difficult for social workers to ‘set limits on their liability’ (1981, p.184). This gloomy scenario was worsened by the new context in which traditional casework was no longer viable, while no appropriate alternative had been identified, resulting in a sense of being deskillled by the requirement to undertake an increased volume of routine and administrative work. In this climate, a sense of any intervention having been successful was uncommon. Furthermore,
there was a sense in which workers were isolated from their peers by the privatised nature of their workload organisation.

Satyamurti noted the potential for the exigencies referred to above to elicit a response by practitioners at three levels: the individual, collective day-to-day, and the organised level (1981, p.186). There seemed little that the individual could do in relation to resource deficits or in terms of influencing policy, while there were various potential responses to the sense of ‘unlimited liability’, including taking sick leave, avoiding service users by spending more time at the office base, and, most dramatically, by resigning. (1981, p.188)

Investment in relationships was identified as one way of countering the lack of achievement; routine tasks were neglected, and the collegial support of the work group provided compensation for the isolation of individual workloads. ‘Real social work’ was counterposed to the requirement to complete bureaucratic and administrative tasks. (1981, p.190)

While the data for her study were collected within the newly constituted social services department of one urban local authority, as stated, Satyamurti argues that her findings have wider relevance. She also asserts that her case study approach provides ‘a useful starting point for comparative analysis.’ (1981, p.198)

Howe: ‘Social Workers and their Practice in Welfare Bureaucracies’

Like Satyamurti, Howe (1986) is interested in the implications for social workers’ practice which flow from its bureaucratic organisational context:

‘Displays of “true” social work by autonomous professionals are denied clear expression in the unsympathetic, even hostile environment of today’s large welfare bureaucracies’. (Howe, 1986, p.1)
At the outset Howe suggests that arguments such as this fail to appreciate a ‘necessary connection’ between an occupation’s practice and the mode of its organisation. (1986, p.1) For Howe social workers’ practice is an amalgam of ‘what they like to do, what they have to do and what they can do’. (1986, p.2) He identifies two types of data in previous studies of fieldwork practice: quantitative data providing a statistical account of practice (Howe cites Goldberg et al. 1977 and 1978 as examples), and qualitative material providing an ‘impressionistic’ picture of life in SSDs (such as that used to present a ‘practitioner’s view’ in Stevenson and Parsloe’s (1978) study. (1986, p.2) He argues that both approaches share the shortcoming of being descriptive only, and lack a theoretical framework which would allow an explanation of the findings to be developed.

Howe’s study is an attempt at remedying this failing with a three stage design which begins by describing social work, starting at the broadest level of the distribution and organisation of fieldworkers, then telescoping the focus via considering ‘types of activity carried out by different fieldworkers across client groups’ through to an examination of the kinds of response given in relation to particular cases. (1986, p.3) From here, Howe moves to introduce aspects of organisation theory as a means of illuminating two distinct types of occupational control: managerial control and professional control. (1986, p.4) Finally, empirical data from the first part of the study are interpreted through the lens provided by the theoretical concepts identified in the second part.

As with Satyamurti’s study, Howe locates the empirical work, including his own survey of social workers, in the post-Seebohm era of the new local authority SSDs which generated an interest in how work was organised among newly generic practitioners. A common finding was the early evidence of ‘caseload bias’ in terms of a particular client or user group, principally towards children and families, taken as being indicative of the: ‘stratification of both work and workers’ (1986, p.19) in which older people and those
learning disabilities were more likely to have an unqualified worker, such as a social work assistant. Again like Satyamurti, Howe cites the American sociologist Everett Hughes (1958), this time in relation to the delegation of ‘dirty work’ in the establishing of a hierarchy within an occupation. (1986, p.31)

On the basis of the data collected in his own survey of social workers in three local authority areas, Howe identified an apparent tendency for interest in generic practice to diminish in direct relation to the length of time an individual had been practising. After initially proposing that fieldwork practitioners appear to have a measure of control over the work they undertake, with those who are qualified being able to work with the most ‘prestigious’ user group, namely children and families, an analysis of his interview data leads Howe to conclude that in fact it is social work managers ‘as they interpreted and operationalised the political and legal remits of the personal social services’ (1986, p.94) who remain in control of crucial aspects of practice:

‘Although the manner of practice was open to interpretation by fieldworkers, control over the content of practice lay outside the purview of practitioners and rested with managers.’ (1986, p.94)

It is this sense that social work has fallen short of acquiring or being accorded the status of profession, with social workers continuing to be numbered among those who are:

‘relatively weak in their ability to define the outlook and content of their own practice. Their interpretations of “life’s mysteries” receive little more value than those of others. Indeed other occupational groups, such as organisation managers, may assert their views of the situation in direct competition.’ (1986, p.120)

In Howe’s analysis, social work ‘has no essential nature’ and is in fact ‘an activity whose nature is determined by its circumstances.’ (198, p.160)

Pithouse’s (1987) project is defined as: ‘an investigation of the occupational experience of doing social work and the way this is made a shared and meaningful experience for social workers.’ (1987:p.2) His premise is that social work practice is inherently ‘invisible’, with three different senses of ‘invisibility’ being identified: at the most literal level encounters with service users take place in settings where the process and interaction are not accessible to direct observation or interpretation by any third party. Secondly, ‘the outcomes of intervention are uncertain and ambiguous’; finally, Pithouse argues that the routine and taken for granted dimensions of practice mean that it is not usual for occupational processes to be scrutinised and reflected upon after the event by the protagonist. For Pithouse it is within the ‘organisational setting’ of the area office ‘that sense is made of practice’, and he endeavours to understand practitioners’ ‘typical ways for demonstrating they are engaged in appropriate practice.’ (1987, p.3)

The methodology entailed a twelve month period of participant observation conducted among the child care social work teams based in an area office, along with individual interviews with team members, and reference to documentary sources. Theoretically, the study is located within the symbolic interactionist tradition of sociological enquiry, and also incorporates some of the insights of the ethnomethodological perspective. Primacy is given to how social work practitioners themselves understood their activities, and it is because of this orientation that Pithouse claims originality in contrast to previous research which has gauged practice in accordance with criteria for evaluation which are superimposed. The need to develop an association with practitioners over time in order to ‘gain access to rarely observed processes that only accepted habituees of an occupational setting can share in’ has as a consequence that there is insufficient knowledge ‘about the
ways that practitioners resolve the dilemmas and unpalatable issues that permeate the occupational task.’ (1987, p.5).

Having examined the various dimensions of the social worker’s occupational world in accordance with the priorities noted above, Pithouse concludes that in the face of a somewhat unpromising if not overtly hostile wider context, social workers have recourse to their peers to legitimate their practice activities on the basis of shared assumptions and interpretations in an endeavour which requires them to be ‘artful’:

‘the worker learns the negotiable nature of formal rules and procedures, the implausible search for successful outcomes, the interpretively flexible motives and identities of the client, the moratorium on colleague criticism and finally the worker’s own ability to apply a skilful discretion in the way she presents herself to both colleagues and consumers.’ (1987, p123)

Throughout, the account of the interaction between practitioner and service user which is subsequently related in the office environment has paramountcy as the means by which otherwise unseen work is mediated to colleagues and seniors. While the impact of organisational constraints is evident, Pithouse’s social workers nevertheless emerge as more subtly able to remain actively in control of their occupational lives than those in Howe’s study, whose activities are more likely to be governed and implicitly or explicitly directed by their managers.

Camilleri: ‘(Re)Constructing Social Work’

Camilleri’s (1996) study is the most recently published of the four accounts of social work selected for their relevance in helping to establish the terrain from which to embark on a study of out of hours social work. Unlike the previous three texts discussed above, Camilleri’s research is based on social work practice in Australia. Camilleri looks upon
social work as an occupational activity which is constituted through both its texts and its practice: texts are counterposed to the primarily oral culture of practice. This distinction is viewed as a manifestation of the theory/practice dyad. Camilleri arranged his own text in three sections. In the first one he provides an extensive review of a wide range of literature pertaining to the origins and the nature of social work. The second section consists of a presentation of empirical data resulting from interviews with practitioners and service users, while the final section considers prospects for the future of social work. The fundamental question which the study seeks to address is: ‘what is it that social workers do?’ The backdrop is the context of what Camilleri dubs ‘the transformation of the welfare state’, which he links to a wider transformation from modernity to postmodernity. (1996, p.1)

Like Howe, Camilleri notes that social work has largely been unsuccessful in becoming established and accepted as a profession, attributing this to the fact that ‘its methods, techniques and skills are seen as part of the everyday repertoire of competent members of society.’ (199, :p.48) Social work is not amenable to technical or scientific prescription; it is founded on ‘particular values that provide for social work as a moral activity.’ (1996, p.75)

Social work is ‘emotional labour’, and speech is the principal form which this work takes: ‘For practitioners the real work is the contact with clients. This relationship is seen as central within the social work discourse. The “work” with clients within a relationship is done through “talk”.’ (1996, p.94)

The practitioners Camilleri interviewed in order to elicit what social workers do were from a quota sample designed to include representatives with varying amounts of experience of practice. He regards representing the actual content of practice in texts about social work as something which is customarily neglected, irrespective of the persuasion of the writer.
There is a sense in which the material presented is an expansion or extension of ‘telling the case’ which was central to Pithouse’s analysis. Camilleri’s practitioners engage in telling the ‘story’ of their experience of and careers in social work. He specifically addresses the issue of gender, regarding ‘the gendered nature of practice’ as germane to an understanding of practice overall. The practitioners interviewed described being drawn towards social work as a career as a result of their life experiences and personal qualities, through a process having an affinity with the idea of ‘vocation’. (1996, p.115)

The central importance of the use of self as a factor in their work is viewed as problematic in relation to the project to ‘professionalise’ social work, with its association with specialised skills and technical knowledge, as distinct from personal attributes. The practitioners interviewed demonstrated an awareness of theoretical frameworks, but seemed to incorporate them in their work in an intuitive and sometimes almost ad hoc fashion, including drawing on contradictory theories: ‘They were neither used systematically or slavishly.’ (1996, p.138)

Theories are: ‘mediated by the practitioners’ experiences and the organisations they work in’ (1996:p.139), and are also invoked on the basis of what appears to be potentially useful in helping a particular service user. The more experienced practitioners tended to operate in accordance with the experience they had accumulated in terms of dealing with many similar or comparable situations in the past, and in so doing they avoided theory and relied instead on something tantamount to ‘practice wisdom’.

Camilleri concludes by making the observation that social work must adapt to a changed world, and to the transformation of the welfare state or face the prospect of becoming an irrelevance in Australia, where various other occupations have increasingly encroached on what was previously the exclusive domain of social work.
Out of Hours Social Work: An Introduction to the Research

Taken together, the four studies which have been reviewed raise a range of issues and themes relating to the practice of social work which are pertinent in respect of out of hours work.

The point of departure for the study of out of hours social work reported below is the notion that, while displaying many continuities with 'mainstream' area office work, out of hours work is a qualitatively different form of practice, sufficiently distinct from the mainstream context of the area office to merit research attention in its own right. In part, the claim to originality will lie with the illumination of a hitherto largely unresearched aspect of contemporary practice. While Howe states that social work does not have an 'essential nature', it will be argued that practice out of hours does have a distinctive nature, and it is the dimensions of this which will be identified and explored in answering the questions which were identified in the introduction to this study, which incorporated the following basic queries: How does out of hours practice differ?, What makes it distinctive?, How congruent is it with the processes and requirements of mainstream social work practice?
In seeking to provide answers to these questions, the nature of out of hours social work will be established and analysed by examining the content of practice activities, by considering the question of practitioner autonomy (Howe, on the one hand, ultimately regards the social worker as in thrall to the organisation in the guise of the welfare manager, Pithouse takes a rather more sanguine view of the social worker’s potential for controlling the content of his or her work, and the latitude for accomplishing this) and the overarching organisational and environmental context. The topography of the latter is similar to the daytime and weekday social work environment, but it will be suggested that there are fundamental differences. The relationship of the out of hours or emergency duty team to the wider department will be an important topic for consideration. While bound by organisational imperatives and the primacy of statutory work, there is a sense in which the world of out of hours practice is at one and the same time a ‘backwater’ at one remove from the scale of daytime activity and operations, but also is ‘the department at night’, ready to mobilise in response to both statutory requirements and more besides. The studies reviewed make reference to the idea of a ‘crisis’ of/in social work. This has been a leitmotif in the literature on practice for some twenty years at least, and this tendency shows no sign of abating. For instance, in the introduction to ‘Stress in Social Work’ published in 1998, Davies’ first sentence is the assertion that: ‘Modern social work is in a state of crisis’ (1998, p.9) The notion of ‘crisis’ will also be considered in relation to out of hours social work. Other continuities will also become apparent. Satyamurti noted how perceived shortages of resources were problematic for practitioners in the 1970s; this issue will emerge as an enduring concern. While there will be seen to be considerable narrative accounting of practice to colleagues and, as Pithouse has elucidated, this is a principal means of making practice ‘visible’ and thereby accountable, it will become clear that for out of hours practitioners, writing is a principal medium through which their practice is
made visible, in a written narrative produced for an unseen, and perhaps unidentified and unknown reader. A further dimension of out of hours practice will be the form, status and mode of operation of the collegium within an out of hours context.

The body of theory which informs this study is derived from the qualitative tradition of social research. While there are evidently variations in policies and practice between different out of hours teams in different local authority areas, it will be argued that there is commonality to the extent that the findings of the present study will have a wider relevance.

Data collection techniques will involve the sampling of recorded information and other texts, interviews with out of hours practitioners and practitioner-managers, and participant observation. The study can also be regarded as a contribution to the field of practitioner research (Fuller and Petch, 1995). Satyamurti viewed the fact that the data for her study were collected at a time of major organisational change as an advantage. Similarly, much of the participant observation component of the research reported below was undertaken principally in a reconstituted out of hours team relatively soon after the creation of a new urban unitary authority, which served to accentuate a number of salient issues.

As well as looking at what out of hours social work entails, as in Camilleri’s study, attention will be devoted to the practitioners themselves and will involve addressing questions including: Who are out of hours social workers?, What is their previous experience of social work?, and What motivated them towards this area of practice?

In the next chapter, a more detailed account of the research methodology will be provided.
CHAPTER TWO

RESEARCH METHODOLOGY

Introduction

The format of this chapter largely follows Silverman’s suggestions for the writing of the methods chapter in a qualitative study, and is therefore in the form of a: ‘natural history of the research project’, rather than what he describes as the more conventional account written in the passive voice (2000, p.235). Silverman exhorts the dissertation writer to: ‘spell out your theoretical assumptions........spell out the (sometimes contingent) factors that made you choose to work with your particular data’ and to: ‘explain how you can still generalize from your analysis’ (p.234).

Silverman refers to Murcott (1997) in reproducing a list of questions which she identifies as needing to be answered in the methods chapter. These are:

1. How did you go about your research?
2. What overall strategy did you adopt and why?
3. What design and techniques did you use and why?
4. Why these and not others?

He provides his own interpretation of what addressing these questions will entail, as follows:

‘In practice, this will usually mean describing the following:

the data you have studied

how you obtained those data (e.g. issues of access and consent)

what claims you are making about the data (e.g. as representative of some population or as a single case study)

the methods you have used to gather the data

why you have chosen these methods
how you have analysed your data
the advantages and limitations of using your method of data analysis’
(Silverman, 2000, p.235).

Before considering each of these aspects, I will briefly introduce the research and outline the context.

The original idea for this study of out of hours social work developed from my own experience as a practitioner in an out of hours setting. Prior to beginning this work I had been a social worker in a children and families team, and before this I had worked in a residential care home/therapeutic community and in a nightshelter. As far as previous research experience is concerned, I had undertaken some participant observation and interviewing of service users while working at the nightshelter, and had completed a small scale study of case closure in local authority social work. My experience of research was therefore limited, but I became increasingly aware that little research attention had been given to out of hours social work. At the same time, working as an out of hours practitioner led to a sense of this kind of practice being quite different, for a range of reasons, from what happened in the ‘mainstream’ of daytime local authority social work offices. Such research as had been completed tended to be either statistically descriptive- categories and rates of referrals, amounts of different sorts of interventions and services provided- or to be based on more journalistic accounts highlighting the specific demands which arose on a particular night. Founded on an initial presupposition that out of hours and emergency duty social work were qualitatively different from the daytime, weekday services which they complemented, my initial objective was to describe and analyse the nature of this practice. My objectives did not extend to service evaluation or to prescriptions for the improvement of services, although I thought that some of the content might have an implicit relevance for considerations of this kind.
In the course of beginning to analyse the data obtained from practitioner interviews, what has become increasingly apparent is a feeling that the account of OOH social work contained in this study has taken on a retrospective character, with the entire project having a sense of being valedictory before the increasing impact of fundamental change on established EDT and Out of Hours services. The extent to which this has actually become discernible will be addressed in Chapter Nine. Although Out of Hours and EDT services are relatively recent developments, some have been established for in excess of twenty five years, with most of the remainder having been in existence since the 1980s. While this is not an enormous amount of time, there was a feeling of solidity and permanence, illusory as it happens, about these services. This is gradually evaporating, to be replaced by a powerful sense of flux and uncertainty, marked by a resignation to the inevitability of profound and significant change being imminent, together with a lack of clarity and confidence about what it might amount to ultimately. While early on in this research project the changing historical dimension became very much apparent, the speed and extent of change and developments was not easy to gauge, with the fundamental changes which were forecast during the ESSA (Emergency Social Services Association) annual conference in 1999 as imminent, in fact occurring rather more gradually and patchily since then.

My starting point in respect of the theoretical position which underpins this study is to question the extent to which it is possible to achieve objective knowledge in relation to the social world and social phenomena. The social researcher is unable to somehow stand outside the world he or she is describing or explaining and operate dispassionately from a detached and discrete vantage point outside the sphere of existence of those who constitute
the subjects of the study in question. While it may be objected that a gross caricature of the positivist stance is implied, which no contemporary researcher would ever seek to defend, much less to operationalize in his or her research practice, I cite it only as a point of departure from which to begin to identify my own position.

In relation to the semi-structured interviews with out of hours and emergency duty team practitioners which were undertaken, I combine a realist and a narrative approach to the analysis of the interview transcripts, following Glassner and Loughlin, 1987 (cited in Silverman, 2000, p.125):

'[they] treat interview responses as both culturally defined narratives and possibly factually correct statements'.

In addition, my analysis invokes the concept of ‘voice’ in qualitative data (Doucet and Mauthner, 2000). I identify three distinct and at times overlapping voices in the interview material, which I distinguish as follows:

1. the formal voice [in which the respondent is speaking in the terms of and on behalf of the organisation within which he or she practices];

2. the informal voice [in which the respondent provides his or her own version of what happens in actuality as opposed to how things are intended to or are supposed to function and operate];

3. the personal voice [in which the respondent speaks in terms of how their work impacts on them as individuals, and of the intersection of the worlds of work and private non-work life, and the extent to which this is a permeable boundary].

Doucet and Mauthner’s account of the ‘relational method of data analysis’ brings very much into focus the often arbitrary nature of the research process and of data analysis in
particular. In so doing they confront the elements of the overall process of doing qualitative research, which tend to go unexamined, unexplored and unchallenged. In their paper Doucet and Mauthner cite Strauss and Corbin (1990) on the subject of theoretical sampling, involving the sampling of: ‘incidents and not persons per se!’

reaching the following conclusion:

‘Thus grounded theory seems more concerned with action and interaction and less so with the processes of reflection and decision-making which are key concerns of a voice-centred relational method of data analysis’ (2000, p.8)

The transcripts of interviews with out of hours practitioners were analysed thematically in a way which took account of both central tendencies and the range of views which were expressed:

‘Qualitative researchers have a habit of focusing on what is familiar and central to the study at hand. That which was known through literature searches and previous observations before the study was conducted becomes central in the unfolding process of the research….What might be missed through this style of inquiry is an opportunity for investigators to know what might not have been known to them prior to the study.’ (Chenail, 1992, p.2)

This observation informed the approach to presenting and analysing the interview content, in which not only were central ‘core’ themes identified, but the exceptions and aberrations were also represented.

The data studied:

The principal data studied were the transcripts resulting from sixteen semi-structured interviews with out of hours and emergency duty team practitioners and practitioner-managers employed in a range of different local authority areas in England, representing both urban and rural localities, together with those which encompass a mixture of the features and characteristics of both settings.
These data were supplemented by fieldnotes from participant observation carried out within the out of hours team in which I work as a full-time practitioner. These notes also incorporated vignettes from live situations which were illustrative of certain key aspects and features of practice. Moreover, they constituted a resource against which to analyse practice as represented in the accounts and responses of interviewees. While for the most part they were not actually included in this thesis, they provided a point of reference against which other material could be interpreted and gauged. In this way they can be seen as an element of a process of triangulation.

A sample of the daily work logs maintained by this team was also drawn on as an indicator of the volume and type of work received and undertaken, as defined and categorised by team members. Samples of recorded information in the form of the reports produced by practitioners were analysed as documentary accounts of practice which had been undertaken. Finally, the postings on an ‘E group’ internet website for EDT practitioners constituted an additional documentary source (edt@yahoogroups.com). This provided a means of accessing currents of national opinion in relation to policy and service developments, in addition to views relating to practice issues.

**How the data were obtained:**

Utilising a postal questionnaire method had been ruled out at the outset, both because of the notoriously poor response rate associated with this technique, and, more importantly, the choice of a qualitative research design in which the emphasis would be on eliciting respondent perceptions, meanings and understandings concerning the work which they did. Access to the sample of out of hours and emergency duty team practitioners from various local authorities in England who were interviewed was achieved through the national organisation ESSA (Emergency Social Services Association). Before attending the annual
conference of this professional association in October 1999 I contacted the chairperson who kindly agreed to allow me to include an open letter to delegates in the conference information ‘packs’ which were provided to each delegate. During the conference proceedings I spoke briefly about the research project and, having identified myself, I was approached by people who were interested in taking part, but perhaps wanted to know more about the study. As a result of this request a total of twenty people agreed to be interviewed. Later that autumn I also circulated some further copies of the letter during Approved Social Worker refresher training days which were part of an annual rolling programme attended by practitioners from four local authority areas in the south west of England, several of whom were practitioners in emergency duty teams and out of hours teams. This resulted in a further six people who were willing to be interviewed.

Subsequently I decided to retain their details in reserve in case I needed to embark on further interviewing at a later point in relation to any specific aspect of the research.

The support of the out of hours team I work with was enlisted during a team meeting. I wanted to be able to contact users of the service for their perceptions of social work outside conventional office hours and approached the team manager, with particular reference to issues of confidentiality and the use of recorded information to make contact with people. He was enthusiastic about this aspect and saw any canvassing of ‘user views’ as valuable and as likely to provide potentially informative feedback about the service. In this regard, he felt able to agree to the accessing of written records, including for the purpose of establishing contact with people who had used the service. (Some telephone interviews with users of out of hours social work were undertaken, but on the strength of these a decision was taken not to pursue this aspect of the original research design. One difficulty was that it was not easy for service users to differentiate between their contacts with social
services and social workers in a wider sense, and any particular involvement they might have had with out of hours social work).

My role as a practitioner in the team in which participant observation was undertaken meant that access was unproblematic. However, there are clearly significant issues associated with undertaking data collection of this kind within an agency where a researcher is ordinarily employed anyway, which I will address below. (Classroom based research in education and perhaps some nursing research are pertinent in connection with this point).

Another resource might have been the research log, although, with hindsight, I must acknowledge that a log of salient aspects of the research process was not maintained consistently in a conventional or orthodox sense. Instead, this commentary consisted of disparate notes and recordings which related aspects of the natural history of the project in a truncated and generally chronological format. (See for example: Lee, Robert, 1997: ‘Journal keeping as an aid to research: Some ideas’).

The data collected: representativeness

From the account given above it is evident that the sample of practitioners willing to be interviewed was not randomly selected from the total population of out of hours and emergency duty team social workers. Rather, it amounted to a convenience sample in the form of a group of volunteers from an inaugural national gathering attended by some of those who had affiliated to a relatively new professional organisation. Among those willing to be interviewed there was an over-representation of ‘player-managers’, that is people who combined managerial responsibilities and duties with working on rotas as out of hours practitioners. This phenomenon would seem to be related to the forum for the recruitment of the sample. The fact that I was attending the conference as a delegate and therefore as an
out of hours practitioner might have been influential, both in terms of ready access to potential interviewees and in those who agreed to be interviewed being disposed to take part. While out of hours and emergency duty team services tend not to be as hierarchically constituted as their daytime locality based counterparts, there is usually a senior practitioner or team manager and it is very probable that such people were over-represented at the conference in question. These observations notwithstanding, I argue that the data in terms of practitioner perspectives have a significance which is generalisable and relevant to the wider population of out of hours and emergency team practitioners.

The participant observation and the written records data on the other hand were obtained from a single agency and are therefore more accurately defined as case study material, and as such prone to reflecting local practices, peculiarities and specific arrangements. However, the purpose of these data was to supplement the interviews by fleshing out in greater detail aspects of the content of the practice which is described and referred to in the interviews. In accordance with this purpose the focus of the participant observation has therefore been on eliciting and elucidating the fundamental features of the processes involved in doing out of hours social work. In this sense, I would once again contend that this part of the study has general applicability, while acknowledging that there will inevitably be local differences and variations in the detail. This is also likely to be true of how narrative reports of practice are constructed and prepared for transmission to those with an interest, although here again I suggest that there are certain fundamental tendencies and features having a wider if not general significance.
Methods used to gather the data:

Interviewing

Originally, my intention had been to interview practitioners face-to-face and to record their views in relation to themes or subject areas which I would raise in the course of semi-structured interviews which would be recorded on audiotape. However, long before the sample of those who were willing to be interviewed had been identified, it had become apparent to me that it was not going to be feasible to conduct the interviews in this way. The financial cost involved would have been prohibitive in itself, and as someone in full-time employment while undertaking the research, it would have been difficult if not impossible to arrange from the point of view of the amount of time which would have been needed for all the travelling which would have been entailed. Although there is no means of gauging this, I anticipate that arranging mutually convenient face-to-face meetings would have been more onerous for the individuals who agreed to be interviewed too.

Telephone interviewing was more viable and more practical. In their paper on telephone interviewing, Burke and Miller (2001) address a range of practical considerations of a kind which they note is typically not explored in any depth in research methodology textbooks: ‘...we have concluded that the “nuts and bolts” of conducting qualitative research are often short shrifted in the research design literature’ (paragraph 1).

They discuss aspects of the process including arranging telephone interviews, confidentiality, audiotaping techniques and eliciting sufficiently detailed responses to questions. They base their suggestions for the successful conduct of telephone interviewing on their own experience of utilising this research technique, noting that the use of telephone interviews is increasing.

With specific reference to telephone interviews of social workers, Fuller and Petch (1995) cite a practitioner researcher’s comments:
‘Certainly in terms of time and travel the telephone proved to be a successful medium for gathering data; social workers seem particularly comfortable with this instrument, judging by the inordinate amount of time they spend on it’. (p72)

In terms of how telephone interviewing compares with face-to-face interviewing in qualitative research, Sturges and Hanrahan (2004) note how previous literature had proposed that the two interview modes might produce different results. However, in their research involving the use of both, comparisons of transcripts resulting from face-to-face and telephone interviews showed no significant differences. I made initial contact with people who had indicated that they would be willing to be interviewed and we agreed a time at which it would be suitable for me to contact them to complete the interview. The process of arranging the interviews began approximately three months after the conference at which the sample of interviewees was recruited. The opportunity to attend the conference arose before I had finalised the interview schedule and is an example of how the research process is by no means the smooth, linear sequence which some research reports imply. In fact, a more accurate description would be that the sequence was a rather more staccato, and even, at times, faltering affair, an uneven succession of progress tempered by frequent setbacks and interruptions.

Interviewing by telephone, while convenient and cost effective clearly has some drawbacks in comparison with face-to-face contact, but it also has some distinct advantages. While it is difficult to substantiate this, I came to feel increasingly as the interviews were completed that it is easier for people being interviewed to be relaxed and at ease with the telephone as the medium of communication, certainly in this case anyway, where those involved were very much accustomed to routine reliance on the telephone as the principal means of working in their professional capacity. I will make reference to the way some respondents chose to introduce their thoughts about the management systems for their services, their
relations with immediate colleagues, and their opinions about the local authorities they worked for in due course below. At this point I will simply register that, without being asked to give their views about sensitive areas of this kind, some respondents chose to introduce their opinions about these areas (Doucet and Mauthner’s ‘informal voice’ referred to above). I would conjecture, therefore, that it is perhaps easier for people to express their views on more controversial issues when being interviewed by telephone by someone they do not know, other than as a peer in the sense of being a fellow out of hours practitioner, than it would have been if speaking face-to-face with someone they had not met before who was inviting them to talk about aspects of their work. It was also apparent that for some respondents the interview situation provided a unique opportunity to speak to someone in depth about their work who was neither in a supervisory role, nor that of an immediate colleague or friend or family member. At the time agreed for the interview, interviewees were asked for permission for the call to be audio-taped, and each one agreed to this request without hesitation, with the customary reassurances having been given regarding confidentiality and the anonymising of any verbatim quotations which might be used subsequently. Poindexter (2003) draws attention to the need for researcher vigilance in the face of the possible misinterpretation of the range of different meanings which single words and the categories they denote may have in the course of a single interview. In so doing, she identifies the significance of the ‘social positioning of the research relationship’, specifically the potential for narrative researchers to overlook or misinterpret some interview transcript content because of the influence of factors including age, class, ethnicity, sexual orientation and religious background. The specific interview she focuses on was with an African-American couple: an HIV infected man and his partner, who was also his carer. Poindexter refers to ‘difficulties communicating across cultural divides, and researcher contributions to constructing text’ (p.385) With reference to the interviews I
undertook with out of hours social work practitioners, I identify another related potential for misinterpretation or, rather, under-interpretation. This arises not from a social and cultural gulf but, rather, from its opposite, social and cultural proximity, a familiarity with occupational context and the associated terminology. This gives rise to the potential for assumptions about nuances of meaning, based on the taken-for-granted character of discourse between peers.

The interview schedule which was developed was used as an aide-memoir during the interview, and the order in which the themes and topics are listed was adjusted to suit the course of a specific interview, as was the wording with which the various areas were raised.

Theoretically, my position was that interviews were social constructions in which both parties were engaged in a process of interaction which resulted in an account being given by interviewees which is then available for analysis from a realist perspective and as a narrative within which culturally specific terms and understandings are embedded.

The content of the interview schedule was developed in accordance with the aim of exploring the nature of out of hours and emergency duty team practice from the perspective of its exponents, and taking into account the content of the very limited existing literature on out of hours practice, particularly Smith and England’s article (1997), as well as drawing from my own experience of this type of practice, both as a practitioner and as a practitioner/observer. Piloting of the interview process took the form of amending the original schedule by expanding it to include two additional areas, one of which was defined as ‘team morale’, which had arisen in the course of conducting the first interviews, during which they emerged as significant aspects for the early respondents. A refining and amendment of the interview content took place before the first interview was undertaken.

The original proposal had been to seek more factually detailed information about the team
the interviewee worked with, such as approximate population and geographical area provided with a service. The initial version of the interview schedule was therefore a mixture of closed questions designed to elicit factual information, followed by more open-ended enquiries prompting interviewees to give their views and understandings in connection with a range of themes relating to out of hours social work practice. The closed questions were discarded before the beginning of the data collection by interview, firstly because this sort of descriptive factual detail, while interesting in its own right, was not required by the central research objective of accessing and analysing practitioners’ perspectives and understandings associated with this kind of social work practice activity. Secondly, blending these two different types of inquiry—by closed questions and by open-ended questions appeared to me to be methodologically incongruous and inconsistent, and also, from a more purely practical and pragmatic, although obviously related standpoint, beginning by seeking factual information in a quite directive way did not amount to the most appropriate means of introducing an invitation to people being interviewed to speak frankly and openly about their views and perspectives. Thirdly, many, if not most, of the closed questions were actually addressed anyway by respondents in the course of their discursive accounts of different aspects of their practice. Most of the refining of the schedule was completed before I began the interviewing, therefore. I did consider piloting the schedule with immediate work colleagues, but concluded that this would have been of limited value, given that my experience of doing out of hours social work as one of their number had been one of the means by which the schedule of themes to be addressed in the course of the interviews had been drawn up in the first instance. Although I did not use the original closed questioning included in the earlier version of a research instrument for interviewing practitioners, where any of this factual information seemed important to further contextualise what an interviewee had been saying in the course of the interview,
and where this information had not been given along the way, it was then sought after the
interview had otherwise been completed.

In effect, and partly because of the relatively small number of interviewees, the interview
schedule was piloted during the early stages of being used. I was prepared for the possible
need to revise the schedule extensively if necessary, but in the event the minor accretions
referred to above were the only ones which were identified as required in order to meet the
research aim.

One unforeseen consequence of interviewing peers in this way was the sense of a ‘pull’
sometimes towards entering into a more ‘dialogic’ type of exchange of views, a
comparative conversation in which information about conditions and tendencies in the area
where the researcher practices, which began to develop. Platt (1981) has observed in
relation to interviewing peers that:

‘..there is a temptation to ……appear to get the point quickly without requiring explicit
statements, and to treat the interview situation as one no different from other conversations
and so contribute one’s own quota of gossip and comment to the discussion.’ (p.77)

This is pertinent in relation to the depth and quality of content of interview material,
retrospectively apparent during the analysis of transcripts of interviews with out of hours
practitioners:

‘Where it is assumed that norms are shared, their rationale and content do not need
explanation, and thus the data become thinner…’ (Platt, 1981, p.82)

While some mutuality in an interview of this nature was inevitable, a conscious attempt
was made to avoid any excessive drift in this direction. Having the same or similar
occupational status to those being interviewed is suggestive of ‘reciprocity and symmetry
in the relationship’ (Platt, 1981,p.80) A consequence of this is the possibility of being
drawn into discussion of the research project at the expense of proceeding with the
interview:
‘Thus, it seems offensive not to give some honest and reasonably full account of the rationale and purpose of one’s study to such respondents, and the account cannot be one which is intellectually condescending. However, it is difficult to do this without inviting discussion of the study rather than getting on with the interview...’ (Platt, 1981, p.80)

Clearly, interviewees as informants in relation to out of hours social work were also very much accustomed to and adept in the conduct of interviews as interviewers in the course of their professional practice.

**Participant observation:**

The constraints of being a lone researcher with an ongoing commitment to maintaining a role in a rota system of out of hours duty shifts meant that undertaking participant observation in another out of hours team was really not viable or realistic. This method of data collection was therefore undertaken within the service by which I am employed. While objections may be raised concerning the conduct of research by someone who is at the same time a ‘native’ of the setting under consideration in relation to issues of reliability and objectivity, one of the inherent advantages of such a dual role is having unproblematic access to: ‘rarely observed processes that only accepted members of an occupational setting can share in’ (Pithouse, 1998, p.6), with none of the potentially inhibiting effects of a ‘stranger’ joining a setting which carries the high likelihood that there will be an impact on the conduct and behaviour of those who are full-time and permanent members of that setting. Furthermore, in response to this potential criticism, one of the primary objectives and indeed prerequisites of conventional naturalistic ethnography has been ‘being there’ and ‘becoming part of the action’ (Gubrium and Holstein, 1997, pp.20-25), with the extent to which this is possible for someone who remains by definition an ‘outsider’ being a moot point. The charge of too close a personal involvement in another capacity than as researcher may be countered by reference to the increasing acceptability and prominence
within the conduct of social research of autobiographical material as a primary research 
resource, which has profound implications for more rigid and absolutist conceptions 
around subjectivity and objectivity.

The participant observation component of the data collection process was in one sense 
ongoing throughout the life of the research project, of necessity and by definition. My role 
as an out of hours social worker identified me as occupying the fourth of the types of 
researcher role defined and identified by Gold (1958): the complete participant. This role 
meant that access was relatively unproblematic and unimpeded. The main challenge was of 
a different order and involved the need for a conscious and deliberate effort to step outside 
my customary work role and to create a critical and reflective distance from the familiar 
work settings and processes in order to try to understand and begin to explain them- to 
‘make strange’ the fabric of a working environment. Routine periodic breaks in the 
pattern of shifts worked allowed some regular opportunities for this, although the precise 
extent to which it has proved possible to ‘step outside’ the familiarity of the work setting 
and context is open to debate. There is no question that the resultant study would probably 
have had a different character had it been conducted by someone without the same degree 
of personal involvement and investment. On the other hand, while trying to undertake 
research of this kind within one’s own workplace is problematic on a number of levels, it is 
certainly not without precedent. Practitioner research into aspects of nursing and teaching 
are prime examples of how research has successfully been accomplished in this way. 
Another concern which might be raised relates to ethical considerations associated with 
undertaking research in this way, and of being regarded as having effectively taken 
advantage of long-established collegial relationships and trust. In relation to this I would 
counter that I sought and obtained the agreement of those concerned before proceeding.

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Another obvious difficulty with participant observation carried out very much from the participant end of the continuum of researcher roles, is that the researcher’s focus on a particular situation as it unfolds is liable to interruption by the requirement for him/her to pay close attention to an intervening work demand, and thereby to miss significant events and interactions because of the nature and extent of direct involvement in the setting. While this kind of potential distraction is an occupational hazard of all participant observation research to some extent, it was clearly a major although by no means insurmountable consideration in the setting described.

My main objective in undertaking the participant observation aspect of the data collection was not to focus on what might be regarded as the local peculiarities and situationally specific features of the out of hours service within which I work, but, rather, to identify and explore some of the components of this kind of social work practice which have a more general and wider relevance in this kind of setting. In this way, the account of OOH social work practice accruing from data collection by participant observation is of an ideal type service, against which the variations of detail apparent in any specific and actual service can be set. The idea of doing some participant observation work arose very early on in the gestation of the research project, but the purpose and reasons for including this dimension did not come into sharper focus until somewhat later. This purpose is to supplement the content of the practitioner interviews, which are largely confined to practitioners’ perspectives on the work they undertake and the context in which they do so, but in which the actual content of the work involved remains relatively unexplored. This content was never intended to be a focus itself, but it needs to be addressed so that the context for the views expressed in the interviews can become more accessible, and as an essential point of reference for that content. In addition, the collection of data by participant observation is the second element, (the first being the interviews, and the third being the use and
interpretation of recorded information in the form of reports as narratives of practice) by means of which triangulation is possible.

As a component of data gathering by participant observation, and one made possible by the longitudinal and continuing nature of this aspect of the data collection, vignettes illustrating particular practice issues or situations were collected. Vignettes have been used in social work research primarily as instruments by which the understandings and reactions of practitioner research subjects can be elicited and interpreted (Sheppard et al, 2000). In the present study, vignettes are used in a different way, as outlined above.

**Documentary Material:**

The third means of data collection was the use of recorded information. Samples of shift logs were analysed as another means of focusing on the content of practice. These samples were taken over specific time frames. The written reports produced by social workers as accounts of and for their practice were also sampled and analysed as narratives. Reports were purposively sampled by content, by author and by length: an initial pilot sample consisted of the first report for each individual practitioner encountered by an inspection of file records containing more than two pages of narrative concerning intervention relating to child care, child protection and mental health referrals. Briefer records, for example recording ‘missing persons’, or requests for contact with another agency, for example, were discounted for this purpose. However, they do illustrate the consistent, routine referral ‘traffic’ which comprises the background against which more complex and demanding situations are engaged with and responded to.

**Narrative inquiry:**

The original idea for this study developed from the writer’s experience of doing out of hours social work and grew from a sense of the qualitative difference between out of hours
practice and mainstream daytime practice activity. As noted in the research proposal which was formulated, the study was intended to be exploratory, with a focus on the nature of out of hours social work in the broadest sense. With as broad and open-ended an objective as this, drawing on qualitative approaches to data collection and analysis, it was likely- indeed inevitable- that, over time, developments would occur within the overall research process which could not have been foreseen at the outset. And this is indeed what happened.

Accounts of practice and accounting for practice were identified as important dimensions of out of hours social work, for instance in the early emphasis on the significance of Pithouse’s (1987) notion of unseen social work practice being subject to subsequent validation by peers and seniors when represented in the form of verbal reports or accounts of that practice. From this argument, together with the experiential awareness of the omnipresence of accounts in the practice of out of hours social work- accounts given by service users, by other practitioner colleagues and by workers from other agencies- the concept of narrative was identified as also important.

Narrative approaches to undertaking qualitative social research were traced from Silverman (2000) via Gubrium and Holstein (1997) to Riessman’s (1993) classic text on the subject. The most influential and pertinent exposition of a narrative approach to research inquiry however was Clandinin and Connelly’s (2000) account, which was not published until two years after the present study was begun. As Lieblich (2003) notes, Narrative Inquiry: Experience and Story in Qualitative Social Research is: ‘not a simple cookbook, but a set of suggestions and dilemmas to which one needs to attend’. Certainly Clandinin and Connelly’s work has proved to be a valuable resource informing this thesis, but equally it has highlighted a number of tensions.

Clandinin and Connelly’s model of narrative inquiry:
To describe Clandinin and Connelly’s exposition of the approach to research which they call ‘narrative inquiry’ as a ‘model’ is something of a misnomer. They make it clear that *Narrative Inquiry: Experience and Story in Qualitative Social Research* is not intended as a prescriptive account of how to do narrative research, but, rather, constitutes a journey through the process of undertaking the fieldwork involved, producing records of the associated interviews, observations and experiences, which they call ‘field texts’, and the subsequent production of final ‘research texts’. Along the way issues familiar to all versions of qualitative social research are addressed, from the negotiation of access to the field, relationships and obligations to key informants, or, to use their term ‘participants’, and a range of other considerations of an ethical, practical or academic nature. Such concerns are not dealt with in a once and for all manner, but are continually reconsidered and repeatedly returned to as ongoing and live considerations. Their technique is to demonstrate the process of narrative inquiry by reference to a range of recent exemplars of this novel and developing approach to social research. The examples of research which they present are from within their own area of interest, which is education. Narrative inquiry is firmly grounded in experience. The philosophy which underpins it is identified as being the work of John Dewey.

The following quotation incorporates the fundamental terms associated with narrative inquiry which Clandinin and Connelly identify as germane to their approach to the undertaking of social research:

‘...our terms are personal and social (interaction); past, present and future (continuity); combined with the notion of place (situation). This set of terms creates a metaphorical three dimensional narrative inquiry space, with temporality along one dimension, the personal and the social along a second dimension, and place along a third. Using this set of terms, any particular inquiry is defined by this three-dimensional space: studies have temporal dimensions and address temporal matters; they focus on the personal and the social in a balance appropriate to the inquiry; and they occur in specific places or sequences of places.’ (2000, p.50)
For Clandinin and Connelly, narrative inquiry is ‘always strongly autobiographical’ (2000, p.121). As well as happening at the boundaries of the ‘grand narrative’ (an emphasis on quantification and measurement in social research), to which it stands in a relation characterised by tension, the issue of boundary arises in connection with research experiences and the wider life experiences of the researcher. Here, boundaries are elastic and permeable, and while: ‘It is almost a maxim in many forms of research to bound the phenomena and maintain distance from them’, in narrative inquiry:

‘Researchers’ personal, private, and professional lives flow across the boundaries into the research site; likewise, though often not with the same intensity, participants’ lives flow the other way’ (2000, p.115)

Clandinin and Connelly’s approach includes sanctioning the use of the first person pronoun ‘I’ and in this regard can be seen to be consistent with Silverman’s advocating of the production of a ‘natural history’ approach to accounts of research methodology.

Next, I want to attempt to articulate why I have elected to combine the thematic approach to the presentation and analysis of the transcripts of interviews with out of hours and emergency duty team social workers which I conducted, with some of the insights derived from the account of narrative inquiry I have presented briefly above.

First, my strategy at the beginning of the research process was always to try to capture and explore the nature of out of hours practice by drawing from a range of different kinds of material, and thereby to focus on this subject from different vantage points and perspectives. A narrative approach allows for a further level of analysis of the interview transcripts, in which they stand as discrete and individual stories of the experience of out of hours social work practice.

Out of hours social work is an inherently storied practice landscape, with service users offering narrative accounts of their situations and circumstances, the origins of these and
the implications for their current contact or involvement with social services, however this may have arisen. Within out of hours teams, information concerning service users is shared in the medium of previous practice experiences, accrued in the form of personal recollections and accumulated written records and other fragments of information. De Montigny has noted how service users are already ‘discursively organized’ when they meet social workers and are therefore ‘textually mediated’ (1995, cited in Pare, 2000, p.151)

Enlisting the involvement and participation of other professionals where joint working is needed is also accomplished by the sharing and relating of accounts, the telling and retelling of stories. Family members and friends of service users often contribute their own stories based on their personal experiences and perspectives. Completed work adds to the content of the story relating to either a particular service user or to the kind of situation which has arisen and been responded to. Written narrative texts are produced as versions of what has taken place and as the media for accounting for what has been done and why for the benefit of other professionals and daytime colleagues who need to be made aware and who may need to pursue or follow up, or simply as guidance or information of relevance to their own intervention and involvement. These written texts are usually the sole conduit for the sharing of information between the two practice worlds of the mainstream daytime practitioner and his or her out of hours counterparts.

Narrative inquiry is not solely or even primarily about story however, certainly not in the version elucidated by Clandinin and Connelly, where the concern is as much with events and experience as with story:

‘Collecting and analyzing stories is only part of narrative inquiry. It is in the living and telling of experience that we locate what represents our sense of our experience as narrative inquirers.’ (2000 p.189)
It is also in the context of this broader sweep that a narrative inquiry approach was identified as particularly suited to approaching the experience of doing out of hours social work and being at the same time a participant in and an observer of this kind of practice activity:

‘Narrative inquiry........is one of trying to make sense of life as lived. To begin with, it is trying to figure out the taken-for-grantedness. And when that taken-for-grantedness begins also to be taken for granted by the researcher, then the researcher can begin to participate in and see things that worked in, for example, the hospital ward, the classroom, the organization.’ (2000. p.78)

In the present study, this links closely with the autobiographical nature of narrative inquiries referred to above. On this point, and with reference to their own work, Clandinin and Connelly note: ‘Our research interests come out of our narratives of experience and shape our narrative inquiry plotlines’ (2000, p.120)

As with other kinds of qualitative social research, the need to reach a point at which there is a disengagement from the inquiry field is identified as important, with the concomitant requirement for changes in the nature of relationships with participants. This is seen as a prerequisite for the successful completion of research texts from the ongoing production of field texts of various kinds which has been taking place. While continuing to work as an out of hours practitioner throughout the completion of this study did not allow this withdrawal, and therefore perhaps rendered the writing process more difficult, the sense of a continuing and unfolding narrative of out of hours practice, with the accompanying personal and organisational change was accentuated.

The thematic analysis of transcripts of interviews with out of hours and emergency duty team practitioners and managers provides aggregated information about the world of out of hours social work. It illustrates the range of perspectives and viewpoints in relation to key areas of practice, as well as showing the predominant or most widely held understandings
concerning key aspects of practice activity and organisation. The same interview material is also amenable to a narrative analysis, in which the responses and perspectives of individual interviewees can be preserved and coherence maintained. In fact, the model of narrative inquiry developed by Clandinin and Connelly introduced and outlined above could be employed in the presentation and analysis of interview content. The topic and subject areas covered fit the contours of the three dimensional inquiry space well: they embrace and include the personal/social continuum in that they contain both the individual’s perspectives and the agency and organisational parameters in which they are framed and bounded. They also contain the dimension of time, drawing on practitioners’ recollections of significant experiences from their past practice, through to current events and expectations and predictions concerning the future shape of emergency social work. Lastly, they also contain the spatial dimension, the current geographical locale for the respondent’s practice, and the other locations with significance in respect of the professional development and history of the person concerned.

The relevance and applicability of narrative analysis in relation to emergency duty team work in terms of the present study extends beyond further analysis and presentation of the interview transcripts however. Participant observation and participation in what out of hours practitioners actually do also yields material which supports the contention that this kind of practice, and indeed much of what counts as practice in a wider sense, is a world of lived and told stories, albeit often of a staccato and attenuated variety as opposed to the extended nature of much narrative study material.

A beginning focus on the interviews as narratives is consistent with an increasing sense of the importance of narrative accounting to social work practice in general and to out of hours and emergency duty team social work in particular. This growing awareness of the significance of narrative did not predate this study and therefore influence its eventual
shape and content from the outset. Rather, the identification of the value of narrative took place during the course of data collection and analysis. The natural history of narrative analysis as a methodological consideration is therefore also part of the natural history of the research project per se. An awareness of the significance of narrative has its origins early on at the beginning stage of the research process when the giving of accounts in relation to the process and practice of social work was identified as an important facet. Specifically, Pithouse’s (1987) depiction of verbal accounts given to colleagues of work which had been undertaken as the principal means by which this unseen practice activity could be validated and approved provided the starting point. From here the pervasive influence of accounts and narratives, on various levels and in a range of ways, on the content and conduct of out of hours social work became increasingly apparent. The original intention at the data collection stage was that the interviews would yield transcripts which would be amenable to a grounded theory (Strauss and Corbin, 1998) type of analysis. An interest in the potential of narrative analysis developed subsequent to this phase. Poindexter (2002) observes that:

'Narrative researchers believe that interviewers are likely to elicit stories when they listen closely and do not over-structure the interviews, interrupt respondents unnecessarily or suppress natural forms of expression'. (2002,p.60)

While these considerations had not been identified as paramount at the interviewing stage of this research, the semi-structured interviews were conducted in a way which was conducive to encouraging storied accounts of individual involvement in out of hours social work practice, some of which will now be considered in later chapters below.

In an article which points to the potential usefulness of narrative analyses to social work research and practice, Poindexter (2002) notes how:

'Methods of analyzing stories embedded in interviews involve a focus on language, significance, and context rather than standardized codes for content.'
and that:

'The overarching purpose of attending closely to stories is to more fully understand what the speaker wished to convey through word choice, phrasing, tone, pace, and emphasis as the account is performed for the listener. Speakers are attempting to not only describe events, but their perceptions, conclusions, and feelings about those events. "Experience" is both a concrete incident and how one interprets it. In other words, a detailed analysis of words and their expression can more closely attune the researcher to the respondents' intended meanings.'

(2002, p.60)

From this explication of the reasons for employing narrative analysis in social work research, she proceeds to emphasize the importance of how interviews are transcribed, remarking on the manner of transcription as a reflection of theoretical perspectives and research goals. Mishler (1991) is cited as identifying the significance of how the transcription of taped interviews is accomplished, and as viewing the:

'...transcription of taped interviews as more than a routine technical procedure; it is an interpretive process in itself, an important decision regarding how to present and "re-present" an interviewee’s story. Re-presenting text is not merely a step on the way to real work; it is a phase of the real work.' (2002, p.61)

The weight of the latter observation was very evident during the transcription of the taped interviews with out of hours and emergency duty team practitioners and practitioner/managers, all of which preliminary analysis was undertaken by the researcher. Seemingly minor decisions about how pauses and hesitations should be represented and where sentences should be deemed to have ended in the textual representation of the recordings of speech were in fact important arbiters in relation to how meaning is conveyed and understood. The volume of content denoting that the speaker was still actively engaged in the process of formulating how or what he or she wished to express- the 'ers' and 'erms' with which everyday speech and discourse are heavily laden, required a decision which, it is argued, was of fundamental importance. Should they be retained as they occurred or
deleted in the pursuit of a textual representation of the speech which would appear more fluent and therefore elegant and easy to read? Initially, it was decided that these oral indicators of hesitation and response formulation should be retained in the interest of veracity and authenticity for the purpose of interpretation and analysis, notwithstanding the sometimes clumsy appearance they gave to transcribed speech. Similarly, how should pauses and silences between sentences be denoted? These considerations would have been more routinely prescribed for had the approach to data analysis been content analysis or discourse analysis. Ultimately, however, and for the purposes of presentation, I did decide in most instances to remove the ‘er’s and ‘erm’s which proliferated in the transcripts and which rendered reading the text more difficult. Narrative was also identified as the principal medium by which the occupational culture of EDT social work was acquired, developed and transmitted. This is a culture with a formal and an informal dimension and content, with the formal organizational culture of process and procedure integrated, interpreted and mediated via the informal. There are also documentary and oral vehicles for the articulation of this culture, as shown diagrammatically in Figure One overleaf, in which the boundary between the normative and the ‘anomalous’ or out-of-the-ordinary is a permeable one.

These then were the principal means by which data were gathered. They were not the only ones, however, and I will briefly mention other sources of data, or other ways in which the research continued to be informed as it progressed. The first of these could also be seen as an element of the review of the literature, and involved the continual monitoring of relevant articles in publications such as Community Care, and the more specialised ESSA journal. During the 1999 ESSA conference referred to above, the attention of delegates was drawn to the existence of a recently established ‘e group’ devoted to the exchange of
Figure One: Narrative matrix in relation to the situated occupational culture of EDT practice
information and opinion concerning the world of emergency duty team and out of hours social work. Although specialised, this forum operated in the public domain and was open to anyone with an interest to subscribe to. It was an interesting phenomenon, marked by brief periods of high-level activity among a relatively small number of participants, which centred primarily around news disseminated to the group of changes, developments, and perceived threats to particular emergency duty team and out of hours services around the country. Information of this kind would generate a high level of communications, but usually only for very short periods. These were interspersed with lengthy periods of inactivity, which was curious given that a significant proportion of practitioners working in this field routinely have access to e-mail facilities at their workplaces. The original intention that debate around specific practice issues would be entered into was only partially realised: when this process did begin it was typically halted by an acerbic intervention reminding participants that there were much more momentous matters under way which constituted a fundamental threat to the continued existence of this kind of service, and that these were of greater importance than the comparative minutiae of day-to-day practice, which they rendered relatively inconsequential. An intervention of this kind would effectively silence the group until details of the next perceived assault on a specific emergency duty team service were made known, or a further attempt at initiating a debate around a substantive practice issue was made.

**Why the methods described were chosen:**

To some extent, the reasons for the choice of methods used for gathering data have been identified in the preceding section of this chapter. The main reason for choosing open-ended interviews with practitioners as the principal method was that, from an epistemological standpoint, I felt that this was the most appropriate means of obtaining
data from people actually engaged in this kind of social work practice which would enable their voices to be heard in an account seeking to elucidate the nature of this kind of social work. Earlier accounts had focused largely (understandably in the light of their aims and objectives) on accounts of workload, work rates and service delivery, within which many of the undoubted peculiarities of emergency duty team work are taken for granted and remain unexplored, along with the understandings and perceptions of one of the key, if not the most central, groups of protagonists.

Theoretically, my position is that interviewees can describe and account for aspects of their social worlds in ways which are meaningful and, crucially, which access the reality of those social worlds such that shared understanding and recognition is possible. To this extent, my stance is one of philosophical realism. However, in addition, it also seems to me that people articulate their accounts by drawing on ‘culturally available resources’, and that the narratives provided by the practitioners not only contribute to a depiction of the reality of out of hours and emergency duty team social work, but they can also be understood as ‘cultural stories’ in which, to varying extents, each invokes the metanarrative of social work practice, and, specifically, out of hours social work practice in contemporary Britain.

Not only with reference to the interviews, but also in relation to the other data gathering methods identified, a hermeneutic understanding informed this research project. For example, in the sense that the interviews were interpreted and then re-interpreted, and then re-interpreted again in relation to readings of the other interviews, in a process which continued throughout the analysis of the data.

The participant observation component was chosen as a means of providing a ‘gloss’ on the actual content of practice which is alluded to, talked about, and referred to during the interviews, sometimes in a taken-for-granted way, and always at one remove. The fact that this aspect of the data gathering was undertaken in my own workplace is, as I acknowledge
above, controversial and open to criticism. There is without doubt an element of 
expediency here: although I would certainly have been able to gain access to undertake 
observational work with another team, it would not have been feasible and practicable to 
do so. Having also worked in an out of hours setting with individual practitioners who are 
now employed in the same capacity in other local authority areas, I reached the conclusion 
that, while some of the operational details might have been different elsewhere, the essence 
of the practice undertaken would not have been substantially different. Although this would 
have been a distinct disadvantage given a different research aim, I did not conclude that 
participant observation in my workplace environment invalidated the purpose of this 
element of the overall project, namely to identify and explore some of the commonalities of 
the social work process out of hours.

The recorded information in the form of reports of intervention, accounts of work done, 
was selected as an important means of analysing how practice was accounted for in terms 
of daytime colleagues, managers, service users, other agencies, and the associated 
transmission of information about practice. This type of data then is another way of 
enabling narrative analysis to be conducted. This is a vital aspect of practice too because it 
completes the circle within which work is received, responded to and remitted to the sphere 
of daytime practice of which out of hours and emergency duty services are an adjunct.

The three different but, I argue, complementary methods of gathering data also allowed for 
a rigorous process of methodological triangulation.

**Data analysis:**

The audio-taped interviews with practitioners were transcribed by the writer. I had limited 
previous experience of transcription, and from this was aware that it is a time-consuming 
process. Nevertheless, the amount of time it actually took me to transcribe each tape was
more than I had anticipated. Although it would probably have been possible to arrange for some assistance with this task, doing this work myself allowed me to become familiar with the content and was therefore also valuable from this point of view. Initially I focused on a detailed analysis of a single randomly chosen prototype interview, then I worked with a subgroup of three interviews, coding them manually according to themes which were identified and were closely related to the aspects of their practice which interviewees were invited to talk about and express their views on. During this thematic analysis phase a number of additional categories also became apparent. The technique employed during this initial coding process followed the grounded theory data analysis process advocated by Strauss (Strauss, 1987; Strauss and Corbin 1990), and involved line-by-line analysis of the transcripts (See also Padgett, 1998). During this phase a number of in-vivo codes were also identified. A detailed draft analysis of the content of a single interview was produced at this stage. While encouraging, perhaps predictably at this point, this was very much reliant on description and somewhat lacking in terms of analytical content. At this juncture further discussion of the theoretical underpinnings of the study and of the analytical framework informing the study will be timely.

It will already have become apparent that the data analysis, while using some of the techniques associated with grounded theory, is not confined by a rigid adherence to this approach, and includes other strategies for data analysis, which I argue are not incongruous or incompatible with the elements of grounded theory which have been followed. I am aware that advocates of methodological purism have found fault with deviations from the classic version of how to undertake grounded theory research. For example, White (1998, p.1) protests at the contemporary ‘bastardising’ of research methodologies:

‘In particular I am concerned to see researchers loosely referring to grounded theory data analysis but paying no attention at all to the theoretical and therefore philosophical underpinnings of the method’
On the other hand other commentators have been more open to the use of ‘any and all methods that may be useful to find answers’. Chalip (1998, p.3), arguing that while researchers need to be clear about the ontological assumptions they make, and how these: ‘may frame one’s epistemology’, points to the danger of orthodoxy straight-jacketing social science if ontological assumptions are allowed to dictate epistemologies. My own contention is that the combination of data analysis techniques employed is not contraindicated by inconsistency or incompatibility but, rather, provides the means for accomplishing a full account of the nature of out of hours and emergency duty social work practice from the perspective of practitioners in a way which is consistent with and meets the research aims and objectives.

Continuing with data analysis as expounded in connection with grounded theory, I did not proceed in accordance with the precepts of constant comparative method and the associated theoretical sampling. As noted above, although there was some development and amendment of the interview schedules used, this was not extensive, and the original sample of interviewees identified was not expanded as a consequence of the data gathering process. Because of the volume of material involved in even sixteen interviews lasting between 60 and 90 minutes, I began to investigate the feasibility and usefulness of utilising software designed to facilitate working with qualitative data. I had no previous experience of using software of this kind, but concluded that the potential advantages outweighed the corresponding disadvantages of introducing the use of computer software at this stage of the research process. I did not regard such software as a means of shortcutting or mechanising the process of analysis, but did see the possibility of making the management of the volume of material involved rather less cumbersome. My position was that if the use
of software also facilitated analysis, then for me this would be an additional bonus. After experimenting with some ‘demo’ versions of different software packages, I decided that the Atlas.ti program would be the most useful. However, while this is undoubtedly a very sophisticated package which is intended to enable data analysis as well as management, my intention was to use Atlas.ti in a more basic and limited way, primarily as a code and retrieve tool. I felt that this would assist me in working with the interview transcripts, although acknowledging that it would be a somewhat rudimentary and simplistic usage, given the capability and potential of this software.

Atlas.ti is based around the grounded theory approach to data analysis (Seale, 2000, p.168). The approach to data analysis which I defined was more eclectic, as I have indicated. In my own appreciation and interpretation of the nature of out of hours and emergency duty team practice I was interested in analysing the interview and recorded information data I gathered in two distinct, but, I contend, connected and related ways. The first entailed a literal, realist and common-sense interpretation of what people said and wrote. The second involved a closer focus on language and narrative structure and how these are deployed by practitioners as they articulate accounts of what they do and how they have accomplished specific responses or interventions. This encompasses the analysis of both verbal and written discourses, in which I highlight the use of particular vocabulary and phraseology employed, sometimes idiosyncratically, but also in an occupational cultural sense, to denote and convey meanings with occupational currency, and also orientations to and perceptions of aspects of this practice world. Atlas.ti is consequently used in a rather restricted and, arguably, unconventional way, that is if its association with a ‘pure’ grounded theory approach is taken as given. Concurring with Seale (2000, p.164) my view is that Atlas.ti lends itself to assisting with the analysis of narrative form as well as content.
As I have noted, the use I made of Atlas.ti was primarily as an aid with data management, and was undertaken in the spirit of Searle's observation that:

'Using CAQDAS is no substitute for thinking hard about the meaning of data' (2000, p165).

In fact, as a result of lightning damage to my computer equipment and the associated loss of data contained within the Atlas.ti program at the time, the use of this software was limited to three of the interview transcripts only. I mention this not only as a factor in the research process, but also to illustrate how research may be prone to the fortuitous and happenstance, the unpredicted event, and how the actual path of the research process may not correspond to the smooth, linear track sometimes implied in research monographs.

**Advantages and limitations of this method of data analysis:**

I have argued that the method of data analysis used was chosen because it was consistent with the aims of the research, although there is no doubt that the data collected could have been analysed in different ways, had the focus and emphasis been different. I regard the fact that the approach used acknowledges and takes into account the active participation of the researcher in the processes associated with the gathering as well as the analysis of the data as advantageous. For the research aims I have identified, this approach represents a significant shift from the 'scientific method', with its emphasis on 'objectivity, neutrality, measurement and validity' (Campbell, 2001, p.3), and is consistent with what she identifies as an advantage of phenomenological research, namely:

'...the potential to research almost any phenomenon, any lived experience, as a human response' (Campbell, 2001, p.5)

One of the limitations of the approach to data analysis which I have used, or a facet which might be regarded as a limitation, in part because of the centrality of a reflexive stance, is
its contingent and emergent nature, the sense that it remains open to the possibility of further amendment and interpretation. Other limitations include the relatively small number of respondents, and the time-consuming transcription techniques. A limitation which was not initially apparent, but which came to be increasingly so during the course of the research process, was the historically contingent nature of the study. Perhaps this was no more than a timely reminder of the omnipresence of this dimension of any research project however. Another limitation might be identified as the absence of any external validity checks. While the chosen research design precluded this, the attention given in the analysis to the range of responses (from the expected to the unexpected: Cole, 1994), perspectives and understandings in relation to the various themes addressed in the course of the interviews with practitioners allows for a continual process of internal comparison and contrast, which to some extent can be seen to compensate.

Conclusion

The amalgam of data gathering and data analysis techniques identified above undoubtedly comprises a diverse and eclectic strategy for addressing the initial fundamental enquiry into the ‘nature’ of social work practice out of hours. My intention is that the blend of techniques referred to should amount to a successful hybridisation rather than a ‘bastardisation’ of method. The foundational precept of grounded theory is retained in the sense that the analysis which will be developed in the course of the chapters which follow is grounded in the analysis and interpretation of the data which have been gathered. A wider aspiration is that this study may serve as a contribution to the advance of an understanding of social work which transcends the limitations of the orthodox objectification in terms of service provision and delivery. In paying closer attention to the perspectives of those engaged in the actual provision and delivery of services, there may be
scope for the refinement and improvement of services beyond that which can be identified from a focus on the content of practice in isolation. In a broader sense, the account of the operation of a specific occupational culture may be pertinent in connection with the study of occupations engaged in providing human services.

In the next chapter, the first of those in which substantive findings are presented and analysed, the focus is on becoming an out of hours social work practitioner, and on the routes by which interviewees reached this kind of practice. Included are some of the initial attractions of out of hours and emergency duty team work which motivated those concerned to seek employment of this type, although a more detailed consideration of the perceived advantages and disadvantages of working out of hours in a wider sense forms part of Chapter Eight.
CHAPTER THREE

BECOMING AN OUT OF HOURS PRACTITIONER

Introduction

This chapter is based primarily on the transcripts of interviews with out of hours practitioners, while subsequent chapters also incorporate material from participant observation and recorded information to varying extents. Before proceeding therefore, it is pertinent to recapitulate and provide some additional detail in relation to the interviews. The sixteen interviews were conducted by telephone during 2000 and were audio-taped and then transcribed by the writer. The sample of interviewees was initially recruited at a national conference, as noted in the previous chapter. As also noted, there was something of an over-representation of individuals who combined managerial responsibilities with their work as out of hours practitioners. In fact, eight of the sixteen interviewees fell into this category. Of the remaining eight who did not have any managerial role within the services they worked for, one described herself as the ‘Team Coordinator’, as distinct from manager. In only one instance were there two individuals from the same service. In terms of gender, ten were male and six female. While the sample was relatively small, a wide range of different local authority areas were represented, including London boroughs and other urban centres, as well as teams providing services in areas embracing a mix of the urban and rural, and those operating in more sparsely populated but geographically extensive rural localities. A complete list of the areas concerned is as follows:

Stockton- on- Tees; Northumberland; Buckinghamshire; Richmond; Solihull; Harrow and Barnet; Southwark; Lambeth; Sheffield; Gloucester; Redbridge; Portsmouth and Hampshire; South Tyneside (2 interviewees); Wiltshire; Nottingham.

Individual interviewees will be identified throughout by the use of anonymised initials In the present chapter there will be extensive reference to interviewees’ own formulations of
the routes by which they came to out of hours or EDT practice, and the factors they identified as accounting for such moves, embracing some of the perceived advantages and benefits. In this and subsequent chapters, reliance is placed on verbatim quotations and extracts from what interviewees said, in which to a large extent ‘their words stand alone in order to …maximize immediacy’ (Pithouse, 1998, p.3) Different practitioner voices are identified throughout by initials which appear in parentheses after quotations from interview transcripts. These initials have been disguised in order to preserve respondent anonymity. As noted, the city in which the participant observation research was undertaken will be referred to as ‘Coast Town’.

The next section of this chapter considers the previous social work experience of emergency duty team practitioners. The initial attractions and incentives associated with out of hours work are then explored and finally, the disaffection with daytime practice mentioned by some of the interviewees.

**Previous occupational experience**

Social workers in emergency duty teams and out of hours services are predominantly people with extensive practice experience, often in a wide range of different settings\(^1\). The generic social work services which resulted from the Seebohm inspired re-organisation at the beginning of the 1970s provided the early occupational experience of a significant proportion of contemporary out of hours social workers. For some, a move away from generic practice and into, typically, long-term childcare work was experienced as an imposition which proved to be less than attractive, rather than children and families work necessarily being viewed as the more ‘prestigious’ practice variant as suggested by Howe

\(^{1}\) A trend towards increasingly narrow specialisms within social work practice will increasingly have implications for the recruitment of staff to EDTs.
in a study reviewed in Chapter One. So, as well as the chance of regaining the more palatable arena of generic practice, emergency duty team work provided the means of moving away from what one interviewee defined as:

"the long-term drudge of childcare and child protection".

This was not a novel perspective. Some twenty years previously an interviewee cited in Etherington and Parker’s (1984) study had used strikingly similar words to express the same opinion:

‘One worker summed up the feelings of others when he stated that he was: “fed up with the drudge of long-term child care”’. (1984, p.22)

However, while there was evidence of ‘push’ factors associated with an individual practitioner’s desire to move away from his or her previous post, alongside other ‘pull’ factors constituting the comparative attraction of out of hours work, reasons identified for the transition were couched primarily in terms of the incentives to work out of hours in the accounts which were given. Rather than any single reason being paramount, the move to out of hours work was regarded as resulting from a combination of these different factors. Poindexter describes how she used different transcription and re-presentation techniques in relation to an excerpt from an interview with the mother of an adult son who had died of AIDS. The excerpt comprised two accounts of the experience of stigma, one of which concerned something which had happened to her son and the other something which had happened to her.

Poindexter’s account demonstrates how different narrative re-presentations of the stories resulted in ‘more and different impressions’ emerging about the mother’s experience of stigma. (2002, p.62) By way of illustrating and introducing the scope and the potential of narrative techniques in relation to the present study, a similarly sequenced format will be followed in relation to an excerpt from an interview with an emergency duty team social
worker (KS) in which she describes her personal route to emergency duty team practice.

The re-presentation of her account which follows corresponds to what Poindexter identifies as a ‘rough content-driven re-presentation’ (2002, p.62), and as such is an example of the re-presentation mode according to which the taped interviews were transcribed prior to the completion of the thematic analysis:

‘Oh well, right. Well, you know I’ve been around now thirty six years. I started with SRN, midwifery, Then I was, in 1966, I was an Assistant Matron, a hundred and ten beds in Gloucestershire, and then in 1969 I was matron of a residential home, fifty beds and pioneered daycare and a short-term assessment rehabilitation unit. Erm, then, the reason I got into fieldwork was my daughter was an untreated meningitis, and she needed- I was working a sixteen hour day, and she needed more attention from me, so I actually decided, erm, to go into the field side. And then in 1971 I became a specialist for the physically handicapped in Sunderland, and at that time I think you know that Seebohm was in, more into bigger and better things, and I got in-, I got interested when we amalgamated with Children’s Department and everything, I got really interested in everything. ‘Cause we ended up, and I ended up, erm, going on the course in 1973 and coming back in ’75 taking a drop in salary to do fieldwork, ‘cause I had a management post at the time of the implementation of Seebohm, I had that management post and I took a drop in salary to come into the children and families side. So I did the course at Teesside Poly, and I stayed with Sunderland until 1978, and I’d been a student at Newcastle and I liked it because they gave you the tools at that time, Newcastle was a brilliant authority to work for at that time. It was a hundred percent qualified staff, and it also gave you car loans, which Sunderland didn’t do, and it was going places at that time, so I went to Newcastle in 1978. And I got into EDT work, and from there I went to, I’d been in a mental health team in ‘85, I went, but I was part-time mental health and part-time children and families doing a merged duty during the day, but I got, when they set up the EDT at that time I had teenage children. I liked crisis work, so I didn’t apply for EDT then, but I did become a backup to them and that would be twenty years ago probably now, in 1980 would be when Newcastle’s EDT set up, after the strike. You remember the lovely strike of- you might not have been around then, 1978?

Well, there was a big strike and Newcastle were out for nine months, the social workers, out on strike. After they returned in 1978 they then set up an out of hours EDT, and it’s been in place ever since. And I just helped them, well, got involved as a backup if you like, and ended up doing a lot- the children were growing up, and there were no longer the problems that you have with teenagers, and I didn’t have to be in for them late at night and things like that, so- and my son was going to university- so, of course what happened then was I just decided oh, I think I’ll apply for an EDT job at some stage, but there never, there wasn’t ever one in Newcastle. And then Cleveland, the Cleveland Inquiry came about, and one of the, out of the Butler-Schloss Report, one of the recommendations was that they increased their staff. Well, I’d been knocking at their door for about two years for a job as I was, and then in 1990 I got the job on EDT in Cleveland. And then with reorganisation, which would be four years ago, or is it nearly five possibly?, you lose track of time, as you know the unitary authorities came into place, and Cleveland split into four unitary authorities, so I ended up working- still on EDT- but for four unitary authorities.’
The early part of the interview with KS contains the story of a move from residential work to field social work to emergency duty team work, and includes a rich vein of allusion to some key events in the history of modern social work. This is in addition to the combination of personal and professional interest considerations which have been identified above. As a narrative, it addresses different horizons of meaning at the same time (Gubrium and Holstein, 1997).

It is an account which is gendered and identifies the speaker’s commitment and responsibility to her daughter as an incentive to move away from the long shifts which management responsibilities entailed in residential work. The speaker is both a carer and parent (of a child with health issues) and a practitioner who conveys a sense of wanting to change to field social work and who is prepared to make financial sacrifices in order to be able to achieve this. There are therefore two different strands to her motivation to change her employment, representing a fusion of the personal and the professional. There is also a sense of commitment to duty work and from there, to becoming an EDT practitioner.

There is then a strong sense of drive and purpose, combined with a willingness to be patient, waiting for the first opportunity to join an EDT in her locality.

There are also other distinct strands to her story. It is set against a backdrop of social history, the history of her occupation and the developing social policy context of the era. It is about the creation of social services departments post Seebohm, and the events which she identifies as giving rise to the formation of emergency duty teams. This is cast in relation to another story: an account of industrial action by local authority staff undertaken over a lengthy period of time, a struggle with which she identifies and which she approves of in a moral sense.

Her story also depicts the Newcastle of the time as the ‘good’ authority for which to work. By inference, the contemporary authority is less positively regarded, although she
continues to express her loyalty to the authority which is her principal employer at various points during the interview.

From the above it can be seen that in the brief narrative account of how one respondent became an EDT social worker, there are various rich veins of narrative content. Then there are the ‘hows’ of the narrative which haven’t been touched on at all as yet- the ‘narrative linkages’ and the other aspects of the way her story is structured, over and above its literal content. Attention to the idiom of narrative analysis can reveal this too.

To summarise: her narrative incorporates (a) an historical account of the effects of national policy initiatives and the aftermath of regional scandals, including Cleveland.

(b) an account of industrial dispute and action by workers. (This was a principal factor resulting in the establishing of emergency duty team services in a majority of local authority areas).

(c) a story of personal commitment, moral conviction, loyalty and perseverance.

(d) a story of the fusing of personal circumstances and considerations with strong professional orientation and aspiration.

(e) a sense of larger forces being at work, in the face of which the individual is relatively powerless- national politically driven changes and policy implementations, some of which give rise to opportunities, while others serve to constrain and threaten.

The above is important because it encapsulates the relative powerlessness of the practitioner in the wider scheme of things which is apparent as a leitmotif in all of the interview transcripts: there is a sense in which the perceived enhanced autonomy of the emergency duty team practitioner (discussed in more depth in Chapter Eight) is constantly held in check or countermanded by the ever present bureaucratic control of the agency.
Attractions and incentives

All of those interviewed had been in post for a number of years. LC was typical in this regard, having had 20 years experience since qualifying, 13 years of which were with the EDT service of which he was still a member. KS had been qualified for 25 years and had 20 years experience of EDT work, ten of which had been as a full-time member of an EDT. HL had worked for the same EDT for 25 years since its establishment, while DB had been an OOH team practitioner/manager for 8 years following 7 years with an intake team beginning after initial qualification. The considerable length of time in post reported by a majority of respondents is indicative of a stable workforce who have made a relatively long-term commitment in their choice of job. ‘Choice’ is a key word in this regard. Joining an EDT or OOH service is the result of a clear occupational preference, actively expressed and pursued. There was little evidence of drift in becoming an EDT practitioner and no suggestion of people wishing to remain within the working environment with which they had become familiar during practice placements while completing their initial training. Social workers with EDTs and OOH teams might have made what appears at first glance to have been a spontaneous decision to apply to join a team with a vacancy or there might have been a strategy over a considerable period of time involving waiting for an opportunity for employment of this kind to arise. DB’s account of her appointment exemplified the former, but even here a decision to apply for a post which had suddenly and unexpectedly become available was based on a background of sessional work with an OOH team combined with managerial responsibilities in an extensive experience of working in an intake team and a preference for this kind of practice, which has clear parallels with EDT and OOH work, as identified in Chapter One. There were found to be multiple elements combining to produce the motivation which leads individual
practitioners to seek to become members of an EDT. Three of the four aspects of this initial motivation identified from LC’s statements amount to positive attractions of this kind of practice, while the fourth represents something which LC associated with his former post as a child care social worker which he wanted to be able to move away from and avoid in the future.

With a range of different arrangements for making additional payments to a majority of EDT staff in recognition of the unsocial hours which they are required to work, an enhanced salary is clearly one incentive which makes this type of practice attractive. (only one of the interviewees was not paid an enhanced salary). LC mentioned this as a factor, although not an especially significant one since at the time he joined an EDT the pay differential was marginal. As noted, KS accepted a reduction in income in order to achieve an initial transition from a managerial position in residential care to field work.

Of greater significance is the congruence with domestic commitments which was cited by several interviewees, particularly where a practitioner has young children and a partner who is also in full time employment.

From a professional point of view, the generic nature of EDT practice continued to have a strong appeal for social workers who, because of the length of time they have been qualified, were likely to have worked as generic practitioners in daytime social work teams earlier in their careers.

In LC’s case, there was a conscious desire to move away from the mainstream child care practice he had been engaged in for several years prior to joining an EDT.

Within the research literature on social work there is a seam of studies conducted over a period of several decades in which the efficacy of long-term social work intervention is questioned and found wanting. Certainly for practitioners like LC there is a sense of social workers themselves holding the view that brief involvement is the preferred option. In the
EDT setting the difference between brief and long-term involvement is at its most pointed and stark.

With greater emphasis on specialisation both during initial training and then subsequently in systems for the delivery of social work services, it is apparent from the interview material that in their choice of opting for posts which entail generic practice, EDT social workers have made an active choice of a way of working which in terms of prevailing systems and the organisation of practice, is otherwise no longer available to them. This active choosing of a type of practice by experienced workers contrasts with the situation of the newly qualified entrant who (even in times of a shortage of qualified personnel) is more likely to be constrained to accept a post of a narrower and more specialist nature in order to accrue some post qualifying experience, when generic work might have held more attraction had it been an option.

(In this regard a parallel could be drawn with the field of medicine and the choice of general practice in preference to a specialism which some medical practitioners make).

Once in post, EDT practitioners tend to remain doing the same job for considerable periods, and LC was typical in this regard, reflecting the stability of employment and the commitment to the job associated with EDT work, but also, perhaps, the limited career opportunities which are then available to someone who has spent a considerable time as a member of an EDT. (This aspect merits consideration in the context of career pathways open to social workers in a wider sense, in which the options are generally restricted to the following alternatives: a change to another occupation entirely; remaining in a broadly similar area of practice, with the possibility of a change to another team, locale or user group; promotion to senior practitioner or practice supervisor status; moving to management or policy and planning work; becoming a full-time practice teacher or trainer). Promotion or career advancement did not emerge as an important consideration
for a majority of the EDT practitioners who were interviewed. The consistency with which interviewees reported being in their current posts for long periods of time (twenty five years with the first EDT to be established in one case) point to a correlation between length of time in post and the brief nature of the work involved. There is also an apparent association between the relative newness of EDT social work services when considered in relation to the history of social work, and the amount of time workers remain in post. Consistent with the appeal of apparently greater autonomy within the EDT setting (discussed in more detail below) is the notion of a transition to EDT work as an attempt to regain control of professional destiny: LC, for instance, had been a generic social worker before finding himself ‘moved into a child care team doing long-term work’. LC’s experience was not unique; a familiar pattern was for EDT practitioners to have originally been generic social workers, preferring this to specialisation, and then to have become child care workers by default. While the prevailing tendency is for it to be taken for granted that specialisation by service user group is the best format for social work service delivery, the extent to which this has the unquestioning support of practitioners is debatable, and again merits comparison with the model of general practice in medicine.

In exploring the process of becoming an out of hours practitioner, the personal and the professional are both influential: the personal in terms of changing child care commitments and requirements and the associated need to tailor domestic arrangements, often in accordance with the work commitments of a partner, and the professional in the sense of the organisation of services and their delivery both locally and nationally, and the impact which these have. The original creation of an EDT or the expansion of an existing service

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2Clearly, there is also a very powerful political dimension to the pressures exerted on families in relation to the commitments and requirements of gainful employment for economically active adults who are also parents. Perceptually, however, the impact was viewed in personal terms by interviewees.
was linked by some interviewees to single but momentous events in the wider world of social work practice: a child care public inquiry, or the killing of a social worker, for example. A move to EDT work was often founded on positive previous experience of generic practice and of involvement in duty or crisis work.

Low staff turnover is a characteristic of EDTs and out of hours social work teams. From the evidence provided by the interviews, one explanation for this stability of staffing might simply be the absence of anywhere else to move to from this setting where the perceived advantages would also exist. Another way of understanding this phenomenon is that those same positive factors which have been identified as informing an initial move to out of hours work sustain a comparatively long-term commitment to this type of practice. More speculatively, a relationship may be posited between the length of time people remain in these posts and the brief nature of the actual practice involved. It could be further argued that it is in the nature of EDT work for the individual practitioner to be less personally implicated in outcomes, other than in a particular historical and situational sense of the specific episode. So, while an individual worker might be very much caught up in the throes of a particular crisis situation, this is qualitatively different from the kind of accountability and responsibility which may be experienced in relation to longer-term work.

Perhaps because EDT workers are more likely as a group to be available to ‘plug gaps’ which arise in daytime services because of sickness or training, for instance, several interviewees reported a continuing direct involvement in the provision of daytime duty services, on an occasional or sometimes routine basis. Although by no means universal,

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3This was usually elective, although one interviewee described working in an EDT where staffing levels were such that each team member ‘owed’ the department a number of hours at the end of the month. There was then an obligation to ‘pay back’ the hours which had not been worked by providing cover for daytime teams, often at short notice, in the event of sickness. This arrangement was viewed as an imposition.
this kind of continuing engagement with daytime services meant that the people concerned were well placed to comment contrastively on the two kinds of service provision.

Part of the appeal of EDT work which MR describes relates to the comparability of EDT and out of hours practice to intake team work which was identified in Chapter One above, in particular Buckle’s (1981) study of intake teams. Another important factor is having gained previous experience of EDT work, which again was mentioned by other interviewees who had acquired such direct experience through working in a locum capacity:

‘...because prior to working in an adult setting I’d managed what was then called an intake team, or an assessment team, and so we dealt with all new referrals, which would be, child protection, you know, child care, elderly assessments, and so the structure of the teams at that point was- and my former job was long-term teams and assessment teams, so that was an area of work I was particularly interested in, and as well as that I used to be a volunteer on the emergency duty team for my former employer. So it was an experience of that plus short-term interventive work, rather than long-term work that was appealing to me.’

DB also linked becoming an EDT member to her previous involvement with and affinity for working with a generic intake team after she qualified, resulting in an inability to imagine herself undertaking long-term casework:

‘...my first job was as an intake social worker- generic obviously- and I always enjoyed that variety of work really, and the pace of duty work. I’ve always enjoyed that a lot more than casework really........I could never see myself as a long-term caseworker..’

She, in common with a majority of the interviewees, had gained experience of out of hours work as a sessional practitioner:

‘So when I was a team manager I did some sessional work through the out of hours team and found I enjoyed that, and that made quite a nice juxtaposition to my, you know, being a team manager.’

For her, the transition to out of hours was completed following a departmental reorganisation begun in 1992, which resulted in the ‘disbanding’ of the intake team she had hitherto managed:
‘I didn’t really know what I was going to do. It was like picking the best of a bad bunch really, deciding whether to go into children’s division, or mental health, or older people, or physical disability for adults. And lo and behold, the team manager for the out of hours team resigned—he went to live abroad. So, I applied for his job.’

Together with the perceived requirements of: ‘domestic commitments in terms of looking after my children in order to enable my partner to work’, LC mentioned as a ‘professional’ dimension to his joining an EDT service that he could continue to practice generically:

‘I think professionally, looking at sort of the generic aspect of it, having been a generic worker then being moved into a child care team doing long-term child care, I think I was looking to get back into, sort of generic work’. RA also spoke about the significance of being able to meet the demands of his non-work life, as well as the prospect of greater financial security because of the enhanced salary he received as an EDT worker:

‘…….when my second daughter was born and I was a team manager of a children’s team at the time, and my wife suffered from post-natal depression and I basically needed to be at home more, so this was a route into being able to do that…’

Again, from a professional practice point of view, RA cited autonomy as part of the appeal of EDT work, namely: ‘it meant I could make my own casework decisions’, along with generic practice at a time when: ‘there was talk of encroaching specialisation’, enabling him to remain ‘omnicompetent’.

BW’s narrative about how he became an EDT worker further reinforces the links between intake work and out of hours work which have been identified, associating both with generic practice:

‘But it was mainly an ongoing decision to want to continue doing generic work, because I always got a lot of satisfaction out of being on an intake team, and the time seemed to be right to do something different. I also enjoyed the fact that we were working fairly autonomously.’

PL outlined a varied career in social work practice and management before a move to EDT work, which, atypically, he accounted for in purely personal and domestic terms:

‘…so I could sort of work one, two nights a week, and then be around the rest of the week. And that worked quite well with having a young baby, because I was at home for her most
of the time- good for her, good for me, and then my wife, she worked part-time. So, it was just- it was sort of around lifestyle stuff really…'

**Disenchantment with ‘mainstream’ practice**

After twenty years in local authority social work, initially as an unqualified social worker, then as a qualified practitioner who subsequently became a team manager, MR described how, about eight years ago:

'I found myself sitting in front of a computer working out the spreadsheets to see how cost-effective it was to keep an old person in an old persons’ home rather than sort of putting in kind of care. Then I realised at that point that an accountant could probably do the job that I was doing much better than I could, and I left social services and went to live in Spain for about a year, then decided to come back, and thought where can I, where can I really work that isn’t going to- you know, that puts me back in contact with people. And a job was advertised for a senior on the emergency duty team, so I applied for that and got that job.'

The ‘push’ factor which provided the impetus for MR’s move to EDT work was one which was identified in different ways by a majority of the interviewees:

'So it was really dissatisfaction with, you know, with daytime social work I guess, and the kind of administrative side of it and the- really, certainly the supervision was fine, but the idea that we were making financial decisions rather than professional decisions wasn’t something that I felt I wanted to be part of.'

GF emphasised the fact that the transition to EDT was clearly an elective one which took place gradually over a considerable time span which saw him come to attain a realisation of the limited effect he could have as an individual from an initial post-qualification idealism and optimism. Notions about EDT work as somehow glamorous and exciting were also moderated and adjusted, but the early appeal of this kind of practice remained. Yet again previous experience of intake work is cited, as is a forcefully expressed dislike of long-term casework:

'Yes, it was very much a choice- when I went, I did my CQSW- when was that- way back in eighty five, I had this sort of idealised vision that I could- I learnt residential wasn’t the place for people to go, but if they go there, I could make a difference. And I guess I became aware of EDT through working in residential- I didn’t stick at the residential long,
I soon lost that sort of idea that you can make a huge difference. I’m sure some people can, but I became aware of EDT and I had it in the back of my mind that’s a job that I want. You know, I had a kind of romanticised vision of it that it was sort of all dashing lights and fame and glory type stuff, but I guess that was the roots of it, so I mean I stopped doing social work for a bit. I trained to be a teacher and I ran a night shelter and did all kinds of other stuff, and eventually went back to do field social work in a children and families team, and I guess, I mean, I was still very much into doing the EDT work, yet I had a realistic view of what it was like by then. I was working in a childcare intake team, so it was primarily duty, and I’m aware that I work better with duty. Long-term case holding depresses the hell out of me.’

EW began her account of becoming an EDT practitioner by stating that the few but long shifts each week with an EDT suited her domestic and personal situation as the mother of three young children well. The team she was employed by was unusual in only having been established two years previously. She too mentions the ‘push’ factor of a sense of disenchantment with ‘daytime’ work:

‘...I was also getting a bit disillusioned with daytime work to be honest, I’d done mental health for quite a number of years, I’d done elderly- not an awful lot of children and families- mainly around elderly and adult. So I just decided to opt over into the EDT team, and the four posts that were advertised were all filled by the four of us who were already doing it on an honorarium system...’

CH locates her own (temporary) withdrawal from social work historically as taking place at the end of an era during which it had been the norm for women to forgo their careers when they became mothers. Her description of returning to social work as an EDT practitioner because this fitted in with child care requirements well tends to confirm the existence of a gendered dimension to the choice of EDT work as an occupational variant within the social work sphere at that time. This continued to be the case. Male EDT workers also referred to the compatibility of working out of hours with responsibilities as the parent of young children, for example GF. Nevertheless, the impression given was that the men concerned were able to exercise a greater level of choice in this regard, while for women this seemed to be less apparent. Viewed another way, the possibility of EDT work has provided women who might otherwise have left social work entirely a means of

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continuing with their chosen careers. Whether the situation is much different for younger women now is unclear and is beyond the scope of this study:

'Well... I left social work when I had the children, because, er- I suppose I was the last of the line of people who were expected to leave their jobs when they had children, and at that point things like your ability to take maternity leave and have paid leave, were just coming into being. And I thought about kind of coming back to social work having had the children, but knew that I couldn't really give the same to- the same level- to social work and care for a family at the same time, and so I left. And I kind of, I think Alison was about eight years old, and I had a friend who was working EDT at that time, and they were short of staff, and she asked me if I could go back. And that really seemed to kind of meet all the needs really. It meant that I could pick up on a career again, it meant that I was working such times that when I was out their father was in, and I was out so late at night they hardly knew I was gone really, so it enabled me, the kind of, the unsocial hours element of it, enabled me to come back to work from having left to have the family.'

Similarly, TM described working as a child care social worker for four years, then leaving in 1977 when she became pregnant with her first child. A pilot scheme was then established in her county in which out of hours calls to social services were taken initially by coordinators, who then passed these to one of the social workers on duty who were dispersed around the county. This model of service delivery has continued and was first introduced, according to her account, as a response to complaints by managers who objected to having to be on call at night. At the time of writing a system bearing a marked similarity to the one she describes as being so unpopular is being introduced in one local authority area as an alternative to an EDT. Like CH, TM saw EDT work as a means of maintaining and continuing her career. In occupational and professional terms, she too juxtaposed the 'pull' factors referred to with the 'push' factor of a dislike of long-term casework and the impact it had on her:

'But why did I do it, why did I come into...? I came into the work because it was a way of keeping my foot in the door while I had small children. I mean initially it was working from home- in a way I've been sort of gradually seduced back into work, by the attractively flexible hours, because obviously my husband could take care- it was a domestic and practical arrangement- and since then I would- oh, the other thing is that I was very attracted then and still am, by not carrying a caseload. I certainly found that was the single most tiring thing of being a full-time area social worker- the mental angst that went with it when you got home at night, and I still rejoice in not carrying a caseload.'
Another dissatisfaction with long-term social casework, this time identified by a male practitioner, places an emphasis on tedium after several years rather than ‘angst’, a tedium which is associated with the bureaucratic dimension, the ‘paperwork’ entailed:

‘Right, well I was a fieldworker for thirteen years immediately prior to joining EDT- I was doing some sessional work, and to be honest, I was in a long-term team, child protection team, four days a week, and a mental health team one day a week, and I was- I got bored with the long-term work, and the paperwork, and enjoyed the quick intervention in and out business’.

Conclusion

Some routes to EDT and out of hours work were more complex and multi-faceted, involving a range of considerations seen by interviewees to have coalesced in the transition to this kind of work. For example, LT identified the following factors leading to his appointment as a team manager for an EDT service: a wish to remain involved in practice (which he had been doing while in a previous managerial post by working occasional shifts for the EDT); a desire to have more time in which to complete a personal project in the form of setting up a charity; the deletion of a managerial post by his employing authority, necessitating a move to another role for one of the incumbent child care team managers, of which he was one, and the challenge of being able to develop a service he regarded as in need of developing, thereby allowing what he regarded as his ‘entrepreneurial’ skills to be exercised:

‘...while I was team manager I’d been doing some shifts for EDT since I’d been employed by [local authority], which was two years previously to that, really just to keep my hand in, because when you go into management it’s quite easy to lose touch with the realities of doing child protection work particularly...Of course it was quite nice to have the occasional extra bit in the pay packet, you know, that was useful too. But I was doing that, and then, as usual, you know the yearly annual round of cuts came round, and the department decided that one way to deal with that to shed one child care team manager, from eleven to ten, so there was a whole process set up for how that was going to be done. So that, by the time I’d decided that I, er, there was a charity I wanted to set up, which was going to require a lot of time and effort, and I knew that if I carried on working as team manager I wouldn’t have the time or effort to set that charity up properly. So I decided that - and I also fancied the challenge of EDT really- I thought it was an
interesting opportunity to develop a service because I knew that there were a load of things that were waiting to be done, and being team manager in child care is a bit, you know, you spend most of your time running other people's systems, and I'm a bit more of an entrepreneur than anything else really, so I didn't find that particularly satisfying after having done it for two years. So, for a combination of reasons I volunteered to transfer across to EDT.'

It can be seen that in this account of a move from daytime child care team management to EDT management there is the familiar interplay of the features of EDT work which were seen to be attractive, together with those aspects of daytime work regarded as less so- in this case pre-established systems viewed as not amenable to personal influence or development- along with a measure of chance or serendipity.

Another player-manager interviewee, NV, who had similarly acquired experience of EDT practice while previously working in a range of daytime settings, also identified the transition to EDT work as meeting a need for a different kind of professional challenge:

'...at the end of that five years in the mental health team I'd felt I'd done more or less what I could there. I'd done a number of things that I wanted to do and I was looking around for another challenge really, and I started doing a few shifts with the EDT to help out, and, you know, it quite appealed to me as something new to try.'

The fact that morale was 'poor' in the team, coupled with its 'very bad reputation' and dearth of staff were identified not as disincentives, but as accentuating the challenge:

'...it struck me as a challenge that I wanted to take on really.'

In contrast, JM's description of how she came to be working out of hours is perhaps the one which most suggests that this was very much a chance event, although it too marked the return to social work after, to use her word, 'motherhood', and proved to have been a very long lasting transition:

'I was approached by a colleague from the [midland city] end, who had just started the EDT in [London borough].....That was in nineteen seventy four. In nineteen seventy five he was seeking leave of absence and wanted to nominate a locum so he could go off for- I'm not sure if it was five weeks or five months. Anyhow, I was persuaded to apply for a locum job, and I'm still there, so.........it's twenty five years this year, and I was one year into a new team, which was the first team ever in England.'
Finally, another more unusual route to EDT work was described by AE, although yet again it was grounded in prior experience of working with an intake team and a continuing enthusiasm for generic practice. After describing how he had applied for a team manager post to which he was not appointed, and then experiencing an inexplicable sense of relief rather than disappointment:

‘The next day in the county vacancies bulletin, a vacancy in our EDT, which I’d never thought about before, was there, and I thought, that’s what I want to do. I like the crisis work, I want to work across the board. I hadn’t thought about it before, but the hours would actually suit my lifestyle quite well. So whether that was sort of on the rebound from not getting the team manager post, or whether it just tapped an interest that I never realised I had, I don’t know. But, you know, I applied for a job and got it and haven’t regretted it’.

A powerful synthesis of personal and professional considerations was therefore evident in the transitions to EDT work described by interviewees. A characteristic shared by all the interviewees was a broad and often lengthy occupational biography within social work practice. Out of hours social work is not an area of practice which is open to all who hold a basic social work qualification. Previous post-qualification experience of significant duration is a requirement when jobs are advertised, although the contemporary likelihood of recruiting staff who are already well versed in both child care and child protection practice and are Approved Social Workers under the provisions of the Mental Health Act (1983) is increasingly remote. Consequently, current recruitment practice generally sanctions the appointment of applicants with either one or the other previous practice experience, and then making available whatever further training may be required:

‘…..That’s traditionally how it’s been with us, we’ve been able to recruit people, but they haven’t been ASW and we’ve had to stand the loss of them being out for six months. We’re just about to appoint a part-time worker who is an ASW but has no child care experience, but she’s from the department and she’s from one of the mental health teams. And what she’s going to do is she’s going to be kept on as full-time, although ours is a part-time post, and work part-time for us and part-time in child care during the day for a six month period to gain that experience, so that, that’s been, the cost of that really is being carried by the department……………….
Well, where do you draw on generic workers any more? It’s a dying breed isn’t it?’

(CH)
Not only are out of hours social workers likely to have had accrued considerable previous practice experience in a general sense. They are also likely to have worked out of hours before, either as locum or sessional workers, and this will have informed and influenced the transition to full time employment within an out of hours setting.

Also widely mentioned by interviewees was an interest in and commitment to generic practice, which had often been experienced in the context of intake team work. This gives the sort of employment profiles which interviewees described an historical dimension. Few contemporary young practitioners will have had the opportunity to engage in generic practice in an era characterised by practice specialism. Other professional factors alluded to as influential were the perception of enhanced autonomy within out of hours practice, and a desire to escape what was regarded as the increasing bureaucratisation of daytime practice. These and other associated perspectives will be the subject of Chapter Eight, as will the disadvantages of out of hours work which practitioners identified.

Along with the perceived professional or occupational attractions which interviewees associated with EDT work, were a corresponding set of personal advantages, most notably increased availability to engage in child care duties at home during the day. This was mentioned by interviewees of both genders, although it was the women practitioners who mentioned being obliged to interrupt their careers when they had children, and for whom out of hours practice had greater significance as a viable route back into employment.

Interviewees identified a combination of professional, personal and circumstantial factors influencing their decision to make the transition from daytime to out of hours practice. Asked to reflect on what prompted them to do so, the ‘central tendency’ (Chenail, 1992) of their responses was to speak about a combination of the greater congruency of the hours
worked in an EDT setting with family commitments and responsibilities, especially so in the case of informants who were also the parents of young children, and where partners were engaged in gainful employment during more conventional working hours. This important personal motivation was mentioned in association with a corresponding wish to be able to move away, not from social work practice per se, but from what were viewed as the more deleterious aspects of daytime practice, namely responsibility for a caseload, along with a sense of being excessively in thrall to bureaucratic and organisational processes and procedures, including the effects of hierarchical systems of managerial control.

Clearly, this chapter has not concerned occupational transition in the fuller sense of a transition from one kind of work to something quite different. What has been explored amounts rather to intra-occupational transition. It can be seen that a range of issues influenced practitioners' decisions to make the transition to EDT practice. Within this range were interviewee identified features of out of hours social work which had a strong, if not quite universal, appeal. There were also widely cited aspects of 'mainstream' daytime practice which were seen as unattractive or even abhorrent, with the most frequently mentioned of these being 'long-term casework'. This is consistent with the findings of the social work literature which has been critical of the effectiveness and value of long-term work, and with the countervailing trend towards brief intervention and short-term targeted involvement, including for example, task-centred practice (Doel and Marsh, 1992; Ford and Postle, 2000). However, the notion that practice with children and families is regarded as somehow more prestigious than working with adult service users appears to have been superseded by a comparable distinction between brief and long-term intervention.
In the next chapter there is a move from the processes and influences associated with becoming an out of hours practitioner towards a focus on practice, by first considering the context in which practice takes place, including the working environment, staffing arrangements and resource availability.
CHAPTER FOUR

THE PRACTICE CONTEXT

Introduction

The location of out of hours services:

A consistent feature of out of hours and EDT services is that they operate from offices or premises where in-person visits by service users or the general public are not possible:

‘...it’s an office in the middle of the county. It’s not a public office, it’s just for staff.’

(GF)

Offices are often located in anonymous buildings or those with other primary functions, including residential care homes and town halls. Particularly in certain of the London boroughs, some practitioners operate from within their own homes, where access to the department’s computerised record system has been made available. Some EDTs combine the above, by beginning long overnight shifts at an office base, with practitioners completing the post-midnight phase from their own homes on an on-call basis.

Accessing the Service:

As noted, out of hours offices are not accessible to office callers.

A major distinction in terms of the way out of hours and emergency duty teams are accessed by the public is between those which can be telephoned directly (a minority), and the remainder which are contacted by means of an intermediary call handling or message taking service, whether this is the local town hall switchboard, a call centre or another agency, which in one instance was the police. One interviewee, TM, described with regret how her service was about to lose the direct accessibility by the public in favour of a call centre via which contacts would be routed. Again this appeared to be a trend within out of hours services:
'...It is about to go, much to our distress, and if anything can be done to save it- I've got a meeting tomorrow with somebody who is in our IT centre, services- headquarters in Winchester, who is busy ploughing- you know, sorting out a call centre approach, due to start later this year. We're not very happy with that.'

Because of low staffing levels there were inevitably times when even those services with direct access telephone numbers operated on a message taking basis:

'...we don't have a message taking system, the calls aren't sort of vetted so, when you're on duty, I mean our kind of structure would be from say, quarter to five through till midnight, where there's somebody actually sitting in the office taking all incoming calls, that's the duty officer. And- sometimes there's two people, but more often than not there's just the one person, who's on duty. If we have to leave the office somebody else will take just messages, our housing department will take just messages.'

Another interviewee (GF) referred to a division of labour in relation to taking telephone calls where there was direct access and only two people on duty, both social workers. One worker would have the role of call taker while the other would deal with visits as required and thereby have the role of 'runner' for that shift. The call taker was also the coordinator of operations:

'....but it's their shout, I mean they're the one who's in control. The other person is the run-around really.'

**The type and range of work undertaken:**

The level of demand on a particular service, perceived as 'busyness', was not necessarily linked to the number of staff concerned or to specific aspects of the local context, or to the sheer volume of work involved: in one of the smaller local authority areas a player-manager moved from considering the nature of the service to what her own role entailed:

"....in some ways it's not the number of staff that's the busyness, it's the fact that it's a generic service and it has to keep contacts and relationships with so many different people, in the department and outside agencies as well, to keep up with so much, so many different pieces of legislation and, you know, the practice in all the client groups, and still do the supervision, monitoring, management information reports, and all these sort of things as well." (DB)
EDTs undertake a wide spectrum of work with an equally wide variety of service users, hence the appeal of generic practice. Mental Health Act assessments, child protection investigations, appropriate adult work under PACE (Police and Criminal Evidence Act 1984) in some authorities, arranging placements for children and vulnerable adults when necessary, are some of the more familiar and staple tasks for an EDT. In addition there are a host of other scenarios calling for the involvement of a duty social worker, ranging from counselling people who are suicidal, providing home care inputs through independent sector agencies, to supporting foster carers and young people who have been in local authority care and responding to pleas for assistance from those caught up in the gamut of personal and family crises. In LC's team, as in a majority of other local authority EDT services, there was scope for divergent views concerning the urgency of a given situation, or, effectively, what counts as an emergency. What is an emergency for a service user may not merit a response from the perspective of a lone EDT worker because of other competing demands judged to be of a higher priority, or simply because it does not fall within what are deemed to be the parameters of the remit of an EDT. One practitioner, (JM,) noted the defining of situations as emergencies was a process as opposed to an event, and that the way situations were received or interpreted could vary according to the individual colleague involved:

'our personal criteria will be things like: this is a social work problem that cannot wait until the next opening of our office, so we essentially define an emergency as we go along, and some of us are slightly more generous in our definition than others, you know. We have a team of six, but you'd probably find six different definitions of an emergency within that six.'

LC noted that therefore service users may not get the level of response they had hoped for. However, they may not have even been able to make contact with daytime social work teams, or alternatively they might have been promised a return call which did not
materialise. By contacting the EDT they are at least able to speak to a social worker, and it is in this sense that they may sometimes regard themselves as receiving a 'better service':

'people tend to say possibly- dare I say it, that they have a better service out of hours, and we do tend to find people pop up again at six o'clock on a Friday night with amazing regularity.' (JM)

In this type of scenario EDTs are effectively the ambassadors or apologists for overstretched daytime services, and they have to sustain or absorb service users' irritation or dissatisfaction with those services. 'Gatekeeping' in relation to the acceptance or refusal of requests from daytime staff is particularly apparent in connection with 'monitoring' or 'check up' visits:

'...we won't take pop-ins, you know these sort of pop-in visits to make sure a kid's okay. We say to the child care teams “If it's so risky that you need these pop-in visits to monitor, the child shouldn’t be there. You know, you shouldn’t be sending a kid home in those kind of risky situations, so don’t ask us to cover your back...”'

(PL)

However, in situations where there was deemed to be a 'good rationale' informing a request for a visit by the EDT, the same interviewee said he would comply without hesitation:

'...if, for example it’s a child protection thing and they haven’t managed to get the family during the day and there are serious concerns and they do need to see the family urgently and ask us to do it, fine, that’s entirely appropriate. The family needs to be seen, and the department has a duty to that family. We’ll carry that duty through. Not a problem with that at all.'

Differentiating between the two kinds of work and defining or categorizing a particular request as one or the other is regularly required therefore. This amounts to drawing a distinction between the 'acceptable' and the 'unacceptable'. The interface between daytime and out of hours services will be addressed in more depth in Chapter Seven. Still in relation to children and families, another familiar situation, particularly at weekends, is more marginal in terms of the need for social work involvement or intervention, and concerns the separated parents of children, usually younger children, where contact
arrangements are at issue. Here, feuding or warring parties will try to ‘enmesh’ social services staff out of a conviction that it will somehow advance their cause or be in their interest to do so, and where the social worker's initial instinct will be that this is really a family court rather than social services matter. The means of trying to achieve the desired involvement will often be the invocation, or importation of child protection type concerns. These frequently prove to be unfounded, apart perhaps from the undoubted emotional harm which parental disputes of this kind can provoke.

In a context of ever decreasing numbers of foster carers willing to continue to provide a resource for the local authority, support for foster carers is a significant if somewhat overlooked area of out of hours practice, and the need for input of this kind frequently materialises. There is a certain amount of inevitably associated with some of the difficulties which foster carers experience with their charges out of hours, which stems from the very unavailability of placement options and choice alluded to above. This means that children and young people who are very damaged and demanding are inappropriately placed with ill-prepared foster carers at very short notice and with minimal, if any, preparation for the placement beforehand. It can then often seem when things begin to go awry quickly, that the foster carer concerned did not properly realise what they were agreeing to and taking on at the outset. The drift towards enrolment with private foster care agencies can perhaps be explained in part by the fact that the latter tend to have on-call support or link worker provision as a matter of course, something which many local authorities have yet to be able to inaugurate.

Children and young people who go missing from foster homes or children's units account for a large number of referrals made to the out of hours service. When it has been established that parents have been informed and that the police have been notified and circulated details accordingly, these scenarios often take on a somewhat routine or rote
character: there is often little which can practically be done by a duty social worker until the person concerned is located, beyond ensuring that those with an involvement during the daytime are made aware if the person is not found during the course of a night or weekend. Direct involvement is generally only required if the person is found and is then taken to the local police station as a place of safety because he or she refuses to cooperate with being taken home.

Some of the typical kinds of intervention which are needed out of hours in relation to adults will be identified and considered briefly. These will include: older people not responding to planned domiciliary care or similar visits; people needing residential or nursing care placements or services enabling them to remain in their own homes; people with mental health issues. What is becoming increasingly apparent is the extent to which all social work practice in a contemporary context has come to be principally about the identification and management of risk, both professional and personal. Spratt's article (2000) on decision making by senior social workers in relation to the categorizing of incoming referrals provides evidence of the extent to which practitioners inevitably feel bound to adhere closely to child protection procedures, partly in order to protect themselves from the possibility of censure in the future if they could be seen to have failed to have followed these. Even where 'a child care problem' is an alternative designation, there would appear to be a tendency to import the steps taken in an investigative response, and to initiate a sort of quasi-child protection response. The difference between the position of the practitioner in Spratt's study and the out of hours social worker is that the former would be undertaking work and providing a response after an initial referral had been screened and categorized by a senior social worker. In contrast, the out of hours worker would have to make that initial decision himself or herself. The only option for consultation would usually be with an immediate colleague if there was someone else on
duty at the time, or with workers in other agencies, notably a police child protection team.

Spratt notes that the initial filtering is often made on the basis of relatively scant information provided with the initial referral. This is likely to be even more accentuated out of hours, when there are fewer options in terms of consulting with other professionals who might have been able to provide additional information which would tend either to substantiate or disconfirm the original referral. This applies especially in the case of younger children, particularly those who are not already known to the department, when it is not possible to confer with a health visitor who knows the family, or with a playgroup leader or infant school teaching staff.

Section 47 child protection investigations which are undertaken out of hours often develop from quite stark or blatant situations, such as when a child is presented at a hospital A & E department with an injury which is seen to be inconsistent with the explanation given, or when there is an assault on a parent and a child becomes directly involved. The out of hours social worker would then become involved up to the point of the initial medical examination being completed and the subsequent placement of a child or children if it is assessed as being unsafe for them to be returned to their carers. In a situation of this kind where children need to be moved from circumstances in which they are at risk of significant harm, the usual route taken during office hours is condensed, and the need to obtain an Emergency Protection Order from a local magistrate is frequently circumvented, with the police using their powers to provide the statutory authority for the short-term removal of children. While the obtaining of an EPO out of hours is by no means unknown, it is more usual for police powers to be used to achieve the same end, often in the interests of rapidity and expediency.

Other referrals which arrive with an apparent child protection content are more likely to be left to the discretion of the daytime services in terms of whether they are pursued as child
protection matters, having been investigated to a point out of hours, with further information having been gathered taking proceedings to a juncture where no further out of hours intervention is judged to be required.

Spratt (2000) also makes the point that both nationally, and indeed internationally, child protection referral rates have increased dramatically in recent years, and that investigative responses have tended to divert resources away from family support type responses, to the detriment of children 'in need'. He also notes that in a majority of instances (about 70% generally), the investigation is concluded before the stage of case conference and possible recording of a child's name on the child protection register. The inference made is that resources are used and then the matter is closed when it is decided that there is no case, with no alternative kind of service being offered to a family who have become frustrated, angry and alienated by what has happened.

In the out of hours context, it often seems that approaches are made with alarming frequency by families where behavioural or relationship problems are evident, in which help is being sought, but not provided. The impression often is that if this pattern continues with no intervention being made and no services offered, there will eventually and inevitably be either a transition to the child protection arena, or a family breakdown resulting in the need for one or more children to be accommodated. Indeed, frustrated parents and carers often seem to sense the nature of this drift themselves, and they sometimes ask in a blatant way whether they need to assault their child/children in order to ensure a response is provided.

**Staffing out of hours social work services:**

Out of hours social work teams vary considerably in terms of the number of personnel involved. The services represented by the sixteen interviewees ranged from the player-
manager and two social workers, assisted by six sessional workers in providing a service for a single London borough, to the comparatively large teams (seven or more social work practitioners) which have been developed since unitarisation in certain parts of the country, and which cover an amalgam of several different local authority areas, often with distinct and discrete computerised records and communication systems as well as different resources and procedures. Support and administrative staff are employed in many teams, not only to assist with clerical work and the transmission of information to daytime services, but also in co-ordinator and referral taking roles and, in some areas, in the provision of certain basic direct services\(^1\).

EDTs and out of hours services sit somewhat awkwardly in relation to local authorities’ wider management structures. Perhaps because of the generic basis of their practice, they do not ‘fit’ particularly well with either the children and families or community care divisions of daytime social work structures:

‘...we’re seen very much as- we’re not included in either department. Children and families don’t see us as part of them, community care don’t see us as part of them, but then in other ways they just see us as some tag on bit at the end of the day for them, to pass work on that they’ve not been able to do because of shortage of staff or whatever.’ (EW)

Out of hours social work services are delivered by practitioners who work on a rota system. Some (larger) services are provided by teams of staff where there are as many as three individuals working at any one time, but single workers are the norm in many other areas. Whatever the particular staffing arrangements might amount to, lone working is usual for substantial periods of time, typically after midnight until the onset of the next conventional working day. In some authorities this post-midnight time is covered on an on-call basis only, and is not regarded as part of the standard hours worked. Long shifts, particularly at weekends, continue to be commonplace. While working periods are defined

\(^1\)The training and supervision of ‘support staff’ who are not social workers, but who may have a central role as the initial contact point for the public or other professionals is clearly an important issue.
by a rota of shifts, finish times may to some extent be dependent on when a particular piece of work is concluded, rather than when the shift is timetabled to end. This need for flexibility is not essentially different from the situation which prevails in most daytime practice settings, although the substantially longer periods of work which many EDTs and out of hours team rotas call for at certain points in the cycle may contribute to a greater significance and importance being attached to being able to finish work somewhere near ‘on time’. (The consequences of shift work and night working from the perspectives of practitioners directly involved will be addressed in Chapter Eight).

Systems for recording and information transmission:
At the time the interviews were undertaken (2000), the recording and information systems reported by interviewees were in something of a state of flux or transition. The discernible trend was of a move in the direction of the increasing use of information technology for both the recording and accessing of information, although there was still widespread reliance on handwritten recording, as MR’s comment indicates:

‘I think one of the biggest complaints we get from the daytime teams is “we can’t read your writing”.................We do have the computerised records, but we don’t input anything onto the computer.’

However, the direct input of referral information on to the department’s database was the usual means of recording out of hours activity for the benefit of daytime colleagues in some out of hours areas. One interviewee regretted that daytime staff did not tend to do likewise and keep the system updated with the details of their work. This apparent or imputed resistance to the use of computerised recording systems, or, alternatively, the fact that maintaining these records was accorded low priority among the various demands on
daytime staff, is just one instance of a familiar phenomenon in organisational settings. This is that the way in which and the extent to which operational policies and procedures are (or are not) implemented in actual day-to-day practice and can often be seen to deviate from their actual content or the intention informing them. So, the way policies and procedures are actually operationalised in practice can tend to contradict or negate the intentions and objectives originally informing them. For example, in describing her experience of intake team work, one interviewee contrasted how cases would only be held for: ‘technically up to six weeks’, while actually: ‘it might be up to three or four months even’. Clearly, in this instance the causal explanation for the difference between what was recalled as actually happening and what ‘should’ have happened is that the demands on the long-term childcare teams were such that they were not able to take some of the work on at the stipulated juncture. Similarly, another interviewee described how in practice it was impossible to adhere to departmental procedures requiring that two Approved Social Workers should attend to undertake mental health assessments in the community:

‘...the policy would say that if you’re doing a mental health assessment in the community, then you should be taking somebody else with you, another ASW. But that’s the theory; in practice, that’s not always available. Because, in fact, unless we can get one of our colleagues out, there’s nobody else to go with you anyway...’ (DB)

The point is that, for whatever reason, practice as it is undertaken does not necessarily conform to practice as it is prescribed. This tendency not only operates as expedient measures employed by practitioners in their everyday activities. It is also evident in the organisational conduct of agencies towards their employees: the same interviewee spoke about her sessional staff who continue to be employed on: ‘temporary contracts with the borough’, even though they had actually worked in her team for ‘five or six years’.

Computerised records systems were regarded as advantageous where they were maintained rigorously, but there was criticism of unevenness in the sense that data which would have
been beneficial were not available in relation to all service user groups consistently. Where information was accessible, it was viewed by one practitioner-manager as a means for the conservation of resources, for example, by the avoidance of ‘unnecessary visits’, and as one means by which a more consistent approach could be maintained (by allowing records of previous responses by other out of hours social workers to be accessed).

One interviewee highlighted difficulties arising in relation to service users with mental health needs, specifically that their records might be accessible from the department’s database or might be contained exclusively within the health service’s system depending on whether they were allocated to a social worker or a community psychiatric nurse:

‘...it’s absolutely random whether, if a case is allocated to, er, a social worker, there’ll be something on the computer systems, and if it’s allocated to a CPN, all under the same roof of the CMHT, then we’ll have nothing- there won’t even be a recording, we won’t even know that they’re, you know, actively known. So that made life very difficult working with some of the people in terms of general support.’ (TM)

In one comparatively large out of hours operation providing a service for five different local authorities in the north east, communication with daytime services was entirely computerised, with no hand-written reports involved at all. Referrals to daytime teams were faxed directly to them, and an economy of scale was claimed, involving the availability of support staff and the option of deploying additional sessional staff as required, even though there were also various different databases and ranges of local resources. In this context, specific pro forma documents had been developed, including a ‘court sheet’, indicating what commitments the team might have at each of the four different courts they serviced. These would accompany ‘handover sheets’ by which a list of work already identified as requiring practitioner input would be transmitted to incoming workers at the beginning of each day during the course of weekends. A discernible trend towards ‘paperless’ EDT offices was not regarded as unambiguously beneficial. Although less time was now spent in direct telephone contacts with daytime colleagues, a perceived
deficit of the newer arrangements for the transmission of information was that there was now an inherent potential for work to be passed from daytime teams without an opportunity for ‘gatekeeping’ by the EDT, or for negotiation. One interviewee commented:

“...we’ve actually got away from having to sort of spend hours on the phone in the morning trying to track people down, which was often the case, and equally at night spending hours on the phone with people trying to pass stuff over. I mean, that has its downside because somebody might send you an activity saying, well, will you do this, and you can’t sort of talk back to it and say ‘No’”.

Requests for action or intervention received from daytime teams were commonly made using a form designed by the out of hours service, Typically, these not only contained details relating to what was being requested in a given situation, but could also be used in relation to situations which might or could arise, and when used for this purpose, would include an indication of preferred action or outcome.

Incoming telephone calls to LC’s EDT were initially taken by a voluntary agency and then forwarded for the social worker on duty to respond to. (As noted, access to the service by the public varies considerably among different local authorities; while some have direct contact telephone numbers, others use a range of different call taking intermediaries, including in one instance the police).

The comparatively brief history of EDT services has witnessed a substantial evolution of communication methods. In the early days of LC’s team’s operation, information for the attention of daytime teams was transmitted by the sending of a written report accompanied by a telephone call. This system was superseded by the fax, and more recently electronic communication via ‘activity’ reports were transmitted by computer. While this electronic means of relaying information is easier to use, there is more opportunity for things to be ‘missed’, with uncertainty about whether activity reports have actually been read and acted upon. The consequent reduction in direct communication with the mainstream made for an environment in which demands could be made and expectations raised which were not
then discussed, debated or contested in any immediate sense. (This and other aspects of the interface between EDT and daytime services will be more closely addressed in Chapter Seven).

Resources and their availability:

'Well, I think you reach a point at the end of the evening where resources begin to disappear.' (AE)

Practitioners identified an erroneous perception which they felt was widely held by their daytime colleagues that the EDT was in a privileged position as far as resource availability was concerned. JM referred to this as 'a fantasy', while AE stated:

'I think a lot of them feel that somehow we have a magic bank of resources that’s open to us and that’s not open to them.'

In general terms, accessing resources like residential or nursing care beds was more straightforward out of hours than during the working week because the use of such resources was to a greater extent at the discretion of the EDT social worker, without the need to negotiate preliminary hurdles such as the panels which were in place in some areas to vet placement requests made during the day. Being able to arrange foster care was more problematic, reflecting a national shortage of placements. Having up to date information to hand about placement availability was also an issue, leading to the need for a creative and spontaneous if unorthodox and informal response, as contained in EW’s narrative account:

'I mean at one point one of our team actually took a baby home with them, because after five hours they give up- it was a baby of- quite young, about three month old baby, and the parents were involved in a road traffic accident. The family were travelling down from somewhere like Scotland, and parents were rushed off to theatre from A and E. We just couldn’t contact anyone or do anything, and our residential- we haven’t got sort of residential units that would take a baby that small, I mean all of ours are like, you know, from teenage years up, and we couldn’t for love nor money get a foster parent either, so he took it home to his wife basically........(laughs) and he said “Here’s a baby for the night instead of me”.'
The above issues are further compounded by a scarcity or deficit in other resources which are needed. Some, like women's refuges were universally regarded as difficult to access:

‘...the problem's always finding women's refuge for women, they're invariably chock a block..’ (GF)

Similarly, arranging domiciliary care inputs through independent sector agencies could be very time-consuming, and for some, much more difficult to set up than an admission to a residential care setting:

‘If I want part three accommodation I can probably get it within three or four phone calls- if I want a home carer for somebody it might take me twenty five, thirty...’ (GF)

In LC's estimation, resources are not only lacking at night; he perceived this as a global problem in his local authority. He also identified how a paucity of resources may be further exacerbated by the inordinate and disproportionate investment of time which may be required in order to arrange a straightforward and basic kind of service. As an example, he cited the need to undertake a risk assessment before a minimal amount of in-house domiciliary care could be provided to a service user. This is also an instance of how the apparently greater autonomy of EDT workers may be curtailed and restricted by procedural requirements. In terms of an analytical category, this kind of situation can be understood as the paradoxical equation of input in relation to outcome, the implication being that simple services can take a large amount of time to set up out of hours, which can be frustrating and potentially detract from practitioner time which could be deployed in other ways. BW also viewed a perceived contraction in the availability of various resources, but especially foster care, as a difficulty daytime colleagues too increasingly had to contend with:

‘I think it used to be the case that foster homes, for example, were easier. I think the situation's narrowed now. I think in (city name) it's not much better for daytime social workers in children and families to get beds than it is for us. I think it's a general problem.’
Resource deficits, specifically of child care placements, leads to the use of whatever is available with no opportunity for matching the needs of a child to the most appropriate placement provider. ‘Bad practice’ of this sort which occurs during the day is even less avoidable during the night, it is suggested. The EDT is confronted by the very same shortfalls but in an even more accentuated form which: ‘we’re sort of stuck with at night’. In LC’s account there was a sense of therefore being driven by circumstance to do what was known to be poor or even bad practice. Compromised or constrained practice of this nature was denoted by an individual doing something which he or she knows is: (a) not in accordance with the canons, edicts or precepts of accepted good professional practice, and (b) senses is not the ‘right’ course of action in a personal, intuitive, idiosyncratic sense, where there is no apparent alternative to this short-of-the-mark, inadequate, not-as-it-ought-to-be option. This type of action can be seen as lying somewhere on a continuum encompassing expediency and bad faith, while not exclusively being either of these. In this practice context, foster carers who might nominally be providers of emergency placements may not answer their phones late at night, thereby making the situation worse for the EDT worker than for his/her daytime counterpart. By way of an example of how such resource deficits impact on service users, LC cited the circumstance of the child or young person who may be left in custody when foster care is either not available or not appropriate, in the absence of any other type of provision.

Contrastingly, PL viewed his London borough EDT as operating with a comprehensive array of placement resources available, including emergency foster carers, but acknowledged that this was not the norm, drawing a distinction between his and a neighbouring borough where resources like placements for young people who had been ejected from their family home were very difficult to arrange. He expressed the paradoxical view that to know placement resources were definitely available if required
meant that practitioners could work with greater confidence in ways which would avoid needing to use them:

'...if it appears there's a threat of a family placement breakdown, or the young person's been ejected from the home, they're thinking “Got to get a placement, got to get a placement”, but from our...point of view we’re not thinking “We’ve got to get a placement”, we’re thinking “Got a placement, got to get the kid back home”. So we know our plan B is a placement, so we don’t even have to think about it. It’s there, the plan B, and the plan A is to get the kid back home, so you’re in there straight away working with the family, saying “Look, I’m not taking this kid in. Talk to me about the problems. What can we do tonight to keep it ticking over?”'.

Another characteristic of EDT practice is the greater extent to which informal systems may be developed and relied upon in the absence of formal alternatives. An example which LC gives is the cultivation of and reliance upon one informal contact, ‘a friend of a friend’, who is willing to undertake family support type work at short notice, since there are no resources of this kind formally available to the EDT. Similarly, DB referred to speculative calls to foster carers who were not known to have a current emergency placement available:

'..or we phone a foster carer who we know is a good sport and will take an extra.’

As will be emphasised in relation to other aspects of out of hours practice, individual working relationships with people in other agencies and organizations, often developed and sustained over time, were of key importance in connection with the effective functioning of out of hours social work, and came to be depended upon in many instances:

'..partly because our little duty office is in the attic of Part 3 accommodation, we have personal relationships- which we exploit mercilessly- with the dear souls downstairs. They usually will go the extra mile for us. So it’s the informal contacts at the end of the day which are the most valuable.’ (JM)

In general, informal and ad hoc resources are important for EDTs, and there is an evident contrast between formal, organisationally sanctioned and arranged systems of resource
provision and the informal, creative, unofficial and cultivated network of help which is often depended upon.

**The time context:**

In a variety of different ways time is an important dimension of the out of hours social work practice context. Apart from the obvious considerations of time constraints in relation to the management of work which needs to be completed within a specific time frame, for example Mental Health Act assessments in accordance with prevailing local protocols following the detention of service users under Section 136, working time is often managed for practitioners beyond the parameters of shift patterns. ‘Under rotaing’ or the incorporation of ‘bank hours’ denote the practice of arranging rotas so the time on duty does not account for all of a practitioner’s hours of work, thereby leaving time for training and involvement in attending meetings which take place during the day, such as child protection case conferences:

‘...if there’s child protection conferences and we’ve done a Section 47 then we’ll get an invite and we would try and attend obviously, if we were the people doing the investigation. Equally so, we go to mental health case conferences, because we’re under rotaed on hours.’ (GF)

The perceived need for timely responses can result in frustration for out of hours practitioners when it is apparent that the urgent follow up by daytime services which they might advise or request is unlikely to occur. Thompson has drawn attention to the importance of intervention taking place at the optimum time:

‘It is at such a time of crisis (in the sense of “disequilibrium”) that the energy and motivation required for change are produced. If new referrals have to take their place in the queue with ongoing cases, the crucial early stages can be missed and so less cost-effective and perhaps less efficacious methods need to be used.’ (Thompson 1991, p.118)
Practitioner views about working during the night will be included in Chapter Eight, but at this juncture one of the starker aspects of the difference between the out of hours and daytime practice contexts can be highlighted in relation to requests for placements for young people. In the event of a demand that a young person is accommodated arising during the day, there are likely to be alternative places where he or she may go, making it more straightforward for daytime services to ‘stall’ or ‘stonewall’ or call an angry parent’s bluff. Late at night when the young person has nowhere to go, hasn’t eaten and it is dark and raining lends the scenario an altogether different complexion.

Having explored various dimensions of the context for out of hours social work the next chapter focuses more closely on the various stages of the social work process out of hours. Again this will further contribute to establishing the background against which practitioner perspectives and understandings can be interpreted and understood. The account which follows is based largely on participant observation.
CHAPTER FIVE

DOING OUT OF HOURS SOCIAL WORK

‘Policies and philosophies that are intended to direct welfare practices are mediated within the work setting and often recede into the wings of an interactive arena, where members assert their own view of appropriate practice.’ (Pithouse, 1998, p.9)

‘..you can’t really afford to be too sort of anal about, that’s not the word that I want, but anal about dotting the I’s and crossing the T’s all the time, do you know what I mean? I think you have to be a little bit flexible. I’m not saying you should, you know, break the law, or say, the Mental Health Act or anything, but, I do think there are times when something is “good enough” and she likes everything to be perfect, so she’s not quite cut out for an out of hours social worker.’ (DB, practitioner-manager, London borough)

Introduction

One of the purposes of this chapter is to ground the content of subsequent chapters which are based primarily on the content of the interviews. These were very much about actual practice and perceptions based on practice. However, they were inevitably at one remove from that practice. Here, an objective is to identify early on some of the features and concerns of out of hours practice as it is experienced and engaged in.

The way I have approached this is to begin with some points raised and categories identified in relation to the conduct of practice during the course of a randomly selected interview with an out of hours social worker (LC). This will serve as an introduction to an account of some of the salient aspects of working out of hours which is based on participation and observation within a specific out of hours setting, but also illustrated by reference to the interviews with practitioners. While this account is therefore largely based on a single setting only, I argue that it nevertheless identifies and describes a number of fundamental characteristics of out of hours practice with wider, if not universal, relevance and validity in relation to out of hours and EDT practice in general. In this sense the discussion also has a heuristic purpose. Although any other specific out of hours service will inevitably differ from the one on which the following account of practice is based to a
greater or lesser extent, setting out the shape and organisation of practice in this way as an
‘ideal type’ provides a point of departure, a baseline and point of reference against which
material from the interviews can be presented and interpreted in later chapters below. In
this connection, some of the topics and themes of those chapters are raised, including the
interface between out of hours and daytime social work services, and interaction and
relations with other agencies and professionals.

In the interviews with practitioners, there is inevitably an inherent reliance on the value
and significance of accounts of what people say that they do in their actual practice. In this
sense there was a presupposition of correspondence between accounts and actions. The
incorporation of the participant observation component of the study was designed and
intended as a means of qualifying, checking for confirmation or disconfirmation of the
interviews. As such, it is a form of triangulation.

The account of out of hours practice which follows, largely considered as a linear process,
is not offered as definitive or exhaustively comprehensive. Rather, the intention is to
provide an account in which some of the key and universal aspects of out of hours practice
are identified and described as an important additional element in the contextualising of the
interview material around which the themes of the subsequent chapters are presented and
developed. However, before moving to consider the out of hours social work process, the
existence and status of an occupational out of hours social work culture, referred to in
Chapter Two above, will be briefly examined.

The culture of EDT social work:

What are the characteristics of the culture of EDT work? First, is there such a culture, and,
if so, what does it amount to? I argue that there is an identifiable ‘culture’ of EDT/Out of
Hours social work practice for the following reasons: while this kind of practice is small-scale in comparison with mainstream social work practice, and perhaps in part because of this, there is a sense of occupational commonality when EDT social workers come into contact with each other in the course of their work, even though they may be geographically separated by large distances and working in what might seem to be very different milieux. They share the fact that they are likely to be working alone, or with at the most one or two colleagues. They are also likely to be engaged in generic practice (although, in common with mainstream practice, there is a trend in the direction of more specialist services). Their practice is probably contained within a rota system. They are active at night, when it is still generally the case that the rest of social services departments are in a state of inertia. They have a different and much closer working relationship with the police in particular, but also with other agencies. Unlike the police and health services, they are the sole representatives of their agencies who are working during the night and at weekends.

The above are some of a number of shared conditions and a shared context for practice and as such only constitute the occupational topography within which a specific practice culture can be discerned. What I refer to as the culture of EDT practice is manifested in a range of shared meanings, understandings and perceptions which transcend many of the boundaries and demarcations which separate one local authority area from another. One of the principal ways in which this culture is transmitted and situated is language. The vocabulary and the terminology of EDT work may not in itself be unknown within the wider universe of social work practice, indeed it would seem unlikely that it would have developed as an argot which would not be recognisable to any other social work practitioners. However, what is different, I argue, is the particular nuances and the specific
meanings and connotations of some of the vocabulary which is widely used in the context of out of hours practice.

Some instances of what is being referred to are as follows:

'handover' - a briefing about work identified as requiring a visit or other kind of intervention, which marks the finishing of one practitioner’s shift and the beginning of another’s. (There is a direct comparability here with what takes place at certain junctures in police custody centres).

'an MHA' – a shorthand term for a formal Mental Health Act assessment.

'runner' - a social worker who is working away from the office dealing with visits which have been identified as necessary. The term is used to differentiate between this role and the corresponding one of the office-based colleague who is responding to incoming telephone calls and undertaking telephone work.

'dumped' or being ‘dumped on’ – the term often used to denote what is regarded as an unreasonable or non-legitimate request for the out of hours team to undertake or continue with a particular piece of work.

'quiet night' / 'good night' - self-explanatory: a long overnight shift during which there was an opportunity for some rest or some respite from activity (significant because there isn’t an opportunity for standard lunch or meal breaks, for example, in a majority of EDT services).

'planned work' - work which has been arranged by daytime social work teams, or about the need for which they are cognisant. This term has the connotation that the work in question ought really not to have reached the out of hours team.

There are many of these, some of which are terms peculiar to EDT work.
Generic practice:

‘But we still get dragged into everything because at the end of the day, you know, and later on- after ten o’clock, we’re it, you know’. (WH)

The generic nature of the practice undertaken by EDT and out of hours practitioners has been remarked on elsewhere (Clifford and Williams 2002). While in any team there may be individuals with a particular knowledge of and penchant for a specific type of practice or the needs of a particular service user group, it remains the case that all EDT practitioners need to have an adequate knowledge and understanding of the various different scenarios and the service user groups which they may affect. The advantage which EDT practitioners have in terms of the broad base of their practice is apparent in situations where what would be two or more different daytime specialisms converge and coalesce, for example in a situation which involves a mental health crisis and a child care or child protection component. ‘Omnicompetence’ is how one interviewee defined this characteristic. Where matters can become blurred is where there are time boundaries or restricted out of hours operations available to meet the needs of some service users, which are (arbitrarily) limited by cut-off points at which they cease to be available (leading a service user who was initially trying to access a local emergency psychiatric service to remark ironically to the writer: ‘So you can only be feeling suicidal up to 5pm on a Saturday then?’) This phenomenon tends to reinforce the notion of social work as a residual service, and one to which other kinds of provision default at a certain time.

Beginning the shift:

The time frame which forms one of the parameters of out of hours practice is not the 9 to 5 which still contains a majority of daytime practice, but the shift, whether or not this takes the individual worker concerned through to the end of the current phase of EDT or out of hours operational time or not.
The social worker(s) arriving to begin a period of time covered by an out of hours or EDT service (accepting that in some instances there is no arrival because the social worker operates from his or her own home) first needs to appraise him or herself of any requests from daytime colleagues to undertake specific tasks on a given evening, weekend, or bank holiday period. These may have been delivered in the form of a fax, an answering machine message, a direct phone call from a daytime team colleague, or occasionally a hand delivered referral. Such requests will need to be separated out from the other contacts which are of an ‘information only’ nature, and which serve as briefings in case certain situations should happen to arise during that shift or subsequently, or are simply provided as updates in relation to situations which are ongoing or tend to arise with some regularity.

In addition, there are likely also to be updates concerning resource availability, for example foster care vacancies, or the latest duty rota for support staff such as volunteer appropriate adults. There may be non social work support staff in the out of hours office to assist with the latter. The out of hours social worker must then make a quick decision in relation to any requests for action which have been received and which are defined as inappropriate requests, or where there are doubts about the nature of the hand-over which is proposed. Established protocols may or may not exist about what is acceptable to the out of hours service in the nature of work handed over from daytime services. Even where such protocols do exist, from time to time their stipulations and criteria are subject to being tested, stretched, bent or amended, often in a unilateral way. Of course, there may also be genuinely extenuating circumstances which EDT staff will usually take into account accordingly. Attempts to contact referring daytime colleagues will need to be made quickly if there is going to be any prospect of direct discussion or negotiation with the person concerned before he or she leaves their office base. This must be accomplished as the opportunity arises between incoming telephone referrals. (Again, this account is based
around the practice conventions within a specific team. Other local authority area out of hours services may have their own arrangements which differ in detail from those being outlined here. The intention is to delineate the process, identifying some of the typical constituent elements and considerations). While the processes and sequences described above are still under way, public access to the service, whether this is direct or indirect, will generally have begun, meaning that before all the issues already identified have been dealt with, referrals from the public and from other agencies will have started to be made. This therefore is one of the busier points in the shift, by the end of which relatively brief period of time the processes of according priority and beginning to make advance arrangements for specific pieces of work which have been accepted as needing to be undertaken during that shift, will have been made. In the next part of this section some of the concepts associated with this early phase of a service's operation will be considered more closely: (a) negotiation; (b) screening; (c) planning; (d) decision-making; (e) justifying; (f) filtering; (g) deflecting; (h) re-routing.

Screening, filtering and negotiating:
The sorting of incoming information and referrals is generally the principal activity at the beginning or during the early stages of an evening as daytime services close down and work which is defined as urgent but which could not be undertaken earlier is passed to the out of hours service for follow up and completion as necessary. As noted above, some of this work will be regarded as outside the scope of the out of hours service, although generally daytime colleagues will have an awareness of what constitutes a legitimate hand-over request. Where there may be a difference of perception is when the daytime worker feels that he or she has done his or her 'bit', and that because the situation in question is likely to involve a further substantial amount of time before it is concluded, it is therefore
reasonable to expect the out of hours team to take over. From the point of view of the EDT worker, this request has to be put in the context of any other demands on the service which are already known about by this stage, as well as the fact that the volume of work can change rapidly at this early stage of a shift, which is a peak period for the receipt of further referrals. Direct negotiation is then a prelude to the acceptance or otherwise of the work in question. What tends to happen is that the out of hours worker will agree to complete the work requested, unless there are compelling grounds for precluding this, in which case the requesting worker will be advised accordingly, when it might be suggested that he or she perseveres and contacts the out of hours team later to renegotiate if the matter has still not been settled, by which time aspects of the out of hours team's position in relation to known commitments concerning work which will have to be undertaken during the shift might have become clearer. The quality and tenor of these negotiations is often set by the manner of the original approach. For example, whether this takes the form of a request for assistance or support, or is founded on an assumption that the out of hours team will simply be obliged to take over. Sometimes such requests can be directly attributed to the lack of availability of staff from other agencies earlier in a given working day, for instance a duty medical practitioner approved under Section 12 of the Mental Health Act (1983) required so that a Mental Health Act assessment can be completed. From the out of hours perspective the situation then becomes one in which it has proved to be expedient to expect that the work in question is completed out of hours, rather than it being an emergency situation which has arisen outside office hours.

A lack of detailed awareness of the out of hours service among daytime staff may be identified as a factor involved in provoking these kind of situations, together with an understandable wish to be able to finish work at the due time.
After the negotiating and initial filtering then, some pieces of work are accepted as needing to be done, while others are left with the daytime staff who are already involved, and yet others are postponed until the next day during weekend periods for further consideration and follow-up.

**Responding to referrals:**

A range of responses other than the provision of a service of some kind result when contact is made with the out of hours social work service. At the most simple level, some telephone contacts are quickly acknowledged to have been made in error: the caller actually wanted to contact another service or agency altogether, and perhaps someone else again gave them the OOH social work telephone number, thinking that this might move them forward in the right direction in their quest. In this situation provision of the correct contact information is all that is required. Other callers may initially be under the impression that they will be able to speak to a particular individual worker from one of the daytime teams. When they realise that this is not so they may decide the matter can wait until the next working day, or they may leave a message to be forwarded to the relevant office. The latter would clearly be an appropriate course for those who want to change an arrangement for a visit or an appointment which has been set for the next morning. Other callers may be under the impression that their problem or 'crisis' is one which social services could assist with, but which in the event is felt to be more appropriately referred on to another agency to deal with. Some calls are straightforward requests for financial assistance, and the caller would be advised how to contact the Benefits Agency out of hours service, which although a telephone number in the public domain, is often one benefits recipients have never encountered anywhere before. Requests for financial help, even where there are dependent children involved, tend to be directed towards the Benefits
Agency service first and only considered further when it has become clear that no emergency payment is going to be made. When this is so, the duty Benefits Agency worker will often contact the out of hours team directly to confirm that this is the case and why, following which a response from the out of hours team will result, depending on the particular circumstances. Some calls are assessed or defined quite rapidly as being of a non-urgent nature, and the caller is then advised to contact their own worker the next day. Alternatively, calls are sometimes received which just can't be dealt with out of hours, for example queries about occupational therapy equipment which is going to be provided and about which no information would be accessible. Similarly, people working for other agencies may make contact with reference to something which is ongoing during the daytime. A typical example would be where a police officer wants to confer with a social worker from one of the daytime teams about the current status of a particular line of enquiry, and may have just begun work for the evening, and so has not been able to maintain contact with the appropriate person in social services during the day. In this kind of situation the process is akin to a form of osmosis, with the EDT mediating information intended for the consumption of daytime colleagues. In many of the above kinds of instance, messages will be passed on where it is felt to be appropriate to do so, or the caller will be advised on how best to make contact with the person they want to speak to during the next working day. Along with the sort of initial contacts described above are calls from angry and frustrated people who state that they have been trying unsuccessfully throughout the day to contact a particular social worker, who always seems to be 'in a meeting', 'off sick', or 'on leave'. Sometimes callers like this will insist that they have repeatedly been promised a return call which has not materialised. Particularly when such a scenario centres on a long-standing difficulty around a child or young person's conduct and behaviour, there may appear to be a deliberate or conscious effort to 'raise the stakes', or
inflame the situation by the parent or other carer in order to elicit the response which they are seeking, but which may have been resisted during the day. The initial call of this kind will often come with a threat of a predetermined outcome already appended. This may take the following forms: 'If you don't do something now, I will put X or Y out on the street tonight, then you will have to do something', or, 'I will take him/her to X police station and leave them there for you to sort out'. The duty social worker will then need to make a decision about how this situation should be responded to: (a) a service provided in the form of a visit that evening or day (or the next day if it is during a weekend or bank holiday period); (b) do nothing and see what course events take, perhaps in the hope/expectation that the parent's anger and frustration will subside or abate given time; (c) give an assurance that follow up by the daytime service will be sought as a matter of urgency for early the next day.

Service provision in the above scenario could take the form of someone spending some time with the child or young person to allow him/her and the other family members some respite and to try to gauge what the issues currently are, and whether there has been any significant change in this regard. Speaking to the child or young person by telephone can sometimes meet the need for this type of involvement. Where events move forward rapidly and in a more extreme way, for instance with the police being called to remove a young person behaving in a violent or destructive way, or where a young person leaves their home address and is then reported as a missing person before being found by the police and then refusing to return to their home address, the range of alternative options diminishes rapidly. The social worker is then faced with direct involvement at the police station to try to 'negotiate a return home', with the agreement of all parties involved, or if this fails, trying to arrange a short term placement within the family or friendship network, with foster care as a last resort, that is if there happen to be any emergency placements
available. Child protection referrals, which may be received from hospital accident and emergency departments or from schools, the police, the general public, including friends or neighbours, or from within families, will require a response which may move to an investigation under Section 47 of the Children Act (1989).

In relation to older people (apart from issues such as continuing problems of access to vulnerable people's homes to deliver services arranged in advance, and the like), a majority of referrals tend to be of a resource request nature, and to be made not by the older persons themselves, but by health professionals, usually GPs, although sometimes hospital staff or district nurses, or family members, neighbours or friends. A typical scenario is that someone who was coping at home, perhaps with some care inputs, has reached the stage of no longer being able to manage. Sometimes this is the consequence of a debilitating illness and has happened progressively. Often it is the result of an accident such as a fall during the previous night. Alternatively, where one older spouse who has been in a carer relationship to his/her partner requires hospital treatment, it is felt that the remaining partner, whose individual condition may not have altered in any way, will no longer be able to remain at home safely on his or her own. The provision of domiciliary inputs, including night sits or sleepers will sometimes suffice to enable a person to stay in their own home, which many would prefer to be able to do. In other instances the person does not feel confident any longer, at least in the short term, and so may actively be seeking respite residential care. In some instances there have been similar episodes in the past and the person concerned will know what is on offer at a particular residential establishment and will express a preference to be able to go there. In other cases where someone has never before had to leave their own home more assessment is likely to be required and a more in-depth exploration of the person's concerns and wishes as well as their needs.

People in this kind of situation may express the fear that if they once agree to leave their
home, they will not be able to return there, seeing any alternative arrangement as tinged with the taint of finality. In the other instances, what is being sought amounts to another episode of respite care, which the person involved has experienced on previous occasions in the past.

Requests for occupational therapy aids and equipment are sometimes made, particularly during the day at weekends. While out of hours social workers do not undertake OT assessments, if the required item can’t be located via a voluntary organisation, efforts may be made to assist by obtaining basic items like commodes from residential care homes on a loan basis.

The other kind of referral which frequently arises in relation to adults concerns the situations of people with mental health issues. There tends to be a polarisation here between concerns associated with the apparent deterioration of someone’s mental state, very often someone with a history of contact with psychiatric services, where possible hospital admission is deemed to be necessary by family or friends or by a GP who has seen the person concerned, and self-referrals made by people who feel that they are in a crisis state and are actively considering self-harm or suicide and want to be able to speak to someone about their current distress. The overall situation with reference to people with mental health issues is clearly influenced by the local availability of specialist crisis response services, which seem to be more prevalent in general for people with mental health issues than, say, for families experiencing behavioural or emotional problems or crises. When these services are available, the duty out of hours ASW (Approved Social Worker) need not necessarily become involved in situations where, following assessment it is agreed that hospital admission is required and this can be informal, that is the person concerned consents to the planned admission and accepts the offer of a hospital bed. It is in situations where consent may not be forthcoming or where some element of risk has been
noted in advance in terms of arranging and undertaking an assessment, or where police powers have been used to remove someone regarded as suffering from a mental disorder to a place of safety so that an assessment can be completed, that the ASW on duty must become involved and arrange an assessment, often within locally defined time scales in the case of S136 scenarios. The distressed and apparently suicidal telephone caller might also be offered a response by a local emergency psychiatric service (or its equivalent), but in the area where the participant observation element of the research was undertaken, this resource was only available within certain time limits, and never after 10pm. Such calls are often made late in the evening or during the early hours of the morning, and can frequently be time consuming at a point when access to the out of hours social work service is at its most restricted, that is when there is only one social worker on duty, with no back up provision. In many instances intervention which is subsequently defined as counselling or telephone support is the service offered. A practitioner-manager, (DB), made specific reference to this kind of work as an element of her own practice:

'...so I know I counsel someone on the telephone, you know, for an hour, to allow them to feel listened to. And, you know, someone might have a good cry and feel a bit better, at least until tomorrow, when they can do something more substantial.'

In other circumstances it will be judged necessary to request a welfare visit by the police, or an ambulance will have to be requested to convey the caller to hospital if it emerges that an overdose has already been taken and medical care will be required.

Other kinds of referrals concerning adults include situations where there has been what is generally defined as 'domestic violence', but which in a vast majority of instances would be more accurately identified as male violence, with a male, often a partner or ex-partner as the perpetrator, and a woman as the victim. While the police are the lead agency in terms of responding to reports of this sort of episode, social work involvement is sometimes requested in order to help the victim, and where relevant, her children, to find a safe and
suitable place to stay. This type of request would usually be discussed with a duty housing officer, who has the responsibility for identifying the accommodation resource.

Sometimes, the victim remains insistent that she is not going to make a formal complaint of assault to the police, perhaps on the basis of earlier outcomes when she had taken this course of action. Other vulnerable adults whose principal immediate need is for accommodation are also referred to the duty housing officer. (Although in a number of local authority areas this role is one of the responsibilities of the EDT social worker). Another situation involving adults which sometimes arises, is where individuals, often either older people or those with learning disabilities, are living in community home type settings, and their current behaviour leads staff to become concerned for their safety and for that of other residents as well as for the individuals themselves. It may be necessary for the unit concerned to arrange for a higher level of staff availability in order to contain the crisis safely, or there may be a need for a medical input or intervention. The attendance of the duty EDT or out of hours social worker to mediate and negotiate with the person at the centre of the situation may successfully resolve it. Only rarely is a change of placement identified as an appropriate course of action, although this is initially regarded as the only possible solution by members of care staff in the first instance. Again, adults with learning disabilities may present their families with significant management problems in the community, and joint visits by the EDT worker, perhaps with an on-call learning disability nurse might then be arranged as a response. Sometimes the role of the OOH service remains at the level of coordinating and relaying information, as for example in the case of a person from a group home for people with learning disabilities who absconded from her carers while on a shopping expedition to a local supermarket, and subsequently evaded their efforts to locate her. A call to the out of hours office from a bakery in another part of the city expressing concern about a woman who had walked in there seeming to be
disoriented and lost was communicated to the staff at the group home, and the situation was then quickly resolved.

With certain kinds of information given by a referrer, a welfare check visit by the police may be identified as the most suitable response. This sort of scenario might include the following: where there are concerns about children having allegedly been left alone and unsupervised, particularly where this is suggested later in an evening; a parent is alleging that a son or daughter is causing damage to property or has committed, or is likely to commit, an assault; where the carers of children are alleged to be incapable through their intake of alcohol or drugs, or where violence is taking place between the adults present; where a vulnerable, often older, person has a service but access has not been possible, no prior cancellation of the service has been made, and it has not been possible to confirm that the person in question is safe elsewhere, and there may therefore need to be a forced entry to property.

**Decision-making:**

Decisions pertaining to EDT practice are sometimes made as part of a planned process of intervention, but more frequently they are taken in situ in an unplanned, unforeseen, urgent scenario which is accepted as constituting a social work emergency. In such situations, a distinction can be drawn between deus ex machina scenarios which could not have been anticipated and those which might well have been expected, presumed likely to happen, and in preparation for which contingency plans might have been made, but weren’t.

Decision-making can be accomplished alone, jointly with colleagues, with other professionals, with service users and their families, or a combination of these. Decisions are also made in accordance with a combination of experiential data (practice wisdom), procedural or legal requirements, instinct, intuition or ‘gut feeling’, expediency,
defensively, to avoid blame or reprehension, and, less frequently, in the light of a particular theoretical construct or model. Lone decision-making is potentially more stressful and threatening, but also at the same time can be viewed as more potentially rewarding and fulfilling.

Risk is clearly one of the major considerations, or, rather, the main consideration in deciding whether there should be a response from the OOH team. Here I am referring primarily to risk of harm, however this might be understood or interpreted in a given situation (and obviously there are a variety of different dimensions and manifestations of risk in this sense). Another major deciding factor is statutory obligation. It is not suggested that the existence of a statutory duty to act simply overrides other considerations. Rather, a request from the police to arrange a Mental Health Act assessment after a Section 136 detention, or a social worker to act as appropriate adult for a vulnerable person in custody will need to be responded to, but may not be the most pressing matter in the light of other demands, where situations are not contained in the way that these are. Again, the decision might be that a response is required, but that this does not need to be the visit which was originally requested by the daytime worker. In some circumstances a telephone call contact is judged to be a satisfactory and sufficient alternative response. There is therefore a re-framing or reappraisal and recasting of the original request for involvement. Telephone contact is clearly a principal means of working out of hours. In Chapter Two it was noted that a research diary or log was not maintained, but that contemporaneous notes relating to specific topics were made on an occasional basis as an alternative. Early on in the research process, the following observation was recorded concerning telephone work in the out of hours setting:

‘Visits involving face-to-face contacts with users of services and others are often most memorable in terms of the range of possible kinds of contacts, especially the more worrying/lurid/difficult/challenging kinds of encounters. However, in relation to the total volume of work undertaken, face-to-face contacts are greatly outnumbered by direct or
indirect (via a third party, be that friend, family or worker from another agency) telephone contacts. It is easy to downgrade the significance of such work, which essentially forms the staple of OOH social work practice, when in fact much of the more delicate and subtle work is undertaken in this way. Related to this is the perception amongst out of hours practitioners that someone out of the office engaged in visits is thereby in a ‘protected’ and by inference insulated position during busy times when the level of incoming referrals is high (‘bombardment’). In fact, a majority of situations are resolved by telephone work, either directly or by referral to or liaison with other agencies.’

One peculiarity of the out of hours context when contrasted with daytime working is that decisions frequently need to be made on the basis of very restricted amounts of information being available: background details from computer systems are often incomplete. There may be some information held at the OOH office relating to previous contacts with the same service user, supplemented by some information furnished by the daytime service which has the principal involvement, but this is still likely to contain large gaps and omissions in relation to the involvement of the department as a whole. Decisions need to be made on the basis of what is known and accessible, therefore. With situations which are completely new, decision making is based on assessment work by the out of hours or EDT worker concerned.

If it is accepted that a culture of fault-finding and blame does prevail in some local authority social services departments, giving rise to a desire to be seen to have acted in accordance with the relevant procedures, what might the implications be for the out of hours social worker? As noted, the individual practitioner on duty is in a position of having to make decisions which would ordinarily be made or shared by someone in a more senior supervisory or managerial position in the hierarchy of daytime practice. To be less encumbered by the fetters of the bureaucratic processes of decision-making was consistently identified as one of the more attractive aspects of out of hours practice. However, this does not mean that policies and procedures can be disregarded or ignored. On the contrary, not to conform or adhere to the latter would leave a practitioner open to
the charge of being a 'maverick', which as the interviewee DB made clear, is not desirable. On the other hand, the same interviewee also identified the importance of not being too hidebound and in the thrall of policies and procedures, suggesting that what was required of the effective and able out of hours social worker was the capacity for combining ‘good enough’ practice with the ability to remain pragmatic and accomplish what is necessary.

**Planning and prioritising:**

‘I was going to say we haven’t got a priorities list, I’m sure we might have, but, you know it seems to be a bit ad hoc really. It depends on what’s sat in front of us at the time. And we quite often frustrate the police in appropriate adult interviews because we’ve got other things that would take priority over that’. (WH)

When faced with simultaneous and ostensibly competing demands which may regularly outstrip an out of hours social work service’s capacity to provide an immediate or rapid response, there must be mechanisms by which work is sorted into a rank order in terms of its priority. For one practitioner the concept of ‘vulnerability’ was identified as the means by which this is accomplished. She depicted assessing vulnerability along an axis of situation/circumstances in relation to context/location. Another respondent described how non social work qualified support staff might accompany social workers on what were categorised as routine visits such as the delivery of ‘food parcels’, or on a ‘straightforward welfare visit’, while: ‘they would never touch child protection or mental health’, which are not only higher priority, but also exclusively the preserve of qualified practitioners. BW described dealing with issues as they arose, or prioritising and ordering work according to perceived level of risk and in relation to a division of labour if there was a colleague working as well at the time:

‘Well, I mean we tend to take things on a first come first served basis, and if we get a lot of things coming in, obviously then some things are more important than others, I mean you just get a feel for it. I mean if there’s two of you on you discuss what needs to be done, and in what order, and then just do it. I mean it’s just like that really. Some things can clearly
wait. I mean if somebody’s at risk and there’s safety issues then obviously you need to deal with that very quickly. If, on the other hand you do a mental health where somebody is actually somewhere and okay, like in a police station or a hospital, it can probably wait a bit. If they’re at home going bananas then it can’t. It’s things like that, and you just - we discuss things between ourselves and then do it- and often it works itself out anyway because you get- once you’re embarked on a piece of work then the rest has to wait......unless, unless again it’s so urgent that we need to pull somebody in, but that’s not often the case.’

Some kinds of statutory social work practice are subject to time constraints in the form of target times within which their completion is required, in accordance with local multi-agency agreements. A prime example of this is a time frame for the completion of Mental Health Act assessments for people who have been detained by the police under Section 136 of the Mental Health Act (1983). Referring to a four hour response time set by one authority and a six hour time for another, one respondent noted that: “..we’re normally out within an hour for a mental health”, adding that in comparison with daytime services, her out of hours team were regarded as providing a prompter response, and that this was typical:

“...but you find that with EDTs anyway I think, because people are so regularly around at night, whereas people are out and about visiting during the day...”

Planning work comprises the next phase of the overall process. If a piece of work is going to involve other professionals, for example, a Mental Health Act assessment, steps need to be taken to alert them to the need for their involvement, and to identify a time (tentatively) for those involved to convene. Where police attendance is judged to be necessary an advance request will also have to be made. Because of the nature of demands on the police, it can be difficult to obtain a commitment in advance that they will be available to attend at a specific time. Similarly, GPs for particular patients will only agree to participate outside of their surgery hour commitments. It is more usual to have to rely on the services of a deputising GP, who in all probability has never had any dealings with the patient in
question before, and who will be equally difficult to ‘pin down’ in terms of time because he
or she will always want to reserve the right to give precedence to what are defined as
medical emergencies. Advance notice can also be given to the ambulance service, but this
is ordinarily left until it has been established that an admission will be required, and where
this is to be formal, accompanying paperwork has been completed.

Where there are two social workers, as there are during the evening prior to midnight in the
local authority where the participant observation was undertaken, as each one goes about
his or her own work, they are likely to have a degree of awareness of what their colleague
is engaged in doing or arranging, and there is periodic cross checking and mutual updating,
particularly in relation to clarifying what work is going to require a visit and when, and
whether this needs to be undertaken jointly. In this situation ownership of work is another
important issue. An unofficial rule of thumb in the team concerned was that the person
who takes the original referral will tend to be the one who ‘owns’ it and arranges and
undertakes the work in question. Although this is generally the case, it is not in any way a
rigid expectation, and clearly where there is an imbalance of work between two people on
duty, some reapportioning will take place, and there are likely to be periodic discussions of
a ‘who is going to do what’ kind of nature. Where a joint visit with the colleague is going
to be needed, this must be identified as soon as possible.

Time: a medium and a resource

‘There’s less opportunity to go back and have another bite at it, you’ve got to do it there
and then very often, and you’ve got to make decisions within a very short timescale, which
could, you know, in some cases have quite considerable implications for the person’s
future. So time is a very important part of it actually’. (LT)

In the previous chapter time was considered as a dimension of the practice context. It is of
course much more than this. Time is a dimension and a commodity which is crucial for
out of hours work. At the most fundamental level the shift is a time-framed entity, which is
finite and known in advance. In relation to the natural history of a shift, expected busier
and quieter times will be known to some extent beforehand, and one of the factors in
relation to who comes to ‘own’ what work calling for some input or intervention, account
will be taken of where each individual is in relation to the amount of time remaining in his
or her shift. Someone who has been out visiting or dealing with a high volume of telephone
work is going to need to have an opportunity to complete their recording of the work they
have been doing before they can conclude their shift, and one of the conventions of out of
hours work organisation is that allowance will be made for this whenever it is practicable
to do so. The outgoing person is thereby to a certain extent ‘protected’ from exposure to
becoming involved in any further or new incoming work. Time is also a crucial
consideration in connection with the content of the work itself. During an evening shift and
where there are young children who will have to be visited, there is likely to be a restricted
time ‘window’ within which this can reasonably be accomplished. Equally, the lateness of
the hour in relation to the ages of children concerned may be cited as justification of the
fact that a visit has not been made during a given evening. Time pressures may be brought
to bear by other agencies, and in particular by the police who will frequently stipulate that
they wish to interview someone who needs a social worker as an appropriate adult at a
certain time. An awareness of the often considerable delays at police station custody
centres is likely to result in the social worker deferring attendance until the custody centre
staff can confirm that the solicitor is actually there and everyone else with an involvement
is ready to proceed. In this scenario both parties are engaged in trying to ensure that their
colleagues are spared unproductive waiting time, but the usual outcome is a delay of some
sort, often because of the limited availability of the custody sergeant, something which can
be frustrating both for police personnel and the social worker involved. Similarly, social
workers will be suspicious or at least wary of requests to attend the custody centre when they are aware a 'hand-over' from one shift to another is imminent, because nothing can happen until this has been completed.

In many respects, the out of hours social worker is subject to other peoples' time constraints and demands, and needs to accommodate to this as well as she or he can. There is a sense in which the constructive deployment of time scales and time frames can be built into practice artfully and consciously. This is the sense of 'pacing' of work: choosing when is going to be the most appropriate and opportune moment to make telephone contact with a service user, for example. This is especially so in relation to fraught and emotionally charged situations where the practitioner knows that given a little time, a parent is likely to be less insistent on her son or daughter being removed from his or her care immediately, for instance. These are situations which the service user may understandably perceive as a crisis requiring immediate intervention, but which from the social worker's perspective are likely to be ameliorated by the passage of time, even on quite a small scale. While the conscious use of time scales and the management of time in the way described may be a factor in the social worker's armoury or practice repertoire, the users of services out of hours can be equally adept at deploying time to their advantage and choosing when it would be most opportune to contact the service. Here reference is being made to situations where numerous approaches may have been made to daytime teams, say with complaints about a child or young person's conduct, associated with a request for that child to be accommodated, which have been continually resisted. The existence of an out of hours service can then be seen as another opportunity to the parent(s) concerned, or at least another avenue of approach. In such situations it is often the case that the out of hours service will not have been briefed by daytime colleagues, and may then come to seem to the thwarted and frustrated parent or carer to be the department's Achilles heel.
As noted, later evening and during the night is associated with an increase in the frequency of contacts from people who want to be able to speak to someone, often at length, because they feel particularly vulnerable to thoughts about harming themselves or are actively in the process of beginning to do so. (Although calls of this nature can be received at any time, they are more likely later than earlier.) The early hours of the morning are when quieter times within a shift are more likely to occur, although work which does require direct intervention at this hour tends to be of a time-consuming nature.

There is a cut-off point beyond which visits are less likely to be made. It is another convention of out of hours practice that once a certain time in the evening has been reached, a visit to someone's home in the community is only undertaken in conjunction with the police. There is a stage at which it is no longer reasonable or likely to be productive to arrive on someone's doorstep in civilian clothes, unannounced, particularly when the occupants of the dwelling in question are not already known to the department. Another of the features of working in the out of hours setting is at times very apparent. This is the extent (in contrast to the sort of capacity to be able to assume professional control of the social work process associated with the discussion above) to which the out of hours practitioner does not have any direct control over the flow of incoming work, which often seems to bunch or cluster together, or emerge at the end of rather than neatly in the middle of the course of a shift. Without doubt there are ebbs and flows in the level of demand, not only between shifts, but also within a specific shift, and these impinge on the way time is utilised or utilisable, or they certainly can do. For instance, if there is a lull or quieter time in the course of a shift, it always seems to be difficult to make the most productive use of this because as soon as another task which can be completed in the office base is focused on, whether this is catching up on recording or engaging in some other written work requiring completion, it is inevitable that there will be an intervening
telephone call which diverts or distracts the social worker from his or her intended activity. It often seems that if no attempt is made to use the quieter period constructively, it will be more prolonged without any interruption. While this may seem of minor significance, the point about the practitioner not being in a position to influence the rate of incoming work does have implications and remains a feature of the nature of this social work setting.

**Recording practice:**

In this section I will consider what happens when the intervention has been made and the work has been concluded. After the direct response, involvement or intervention by the EDT or out of hours team, an important stage of the process remains to be completed: the recording and accounting of that involvement for transmission to the daytime teams which, with known situations or cases already 'open', will need to be appraised of what developments have taken place, and in the case of new situations requiring 'follow-up' of some kind, will need to be briefed on what has happened to date and what has been identified as needed next. The extent to which the latter is entered into will of course vary, but in general the tendency is for EDTs not to be too prescriptive, and to make suggestions rather than attempt to delineate precisely what should occur next. Again, the account being developed will not precisely fit the circumstances surrounding the recording and handing over of work to daytime teams by all or even by a majority of EDTs; in presenting this account I seek only to raise some of the universal issues and considerations and acknowledge that a wide range of local variations obtain in this area of the practice process, as in others. For instance, focusing on just one dimension: the actual means used to achieve the transfer of work to daytime colleagues varies from the use of faxes, hand deliveries, electronic mailing systems, which are increasingly the usual method, with or without accompanying telephone contact. The point is that however it is accomplished, this
phase of the overall process will need to be completed at the conclusion of each EDT or out of hours shift.

Recording is likely to have been taking place throughout the course of the involvement. Sometimes this will involve the use of pro forma template recording schedules designed for specific eventualities, such as Mental Health Act assessments or PACE interview work. Depending to some extent on individual working preferences or styles, this recording might take the form of a gradually completed 'final version 'record, or rough notes, which are subsequently drawn together and developed in one sitting to provide the final report of the practice involvement. There will be a closer focus on the content and nature of such recorded information in the next chapter, but at this juncture it can be noted that the record is likely to include the following component or constituent parts or features: details of the incoming information, the referral; a narrative account of the response to this information, including an assessment and interpretation, leading to the defining of any course of action required; an outcome; a conclusion and summary, including the detailing of any suggestions for further action by others. Even when presented as dispassionate and objective versions of events, such accounts will often be revealing on closer inspection in terms of the potential access to the stance or disposition of the writer towards the protagonists and the events described therein which they allow. Another important aspect of content and form is the extent to which they not only describe and explain action taken, but also ways in which such action (and, indeed, non-action) is legitimated or justified, in respect of which the concept of 'professional risk' is once again highly pertinent. Accounts of this sort may be accompanied by one or more of a range of papers, or more precisely, forms, which are closely aligned to a variety of administrative and bureaucratic procedures and requirements, often associated with the deployment of particular resources.
The context of the sort of recording work briefly outlined above, in terms of the circumstances of its completion, is that it might be 'fitted in' amongst other work, or towards the conclusion of a shift when an individual practitioner is likely to embark on a 'winding down' phase in which 'loose ends' are 'tied up', or it might involve the need for him or her to delay departure after the formal end of the working period so that this final phase of the work process can be completed. Considerations including the ones described above can be seen to impact on the brevity or expansiveness of the records which are completed.

**Conclusion**

Elements and aspects of the out of hours social work process have been separated out and considered individually for heuristic and explanatory purposes. In fact, in the actual process of practice as it unfolds, a pattern of overlap and repetition occurs, within which the phases considered discretely above would be continually blending, merging and repeating until the culmination of the particular period of out of hours operation.

Considerable attention has been devoted to outlining what may be regarded as the mundane detail of out of hours practice, and the result is an account which still remains incomplete and selective. However, this level of accounting is one which is routinely omitted or taken for granted in monographs which relate to how practice is accomplished, yet it is the site within which the aspects of practice focused on in subsequent chapters unfold and occur.

A more detailed exploration and analysis of the documenting of practice will be undertaken in the next chapter.
CHAPTER SIX

RECORDING OUT OF HOURS SOCIAL WORK

‘...information and recording are very important issues because those are the two things that sort of really tie you to other people.’ (DB, Team Manager, London borough)

Introduction: written records of out of hours practice

Couched in the form of a narrative account, the report of work done, as a component of the ‘genre set’ of out of hours social work artifacts is not distinguishable from other types of social work record by its discursive content. What is characteristic is perhaps the greater readiness to include the opinion and personal interpretation of the writer, combined with the explanatory/justificatory style of report writing out of hours as a specific genre set, the ‘written documentation of intervention’ (Pithouse, 1998, p.6).

The recording of work undertaken was considered as an element of the out of hours social work process in the previous chapter. Here, the emphasis will be a closer focus on the content of records produced by out of hours practitioners.

Before embarking on an analysis of recordings produced by out of hours practitioners, a preliminary exploration of the reasons for a focus on data of this kind in the context of this study will be timely. In attempting to elicit the nature of this kind of social work activity a multifaceted approach was identified as advantageous, among which ‘documentary reality’ (Atkinson and Coffey, 1997) was held to be a crucial dimension. While the interviews with practitioners and practitioner managers reported in earlier and subsequent chapters did not involve face-to-face interviewing techniques, as they were undertaken by telephone, they were nonetheless potentially prone to yielding data ‘shaped by the dynamics surrounding the interaction between researcher and researched’ (Lee, 2000, p.1). This was no less the case because the interviewer was known by the respondents to also be an out of hours social worker, and thereby a colleague of sorts. In fact, it could be argued that knowing
themselves to be speaking to a fellow practitioner might itself have influenced some of what interviewees said about their experiences and perceptions, with a range of impressions being conveyed, from the cautious and guarded at one extreme through to the confiding and almost confessional at the other. While it is not proposed to rehearse all the various potential methodological difficulties associated with interviewing at this juncture, the value of unobtrusive methods, including ‘drawing on the written as well as the spoken voice’ Lee, 2000, p.2) has been strongly argued and is well established (for example: Webb et al, 1966).

Following Atkinson (1992), Lee (2000) notes that the range of analytical approaches associated with the analysis of data resulting from unobtrusive research techniques, despite their diverse theoretical origins, have in common an antipathy to measurement as the principal task of social research, concentrating instead on an ‘interpretive or critical understanding of social reality’ within an overall framework where:

‘...everything in and of the world is irredeemably cultural, and therefore open to study, no matter how seemingly peripheral, insignificant or taken for granted’. (Lee, 2000, p.7)

The approach to the analysis and exploration of aspects of the recording of out of hours social work which will be applied below is derived both from narrative inquiry and Atkinson and Coffey’s (1997) work on the analysis of documentary realities, which they identify as a specifically semiotic approach to analysis, informed by a ‘broadly ethnographic interest’:

‘By that we mean an analytic perspective that examines how documents can be examined as systems of conventional signs and modes of representation.’ (Atkinson and Coffey, 1997, p.48)

These authors proceed to identify how particular uses of language are associated with ‘documentary reconstructions of social reality’:
'Certain document types constitute - to use a literary analogy- *genres*, with distinctive styles and conventions. They are, for instance, often marked by quite distinctive uses of linguistic *registers*. That is, the specialized use of language associated with some particular domain of everyday life. Particular occupations often have distinctive registers, as do particular kinds of organization, cultural activity, and the like.' (Atkinson and Coffey, 1997, pp.48-49)

They identify how:

'The initial task is to pay close attention to the question of *how* documents are constructed as distinctive kinds of products’ through the ‘close attention to the textual organisation of documentary sources’ (Atkinson and Coffey, 1997, p.49).

It is proposed that social work recording is an occupational *genre*, with out of hours and EDT report writing as a record of work undertaken being identifiable as a distinctive sub-*genre*. An objective will be to identify and illustrate the particular linguistic register involved in the production of such documents.

In a brief consideration of the usefulness of documents and archival material to the qualitative social work researcher, Padgett (1998) suggests that the value of documents is limited because:

‘They may be inaccurate, uneven, and incomplete. (Agency case records and hospital medical charts are among the worst offenders here). Some of this is true due to hurried record keeping but sometimes it is deliberate. For example, minutes of meetings may be “doctored” to cover up embarrassing revelations about an organization, or a physician may omit mention of mental problems in a medical file to protect her patient from stigma’, leading her to conclude that:

‘Obviously, a study dependent on documents and existing research data is constrained by what is available and its quality’. (Padgett, 1998, pp.67-68)

While Padgett’s observations may be valid, it remains the case that interviewees can also be selective in how they choose to respond to a researcher’s questions and prompts, and about what they disclose or exclude from their responses. More importantly, from the standpoint of the objectives in this chapter, issues pertaining to the artfulness associated
germane to the present exploration of the recording of out of hours social work.

Atkinson and Coffey are sanguine in stating the central importance of texts in relation to
the study of literate societies, because written documents and their production are essential
dimensions of social reality which require research attention:

'It is important to do so because many researchers continue to produce ethnographic
accounts of complex, literate social worlds as if they were entirely without writing.
Occupational, professional, organizational and even academic settings are implicitly
represented as devoid of written documents and other forms of recording'. (Atkinson and
Coffey, 1997, p.45)

In other chapters the focus is primarily on transcripts of interviews with practitioners and
practitioner-managers. Different narrative techniques were employed with the purpose of
transcending the analysis of the content of interview responses from the literalist
/realist/naturalist perspective which was initially brought to bear on this material. The aim
was to access an insight into the meanings and understandings for interviewees of what
they said about their experience of out of hours social work, thereby adding a further
dimension to an account of the nature of this kind of practice. In this chapter the two levels
of analysis will be combined in an examination of what might be regarded as a principal
artifact of EDT and out of hours practice, namely the written records which are produced,
either manually or, increasingly, by electronic means. Pithouse (1987) has argued that
social work is a hidden activity, in that contacts with service users for the most part are
undertaken in settings where they are not open to scrutiny or appraisal or evaluation by a
third party. He suggests that such encounters are then recounted subsequently to peers and
seniors, and that it is through these accounts that practice is judged and the performance of
the social worker concerned is effectively validated and approved as satisfactory. In this
model or version of the nature of field social work practice, written records are maintained
to meet statutory and agency requirements. Although they might at some stage be

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subjected to the scrutiny of, say, another professional, they are primarily retained within
the domain of the writer, at least for as long as he or she continues to have responsibility
for the ‘case’, which may be for the briefer, bounded periods of time associated with duty
or intake systems, or it may be for the much lengthier duration of ‘long-term casework’. A
principal difference in out of hours and EDT practice which will be identified at this
juncture is that, whether or not a situation is already known to a daytime colleague, the
involvement of the out of hours practitioner will be for the course of a single evening and
night, or at most, for the duration of a bank holiday weekend. Frequently, what is involved
amounts to no more than a single contact. Although the worker concerned may then be
able to ‘tell the case’ to an immediate colleague on returning to the office base or at the
handover marking the beginning of a new shift, the written record is the principal medium
through which practice is captured and represented and accounted for. It is suggested that
for the purposes of accounting for work undertaken, there is something of a reversal of the
relative weightings of verbal and written accounts between daytime and out of hours
practice, with the latter having an increased and different significance in the out of hours
setting. That is not to say that oral accounts are unimportant or insignificant; clearly they
are vitally important, with the immediacy of an informal ‘debriefing’ with a colleague
following the completion of a visit or the conclusion of a piece of work, or the opportunity
to rehearse a difficult encounter in the course of a subsequent supervision being essential.
However, written records of the work which has been undertaken is paramount as the
means of conveying, often to persons unknown, what the issue amounted to, what
happened, how the response was provided, and why it was provided in this way rather than
another. This account continues to be prepared in a ‘free form’ format in which narrative
description is the central component, although with the introduction of more prescriptive
templates for the presentation of information, such as LAC (Looking After Children) forms
and Framework for Assessment forms, out of hours teams and EDTs are under increasing pressure to conform to the standardized use of such documents in their work. There are issues about the suitability of such forms in unadapted mode in the context of out of hours practice. But even where such apparently more constraining and restrictive templates are used, interstices which can be utilised as repositories for narratives often remain.

Taking some randomly selected examples of recordings prepared by different individual practitioners in an out of hours team, a sample of written records (in this instance all hand written) will be examined and analysed in the light of the above remarks, in terms of content, representational style, intended and unintended and overt and covert purpose and intention.

Before commencing this analysis however, pausing to reflect briefly on the wider context of social services case record systems and their purposes is informative, as such records are for the most part the ultimate destination for a majority of the written accounts of out of hours social work involvement and contacts which are forwarded to daytime social services offices. What is the reason for the maintenance of a case file? Typically, a case file relating to a specific service user will include a section containing formal reports prepared for child protection conferences, courts, tribunals and panels, along with the "records of proceedings", the documentation of discussions and decisions that take place within formally constituted bodies’ (Lee, 2000, pp.64-5), a section for third party information- letters and reports from other agencies and professionals, a section for care plans and reviews and copies of agency forms associated with the deployment of particular kinds of resources. There will also be a section for ‘running records’, the continuous documentation of the activity and involvement of the social worker with ‘care management’ or ‘case management’ responsibility. Whether literally lodged in this part of a file or not, it is with this section of a file that details of out of hours or EDT involvement
is linked. The out of hours practitioner is therefore indirectly accounting for his or her actions, when confronted with a particular situation or crisis which occurred at night or during a weekend, to the daytime practitioner with continuing responsibility (perhaps less so when the situation was one in which the protagonist(s) were not previously known). Even in circumstances where the out of hours worker is presented with a situation which has arisen during office hours and has been responded to but still requires further action, the purpose of a report prepared by the out of hours worker remains largely the same, and will set out a descriptive, narrative account of what happened, why a certain response was made or certain resources were deployed. It will frequently also incorporate a representation of the various perspectives expressed by those involved and then conclude with suggestions for further action needed during the course of the next working day. The main file will be maintained in accordance with agency guidelines and in the knowledge that a service user might exercise his or her right to request access to the file, although this remains relatively rare. It is both a catalogue of the worker’s active involvement and a resource to be drawn from in the course of the preparation of formal reports. In reality, the only people likely to scrutinise this file, apart from the worker concerned, are his or her line manager, another professional such as a guardian ad litem in the course of their work or an immediate colleague on duty during the worker’s absence through sickness or while on leave, or administrative colleagues as part of a departmental auditing process. What is being proposed is that to a considerable extent such case files are therefore relatively ‘privatized’, being largely exclusive to the responsible social worker as long as he or she maintains casework responsibility. In contrast, records prepared by out of hours practitioners are disseminated in a process which is much more diffuse and ‘semi-public’, in that they are forwarded for the consumption of persons unseen and often unknown to the sender. Copies of these out of hours recordings are often retained for the future guidance
and information of out of hours staff in secondary or ‘shadow’ files containing only an
amalgam of out of hours recordings and such information or guidance as may have been
received from daytime colleagues.

The following discussion of some actual examples of out of hours recording work were
from out of hours files, the first of which had been withdrawn from the records system
maintained by the Coast Town out of hours team because the retention date had been
exceeded with no further involvement having taken place. The method of selecting the
records which will be the focus of the remainder of this chapter will be identified below.

In focusing on ‘the question of how documents are constructed as distinctive kinds of
products’ by paying ‘close attention to the textual organization of documentary sources’
(1997, p.49), Atkinson and Coffey examine documents produced in the course of audit by
professional accountants. They note the particular use of language, involving terms which
would be obscure to lay readers, but which are familiar to co-professionals who are
conversant with the stylistic conventions in question. Moving then to consider the more
prose-oriented documents of academic audit, they identify a similar conformation to
certain conventions and scope for analysis in relation to form. These considerations will
serve as a preliminary orientation in some examples of actual out of hours recordings, the
first of which is given below as it was written, apart from names, which have been changed
in order to preserve anonymity. The recording reproduced below concerns a 12 year old
boy who was already known to social services and who had an allocated social worker.
The referral which begins the record was made by a neighbour at 5am. The boy concerned
was living with his mother and 8 year old sister. For the present purpose, the boy will be
known as Ian Evans and his younger sister as Emma. His father was a serviceman currently
stationed overseas. There had been other recent contacts to the out of hours team in which
it was suggested that the boy sometimes behaved in an aggressive and violent way towards
his mother and Emma. This recording was dated in that it was actually made immediately prior to the introduction of the Children Act 1989, hence the references to RIC (reception into care) rather than to being 'accommodated'. However, in terms of the remainder of the content, it might have been a contemporary record:

-Mrs Evans turned up at neighbour’s house in a distressed, agitated state having left the 2 children alone in the household. Refusing to return.
-Neighbour has already returned to the house to extricate Emma (8yrs) leaving Ian alone and asleep in bed.

Spoke to Mrs Evans

Sounded extremely pressured, unable to coordinate thought patterns or give a clear account of events of this morning.

However, it appears that there has been no specific incident since yesterday (see SS1) [departmental referral form] but Mrs Evans has not slept all night and worked herself up into a preoccupied state- searching for an answer to whether “Ian is hyper-intelligent or simply mad” !!

Lengthy conversation but nothing resolved. Refuses to return to household, living in fear of further violent episodes and asks for Ian to be RIC. Insists that she will not live under the same roof as Ian- can’t cope!

0515 Visited mother at neighbour’s house. Considerable situational stress. Mother currently acutely anxious and bewildered by recent events.
Kept obsessively repeating various comments made by different S/Ws searching always for what appeared to be a simplistic solution to Ian's behaviour.

-Her departure from the house at about 0400hrs this morning clad in nightdress only was not prompted by any specific event. Her own ruminatings drew her to conclude that she and Emma could no longer safely live with Ian.

-After a great deal of effort I persuaded mother to return with me to the house. She remained tense and solidly refused to consider any other possibility than separation from Ian. Views seemed irrational and over the top!

-At home Ian was still asleep. Mother appeared on verge of emotional collapse- hysterical type symptoms- stomach cramp, confused thought patterns & reiterated "he's mad not me" "it's him or me".
Mother then dressed herself & returned to neighbour's home leaving me to talk to Ian.
By this time I had already decided that there were too numerous stressful & possibly sick factors within this household for Ian to remain.

I talked to Ian. He denied that he had caused any problems since return from the [foster carers] but said that his mother over-reacted and embarrassed him in front of his friends.
Remarked that mother called S/Ws out for virtually nothing!
We discussed RIC. Ian got distressed- said that if he goes this time he will not be returning.
I tried to deal with his guilt feelings & emphasized that in no sense was I holding him responsible for family problems. However, at this point he understandably felt trapped in a catch 22.
Further discussions with mother, Susan Evans & agreed RIC.

Unfortunately whilst ‘phoning foster parents Ian slipped out of a back door having already packed a few belongings.

I returned to see mother, advised Police at Communications who will be visiting mother for details.

Mrs Evans is adamant that she will not return to house until Ian is placed!

*Note  Place for weekend is available with [details of foster placement]

Mr and Mrs Smith [foster carers] have to attend a funeral Monday 28/11 at 10am.

Arrangements need to made for Ian to be transported to school (or alternative) before the Smiths leave Monday morning. Sorry!

Papers have been completed for RIC & I strongly advise that Ian be placed with Mr and Mrs Smith when he surfaces.

Atkinson and Coffey refer to written and electronic records as a kind of repository for the collective memory of organisations. (1997, p.46) A record such as the one cited above becomes part of the ‘collective memory’ of a social services department. While not addressed to any identified individual, it will have been prepared for a specific readership: the social worker with ongoing casework responsibility for the boy in question, or, perhaps, for his or her line manager or for a duty officer should the worker be on leave or
absent from the workplace for another reason. It might be reflected that in the future, the record could come to the attention of other consumers - a guardian ad litem, say, or even the boy himself if he were to request access to his file at a later date. However, these latter possibilities would not be uppermost in the writer’s mind at the time of producing the report.

At first glance the primarily descriptive content and narrative mode are apparent, beginning with the out of hours worker being confronted with a situation in which two children had been ‘left unattended’ in the early hours of the morning by a distraught parent, progressing to a telephone conversation with the parent, a visit, discussions with the parent and with the boy, with representations of their respective perceptions being given, and a decision to accommodate the boy as the resolution, which was interrupted by the boy absconding.

The language used is not the arcane and discrete language of the medical record, which would be obscure and not readily intelligible to a reader who was unfamiliar with the terminology used by medical professionals. It is by and large composed of vocabulary which would be familiar to the lay reader, with the exception of the use of the (now dated) RIC as an abbreviation for ‘received into care/ reception into care’. Stylistically, the ways certain words and phrases are employed serve collectively to signify or indicate that this is a care worker’s documentary record: Mrs Evans was in a ‘distressed, agitated state, she ‘sounded extremely pressured, unable to coordinate thought patterns’, there was ‘considerable situational stress’, there had been ‘violent episodes’, she ‘appeared on verge of emotional collapse’, a state assigned to her rather than one she described herself. Ian was told that ‘in no sense was I holding him responsible for family problems’. Along with stock phrases and terms like these, which may be regarded as conforming to the conventions of social work report/ record writing as a genre, the incorporation of cliche
and colloquialism, namely 'over the top' and 'catch 22' inject a more personal note and a sense of immediacy.

The authoritativeness and authenticity or veracity of the record are also established by the inclusion of some direct quotations in parentheses from what Mrs Evans and her son actually said.

Mainly written in the third person, the sense of professional objectivity and detachment which is thereby conveyed is offset at intervals by sentences in the first person, drawing attention to the direct intervention and praxis of the writer.

Implicit in the account is an evaluation of the positions of the protagonists, with Ian’s perspective being represented as the more reasonable of the two. From the standpoint of the practice convention that accommodating children or young people is best avoided as an outcome unless there is no viable alternative, the recording also functions in an overall sense as rhetoric. It is structured to convince or at least to persuade the reader that other options were considered but in the event, accommodating Ian was justified and was the only reasonable and realistic outcome in the circumstances. It is this last point which marks this record out and distinguishes it as an out of hours recording, and specifically as one from the sub-genre of how pressure towards accommodation was responded to in a given situation.

Atkinson and Coffey also draw attention to the way documents refer to other documents, a relationship they define as ‘intertextuality’: ‘The analysis of documentary reality must, therefore, look beyond separate texts, and ask how they are related’.(1997, p.56) In the example record cited above, there is a literal and overt reference to another similar antecedent document (the SS1 referral form completed the previous day by another out of hours social worker). Apart from this direct and transparent link, the recording is related to other out of hours records concerning the same family, which in turn stand in a certain
relation to the recordings produced by the daytime social worker whose case this was. There would therefore be a file containing that social worker’s recordings together with copies of any reports received from the out of hours office, which, in the local authority concerned, would be unlikely ever to be seen by an out of hours worker. An out of hours file would be maintained, containing copies of all out of hours social work recordings together with any information which might have been forwarded in the form of updates or guidance or copies of the minutes of any child protection meetings which might have taken place. This file would constitute a useful reference point in the event of future referrals to the out of hours team, but, in comparison with the main case file, it would be strangely partial and incomplete.

The transformation of events which occurs when they are recorded in a textual format is another feature of documentary reality identified by Atkinson and Coffey:

‘By writing things into a documentary format, we translate them from the specific and the local, and make of them ‘facts’ and ‘records’ which take on an independent existence. Some texts become ‘official’, and can become ‘proof’ of events and identities. Some enshrine what are taken for ‘facts’.’ (1997, pp. 57-58)

In the case of organizational records, documents can then subsequently be referred to in substantiation of proposed courses of action, for example, in social work, recordings in the form of reports prepared by out of hours social workers may be cited by another social worker in the course of preparing a court report.

To recapitulate on some of the specific characteristics of out of hours recording, description tends to be ‘thick’ and detailed, although, of course, inherently selective too-out of hours records are not transcripts of conversations and interaction. They are representations crafted by an individual practitioner, often with the unstated purpose of spelling out, explaining and, perhaps, justifying why one course of action was pursued
rather than another, or why a particular resource was deployed (which might carry a significant cost implication for a daytime team), or, simply, why a particular decision was taken. Equally, a case may be made to account for the reason no action was taken or no intervention occurred. It is to some extracts from other contemporary out of hours social work recordings which illustrate these and other characteristics that I now turn.

**Analysis of reports written by OOH social work practitioners**

The sample of reports referred to in the remainder of this chapter was collected by the following means. From ten four drawer filing cabinets, arranged alphabetically, nine reports prepared by different individuals were selected. In reverse alphabetical order, the drawers containing written records of practice used to communicate with daytime colleagues about work which had been undertaken out of hours were scanned manually until a report of more than two A4 pages for each of six currently employed, two formerly employed, and one locum social worker could be identified. None of the reports was read at the time of selection. There was therefore no element of selection according to content criteria, since the content was not known until a later stage. The reason for restricting the selection process to items of at least two A4 pages was to ensure that reports with a significant amount of content were chosen. One line and very short records detailing a missing person report from a residential unit for example, and similarly brief records, were thereby excluded. The sample included people who no longer worked with this out of hours service because written records were retained for several years after completion—more so in the case of adult mental health files. Effectively, these files constituted duplicates of part of the content of main case files held by daytime social work teams, and apart from a copy of reports completed by out of hours staff, they contained only information which had been forwarded to the out of hours team by daytime practitioner
colleagues. Because of considerations of volume, reports prepared by six of the nine
different practitioners only have been included in this chapter. These are presented below
in the format in which they were hand-written, apart from the names of individuals, all of
which have been changed. The selection of the six reports was undertaken solely in order
to include a range of different scenarios. A brief commentary follows each one.

REPORT ONE: JANE

Log 660 of today.
EPO obtained.. Request OOH serve papers on parents and take Jane to placement.
Background information on the reasons for the EPO explained.
Parents are: Mum (name)
Dad (name)
(Mother’s name) has a learning disability.
Jane is to be placed with Maternal Grandmother (name), known as (name) DOB 10.10.56.
(name) is her partner. DOB 12.08.51.
Address is (address and telephone contact details)
Parents are not to be told where Jane has been placed. Grandmother will contact the
police quoting the Log number if parents do find out where Jane is and try to remove her.

Parents to be advised to seek legal advice from a solicitor, taking the EPO papers with
them.

That there will be a CPCC early next week. They should attend with a solicitor. (Referring social worker’s name) will let them know the date and time.

That there will be a court hearing on Wednesday of next week (date given), they should attend with a solicitor. (Social worker’s name) will let them know the time of
the hearing. Parents need to contact (social worker’s name) on Monday either by t/p
(number given), or by visiting (office address). (Social worker’s) assessment is that
(mother’s name) can protect Jane. That (father’s name) cannot protect Jane. Jennifer
(father’s) daughter has 4 young children and is unassessed so could not, at this point, be
considered as a carer.
(Police Child Protection Team officer’s name) suggested that (social worker) liase (sic)
with CPT re the visit when the EPO has been obtained. Jane will need to be seen by Dr
(name), paediatrician tomorrow morning, a social worker will need to attend.
Message left with CPT to contact OOH.

17.50 T/c from (name), dad.
(Father’s name) said that he and (mother’s name) had taken Jane to town this afternoon.
They had collected money and topped up their mobile phones. Prior to this they had no
credit on their phones so both had been turned off. They had just turned the phone on and
received the messages from the social worker.
I said I would visit and explain the situation as soon as I was free. When asked I said I
would prefer not to discuss the situation over the telephone but would visit soonest.
I had still not had a response from CPT so contacted the police on the enquiry line, explaining the situation.

T/c from DS (officer's name). Explained the situation, agreed to meet at (name) police station. Met with the police and agreed that DS (name) and myself would enter the flat; (Officer's name) was not in uniform. And that the uniformed officers would wait outside the flat.

Attended the address, flat clean and tidy.

I explained the reason for my visit. (Mother's name) immediately said, "it's my mother isn't it? She said she would do this". (Father's name) added "(Mother's name)'s mum is very jealous because Jane spends more time with my family than with them. If I had any concerns about (mother's name)'s care of Jane I would be saying something but I do not have any concerns". (Mother's name) also said that her mother had told (father's name) she was going to hit her. Both were very upset but reluctantly agreed to allow me to take Jane. When both asked where Jane was to be placed I explained that I could not tell them at this time. (Mother's name) then told me that Jane was going to Jennifer this weekend (father's daughter).

I asked for nappies and baby food. There were plenty of nappies in the flat and half tins of SMA (stay down?) baby milk in the flat. (Mother's name) packed a bag of things for Jane including her favourite teddy. I gave the parents OOH's contact number and the information (social worker's name) requested they be given. I also agreed to send them a list of solicitors.

Jane was clean and appeared well cared for. I observed no marks on the skin that was visible. Jane smiled and gurgled during the journey to her grandmother's home. On arrival at Grandmother's home she told me that she had been estranged from (mother's name) for some 7 years previously because of her previous partner. We also spoke at length about what would happen now and possible outcomes. (Grandmother's name) agreed to take Jane for a paediatric medical tomorrow.

Updated (social worker's name) on tonight's events and agreed to send a note to parents confirming information because I felt they may not have taken in all that I told them.

Action for Saturday.
1) Liase (sic) with Dr (name) or in his absence duty paediatrician.
2) Let Grandmother know the time of the medical.
3) Social worker to attend with grandmother.

(signature of report writer)

Concerns are that Mum has been rough handling Jane. She has been in the middle of domestic incident/s and that Mum's sister has seen (mother's name) hit Jane. Also Dad does not strap Jane into the car seat when he is driving.

This report begins with information about an EPO (Emergency Protection Order, Children Act, 1989) taken during office hours, and placement arrangements with a relative for the child in question, together with information for the parents regarding a child protection
meeting and court proceedings. This information was forwarded by two daytime child care referral team duty social workers. The situation is an example of work handed over requiring further action, as discussed more fully in Chapter Seven. The out of hours social worker is then in a position which can be understood as somewhat compromised: she is being asked to remove a child and mediate with the parents in the process, on the strength of an assessment and decision-making process completed by someone else, in which she has had no prior involvement. The next entry records a telephone call from the child’s father, who offered an explanation of why he and his partner could not be contacted earlier in the day: they had been out with their daughter and had no credit on their mobile phones and so could not be contacted during the daytime. The out of hours social worker undertook to visit as soon as possible to explain what had been happening.

Details of contacts with the police to arrange for their involvement and attendance were then given.

The record of the visit to the child’s home begins with the observation that their home was ‘clean and tidy’. An account of the parents’ reaction to what they were told then follows, including reported speech from each, with the mother concluding immediately (correctly) that her mother had initiated the action which had been taken, and her partner noting that the maternal grandmother was ‘jealous’ of the amount of time the child spent in the company of his family. The mother of the child was reported as saying that her mother had told her partner that she was going to hit her.

The parents’ reaction is then described as they ‘reluctantly’ agreed to allow their child to be taken to be placed with someone whose details could not be divulged to them at this stage.

The social worker’s description contains an implicit evaluation and assessment of the parents’ capacity to care for their child (the mother was described as having a learning
disability), and of their orientation and disposition towards their daughter: there were
'plenty of nappies in the flat' and two half tins of baby milk; the child's mother: 'packed a
bag of things for (her) including her favourite teddy'.
The child: 'was clean and appeared well cared for. I observed no marks on the skin that
was visible. (child's name) smiled and gurgled during the journey to her grandmother's
home'.
Next, the report writer records that she spoke to the grandmother, who said she had been
estranged from her daughter for seven years. She then updated the daytime child care
worker involved by telephoning her at home. She noted that she would write to the child's
parents setting out what would happen next, because she was unsure that they had: 'taken
in all that I told them'.
As this was a Friday evening, required action for the next day in relation the child's
medical examination is listed, before a hand-written entry detailing the original concerns
for the child's welfare which resulted in the EPO application.
The report ends at this point. Much of the content is a descriptive account of the events of
that evening, couched in language which conveys that nothing overtly untoward was noted
during actual contact with the parents in terms of their care of the child as far as could be
discerned during the visit that evening. Associated with this, the language used, together
with the detail which is included, suggest an element of uncertainty for the social worker
in terms of what she was being asked to do.
The content of the report raises issues of a wider nature for out of hours practice. These
include the appropriateness or otherwise of handing over child protection work at this stage
to someone who has had no prior involvement, and no knowledge of the situation apart
form the thumbnail sketch provided at the point of handover. Some of the interviewees
from other local authorities stated that they would not accept the handover of work in these
circumstances as a matter of course. The sense of awkwardness and discomfort is apparent in the resultant recording, which constitutes another perspective, based solely on a social worker's involvement out of hours. To some extent, as it stands, the report constitutes a tacit rebuttal of the action which had been taken during the daytime, conveyed in some of the details, including the parents' reactions, and specifically, their explanations and rationalisation of what had happened.

This brief report therefore contains not only a record of what happened, but also counter-evidence and opinion represented in a controlled and measured way.

REPORT TWO: ALAN

[The initial referral was taken and recorded by a referral coordinator, an office-based support worker, not social work trained]

 Alan has been placed at the (name) Residential Home as a vulnerable adult. He is at risk living at home with his father Mr (name).
Strategy meeting to be held sometime next week.
Mr (Alan's father) has phoned the residential home x4 this evening demanding to speak to his son, and that his son be allowed home. Mr (name) told the home he will send the police around to fetch Alan.

(Report Writer Two completes the recording from this point on)

 Discussed with (name of home manager and referrer), & agreed I would phone Mr (father's name).
19.14- Message left on ansa phone.
19.29- Call from (home manager): Mr(father's name) has arrived at (home name)- agreed to attend.
At (home name).
-atmosphere reasonably calm, altho' this had not been the case when Mr (father's name) first arrived.
-We spoke @ some length, as a foursome, in the office- Mr (initial of father's name) described his 'accidental' o/d of Fri- back home the same day: says his medication (overall takes 17 tablets/day) had been changed to x3 strength, unknown to him. He appeared to accept that Alan had said he wanted to stay @ (home name), but that he was saying he wanted to return home now. Mr (father's name) assumed a neutral stance to whether Alan came home, saying he would uproot and move to Wiltshire (original home) if Alan opted for full-time care. His commitment to Alan emanates from the death of A's mother, 21 years ago, + assurances he made to her then.
He agreed things were not always easy at home, citing outside influences that are well documented. Without a lead from me, he introduced the idea that he never 'lays a finger on Alan'.

I judged it necessary to name + describe the Vulnerable Adult concept + process- he appeared to comprehend + accept this, + was clear that Alan was @ no risk @ home. Alan presented as quite pleased to speak with me- + as far as I could tell, was v. clear that he did want to go home with his Dad + the dog. He gave the impression of things being fine at home: it’s difficult to understand all he says, but I believed this is the impression he wanted me to have.

- On balance, I felt we had insufficient evidence to date of risk/harm to Alan, together with Alan’s stated wish to return home, and judged Alan could return with (father’s name) tonight- indeed, altho’ this wasn’t stated, I judge Mr (name) would have removed Alan anyway. Mr (name) understands the assessment of risk will continue.

I hope, on the basis of this meeting tonight, that Mr (name) will continue to cooperate with Alan’s fortnightly respite. (Manager’s name) is concerned Mr (name) will not return Alan to (home name).

- Mr (name) rang office briefly, returning my earlier message on ansaphone- both were about to sit down to roast beef.

(signature of report writer)

The initial referral was from the manager of a residential care home for people with learning disabilities, where a man had been temporarily placed because he was judged to be at risk at his own home from his father, who was also his main carer. The concern was that the father had contacted the home four times already that evening, demanding to speak to his son, and threatening to send the police to fetch him.

After speaking to the referrer, the social worker tried to contact the man’s father, leaving a message for him on a telephone answering machine. A few minutes afterwards a further call from the referrer advised that the father had arrived at the residential home. The social worker agreed to attend. His record of this visit begins by noting that although the atmosphere was ‘reasonably calm’, this had not been the case when the father had first arrived, before moving to an account of what the father said- about an ‘accidental’ overdose of increased strength prescribed medication, resulting in attendance at hospital, then a return home on the same day, and about his acceptance of the son’s wish to remain at the residential care home. However, this ‘neutral stance’ was offset by his statement that
he would return to his county of origin, Wiltshire, if the son elected to remain in long-term care. A direct quotation from the father is incorporated in the part of the recording which relates to the concerns about the possible risk to the son from his father:

“He agreed things were not always easy at home, citing outside influences that are well-documented. Without a lead from me, he introduced the idea that he: ‘never lays a finger on (son’s initial)’.” This statement marked the beginning of recording which suggests that the risk from the father is perhaps not as great as originally thought. The social worker described explaining the ‘vulnerable adult’ concept and associated investigative procedures to the father, who: ‘appeared to comprehend and accept this, and was clear that (son’s initial) was at no risk at home.

Again anticipating me, he agreed to leave the room while I spoke to (son’s initial)’.

This last comment implies reasonableness and insight on the part of the father, further reinforcing the reduction of the concern level in respect of possible risk.

Next, a conversation with the son is recorded, in which he expressed clearly a wish to be able to return home to his father and to his dog, leading the report writer to conclude:

‘On balance, I felt we had insufficient evidence to date of risk/harm to (son’s initial), together with (son’s initial’s ) stated wish to return home, and judged (son’s initial) could return with father tonight- indeed, although this wasn’t stated, I judge (father’s initial) would have removed (son’s initial) anyway.’

After noting that the father appreciated that the assessment of risk would nevertheless continue, the social worker expresses the: ‘hope, on the basis of this meeting tonight’, that the father would continue to co-operate with the proposed ongoing fortnightly respite for his son, although also noting the concern of the care home manager that the father would now not return his son for any further respite periods.
The final comment recorded seems to be a summation of the writer’s perspective and assessment of the situation, and relates to a telephone call later in the evening from the father in response to the message he had left earlier on, concluding the report with:

‘both were about to sit down to roast beef’.

The report again contains a descriptive version of ‘what happened’. This is presented in a way which both explains and accounts for the actions of the writer, and the basis for these. It therefore justifies a course of action which on the face of it is somewhat at odds with prior thinking in relation to the situation of the man concerned.

REPORT THREE: STEVEN

-Bob (a worker with the daytime Crisis Intervention Team, and the referrer of this episode) took Steven out for respite and found that mother had abandoned him by leaving the flat. He contacted a member of the family by ‘phone and was told that (mother’s name) was refusing to resume care of Steven.

-Sadie (out of hours Care Leavers Team worker) eventually relieved Bob and took Steven to (name of independent sector residential resource for young people) while we looked for a placement for him. He was convinced that his mgm would have him & Sadie rang & left a message for her to ring Sadie.

-After many, many calls to foster carers a placement was found with (name and address details of foster carer) who agreed to take him UNTIL MONDAY ONLY. (He needs to be removed by noon).

-I collected him and Sadie from (name of residential unit) & took him to (name of foster carer). We stayed with him for 15 minutes while he settled.

-I found Steven to be one of the most clinically neurotic children I have ever met. He wrung his hands constantly when we spoke. He was anxious +++ and bombarded us with questions & needed constant reassurance. We told him that if his gm contacted us and was able to take him, we would move him if the call was at a reasonable hour. If not it would be the following day.

At the foster home, (foster carer’s name) was excellent with him. He needed to be reassured that he could go to the toilet as many times as he needed to in the night (possibly dating back to when mum’s partner locked him in his room & would not let him go to the toilet). He was clear that he had to have his own room & (foster carer) arranged for this to happen. He spoke obsessionally about how he needed & hard and soft pillow arranged in a certain way before he could go to sleep.

Just after we left him, (name) his gm rang. She had been drinking but was clear that she would not be able to have him this weekend as she had made other arrangements. (She confirmed that Steven is neurotic). She wanted to ring him tonight, but I persuaded her to
leave it until the morning (a) because she was under the influence & (b) it would be likely to unsettle him tonight if he knew his grandmother was around and was not taking him. If he has not been seen by a clinical psychologist, I would recommend he be seen as soon as possible.

25.10.03 0925 I rang GM (name). She will ring Steven and explain why he cannot come to her. She will tell her daughter the placement ends Monday. I rang (foster carer's name). Steven had a good night-No problems. He is anxious about clothing for the weekend and I asked (foster carer) to speak to (Steven's mother) about this & also some more Ritalin as he says he is out.

Records of various telephone calls follow made by a coordinator and another social worker. These detail the arrangements made for the collection and delivery of some clothes and more Ritalin

1530 Call from a Mrs Jones on behalf of mother who did not want to speak to us. The message was that she did not want him back- at all. I told her that the placement with (foster carer) was only until Monday, when I had expected him to return home.

I told her that we could not discuss Steven through third parties & mum must ring daytime staff on Monday to discuss.

(signature of report writer)

26.10.03 Clothes & meds collected from mgm & taken to (foster carer) who reported that apart from 1 minor tantrum he had been no problem. He asked if he could stay with (foster carer), but I explained he could not & why. (She said that she was tempted to have him, but is looking towards retirement rather than taking on more).

He gave me a hug as I left.

Another report relating to a child care referral, this time concerning a nine year old boy known to a daytime locality team. The referrer was a colleague in the person of a crisis intervention worker. The report records the involvement of the out of hours team throughout the course of a weekend, beginning on a Friday afternoon. While the boy was with the crisis intervention worker it is noted that his mother 'abandoned him' by absenting herself from the flat where they lived. When the worker contacted another member of the family he was apparently informed that his mother was 'refusing to resume care of Steven'. The next section of the report (the format of which, like the others referred to above, is free form, in that the writer is not constrained by any pre-set structure shaping the content) describes the interim measures taken to arrange for the boy to be cared for, initially temporarily by another colleague at a private sector resource for teenagers while an emergency foster placement was sought, with one eventually being identified: 'After
many, many calls to foster carers’. It is emphatically noted that the placement could only last for a limited period: ‘UNTIL MONDAY ONLY (He needs to be removed by noon)’.

Searches for placements in circumstances such as this are frequently speculative, that is, carers who are not identified as definitely having a vacancy have to be approached. If they are able to assist, conditions such as the above are quite often applied. The emphasis with which the limited duration of the placement is recorded is intended as a spur to the daytime social work team involved. In part, it is a reflection of the sense of obligation to a foster carer who did not have an identified vacancy, but nevertheless agreed to assist. It encapsulates a recognition that if this condition is not met, the foster carer is far less likely to be willing to offer a placement resource in the event of any future approach being made.

In general, this type of resource deficit is one of the most potentially difficult and challenging for an out of ours practitioner, especially when the need arises late at night. The background of the report writer as somebody who specialised in adult mental health practice before moving to generic out of hours work is perhaps reflected in the next part of the report detailing the arrival of the boy at the foster placement:

‘I found Jamie to be one of the most clinically neurotic children I have ever met. He wrung his hands constantly when we spoke. He was anxious +++ and bombarded us with questions & needed constant reassurance’ .......

‘He spoke obsessionally about how he needed a hard & soft pillow arranged in a certain way before he could go to sleep’ .......

‘If he has not been seen by a clinical psychologist, I would recommend he be seen as soon as possible’.

These observations are noted in the context of an account of the role of the boy’s grandmother. He had hoped that he could have stayed with her, but she could not be contacted initially. When she did respond to a telephone answering machine message
which had been left, it was apparent that she had been drinking. She said she could not
look after the boy because she had ‘made other arrangements’. She was dissuaded from
contacting him at that time:

‘(a) because she was under the influence & (b) it would be likely to unsettle him tonight if
he knew his grandmother was around and was not taking him’.

This is an example of the third component of out of hours recording and report writing- an
explanation of why a course of action was or was not taken, with the others being
analysis/observation and a description of what happened. Clearly, there is a significant
amount of overlap between the three strands of report writing, with the extent of emphasis
on analysis being variable. While a certain minimum of information needs to be conveyed,
the amount of detail included is influenced to some extent by the volume and nature of
other demands.

The writer then notes the content of his further involvement the next day, beginning with a
telephone call to the boy’s grandmother, who confirmed that she would telephone him and
explain why he could not stay with her, followed by a call to the foster carer to find out
how the placement was progressing. The grandmother was then instrumental in negotiating
access to some more clothes and medication for the boy, which were subsequently
collected by another out of hours social worker and delivered to him.

The final entries are made by the original and principal report writer (the other two
contributors restricted their contributions to a description of what they actually did). A
telephone call from a friend of the boy’s mother, made on her behalf, is detailed in a way
which conveys a challenge to any assumption that acceptance of the need to accommodate
the boy on a longer-term basis has been accomplished:

‘Call from Mrs Kennedy on behalf of mother who did not want to speak to us. The
message was that she did not want him back- at all. I told her that the placement with Mrs
Webster was only until Monday, when I expected him to return home. I told her that we
could not discuss Jamie through third parties & mum must ring daytime staff on Monday
to discuss’.

This is more than a statement of a corporate resistance to the accommodation of children. It
seeks to convey to daytime colleagues that although there was no alternative to arranging
for the boy to be looked after by a foster carer over the weekend, a firm stance was taken in
response to his mother’s actions and her refusal to enter into any discussion with out of
hours staff. This is a reflection of an awareness that out of hours staff are sometimes
regarded as being ‘softer’, that is more acquiescent in their response to parents
endeavouring to ensure that their children are accommodated. The counter perception by
out of hours practitioners is that their daytime colleagues do not necessarily appreciate that
the situation becomes much starker outside ‘office hours’ in the absence of options
available during the day which enable the situation to be held or contained.

REPORT FOUR: DAN

14.30 Attended custody. Dan had been re-arrested for the T.W.O.C. offence in January
that had been N.F.A’d due to forensic evidence linking him to that crime. Police had also
found a small quantity of cannabis at his home when he was re-arrested. Dan presenting
as shaking and possibly under the influence of unknown substance misuse.
Met with Dan prior to P.A.C.E. I/V. He was clearly very anxious and agitated about the
proceedings and that he was being blamed for a crime that he hadn’t committed. He is
feeling very vulnerable in the community and appears to have been targeted by a number
of aggressive males who have broken into his flat and beaten him up. His girlfriend (name)
no longer visits him because of this threatening abuse. Dan has no link with supportive
services and would like to access these- namely psychiatric services.

In P.A.C.E. I/V Dan was questioned about a red ford escort taken from (district of city)
area in Jan 03. Dan’s solicitor (name) prepared a brief statement stating that Dan had
nothing further to add to his previous statement. It was put to Dan that fingerprints found
on the steering wheel consul (sic) were his. Dan chose to respond ‘no comment’ to all
questions regarding the stolen car.
In respect of the possession of cannabis Dan replied ‘no comment’ to all questions regarding the cannabis, a set of scales, a home-made bong. Again Dan relied on his prepared statement which said he had no knowledge of who they belonged to and the scales had been left behind by one of (acquaintance’s name)’s friends.

Following I/V and reps Dan was charged with aggravated T.W.O.C. to (local magistrates’ court) on 30/04/03. Cannabis issues were bailed to a later date.

He presents as a vulnerable young person who is clearly struggling to ‘survive’ in the community. He is fearful of recriminations and appears to be targeted by others who prey on his vulnerability. He has no support from his family and is likely to further deteriorate if not linked into supportive services from both the Mental Health service (name of local early intervention service) and community based organisations such as (name of local support service for young people). Gave Dan the tel no. of (local emergency psychiatric service). Not on any current medication.

(signature of report writer)

Action
T/C to (emergency psychiatric service) for Sunday (Dan will contact them)

20.04.03 09.15
T/C to (emergency psychiatric services). Advised of situation and that I would forward info. Dan is known to the (local early intervention service).

(signature of report writer)

This recording is the only one of the sample selected which relates to mental health work, or, rather, to work with somebody deemed to have mental health issues- not an assessment, but acting as an appropriate adult under the provisions of PACE (Police and Criminal Evidence Act, 1984). The twenty year old man in question had been arrested on suspicion of two different matters: taking a vehicle without the owner’s consent and possession of cannabis. The social worker who undertook the work begins his record by noting that he advised custody staff that on the previous occasion the young man had been arrested, an appropriate adult had not been thought necessary. This time however, the duty police surgeon had determined that an appropriate adult would be needed.

The social worker describes how on arriving at custody he had established that Dan had in fact been re-arrested for the same vehicle taking offence for which he had originally been
arrested some three months before. He had then been released with no further action to be taken by the police, but forensic evidence had apparently become available which linked him to the offence. A small amount of cannabis had been found at his home address when he was re-arrested.

The next section of the report, which focuses on the social worker’s initial meeting with Dan, is couched in a way which presents his perspective, specifically his feelings about his situation, his ‘story’ about what has been happening to him, and his aspirations in relation to being able to access some support in the community from professionals:

‘He was clearly very anxious and agitated about the proceedings and that he was being blamed for a crime he hadn’t committed. He is feeling very vulnerable in the community and appears to have been targeted by a number of aggressive males who have broken into his flat and beaten him up. His girlfriend no longer visits him because of this threatening abuse. Dan has no link with supportive services and would like to access these- namely psychiatric services’.

This account is primarily descriptive, while seeking to represent the views of the person it relates to. During the interview Dan’s solicitor provided a written statement in which he denied any involvement in the theft of the car and said he had nothing further to add to his original statement, and also maintained that the cannabis had been left at his address by an acquaintance, as had a set of scales and a ‘bong’. He gave ‘no comment’ responses to all questions. The police said that his fingerprints were found in the car and they charged him with taking the vehicle, bailing him to court and bailing him to return to the police station on a later date in relation to the cannabis.

Before concluding by noting that Dan would make contact with the local emergency psychiatric service the next day (Sunday), to which information about this episode had been forwarded, the report writer offers a brief assessment and analysis of Dan’s situation:
'He presents as a vulnerable young person who is clearly struggling to “survive” in the community. He is fearful of recriminations and appears to be targeted by others who prey on his vulnerability. He has no support from his family and is likely to further deteriorate if not linked into supportive services from both the Mental Health service……and community based organisations……Not on any current medication'.

This illustrates another dimension of the purposive recording produced by out of hours practitioners: to draw the attention of colleagues, including those from other agencies, to a situation in which a level of ‘unmet need’ has been identified, with the hope of averting further deterioration in someone’s circumstances.

REPORT FIVE: RACHEL

T/C from (name)

He has returned to find that as yet Rachel hasn’t gone home + no-one has been to see her or speak with her. Wants some action now.

T/C to Dad- (name of Rachel’s father)- he said (name of Rachel’s social worker) was going to see Rachel at 4ish + then she was either coming home to his care or going to stay with her Mum.

T/C to (referrer’s name) 17.35 – no reply. (signature of report writer)

T/C to (referrer’s name) 18.15- no reply
Further call as I realised I had the wrong number. Spoke to Mr (referrer’s name). Agreed I would contact SW + then be in touch.

T/C to (social worker’s name)- many thanks- arrangements made for Rachel to return home + we should support her going back.

Attended the (referrer’s name)’s home, spoke to Rachel who agreed to return home. Took her home + got a reasonably quick response to knocking on the door. Dad uncommunicative with Rachel- he spoke with me, but didn’t seem too impressed that I returned her at 21.00.

Dad keen that Rachel take responsibility for herself, however I would consider that his expectations are too high in respect of Rachel’s ability. Dad saying he was expecting Rachel to make her bed and find the bedding. She said she didn’t know where the clean bedding was, + took a urine sodden sheet (not big enough for the bed) from one of two bin bags- which were on the landing. The hall smelt of stale urine- I initially thought it was a cat litter tray because of the pets in the house. I had to direct Dad to find bedding.
Dad of the opinion that Rachel manipulates people. He showed no warmth or positive interaction with Rachel.

I spoke to Dad in the kitchen, but he was a man of few words and it was difficult to engage him.

I saw Rachel in her room. The room was chaotic, didn’t appear to smell, but the bed was not made, covered in plastic, loads of books etc thrown on bed, some clothing on floor, cupboard door open or broken + clothes on the bottom of it piled-up.

On entering the property Rachel became very quiet and almost cowered into the background. On leaving I didn’t consider she was at risk of physical harm, but I was however very concerned by the emotional + psychological abuse she would appear to experience which is a chronic problem.

Rachel will go to college on Tuesday + will await contact from SW

I went back + spoke to the (referrer’s name)’s after returning Rachel home. They were very concerned for her. She’s given them an account of being told she is ugly + useless at home, doesn’t have regular meals, lack of support + parental guidance etc. She has not had a problem with bed wetting whilst with them. Has eaten well. [Overjoyed when (referrer’s name) made her a packed lunch for college]. Has opened up + joined in family life/discussions. She has asked to call Mrs (referrer’s name) Mum, + to live with the (referrer’s name). Mr and Mrs (referrer’s name) have explained this is not possible.

Having met Rachel + being aware that the (accommodation project for young people) is being considered for Rachel I am concerned by her level of L. dis, immaturity- lack of life skills. I feel she could be very vulnerable in (project name) type environment, as she doesn’t have the ability to cope. She is vulnerable to others who could exploit her in various ways.

I would consider a period in R/C to fully assess skills + abilities prior to further consideration of (project name) or other projects, would be highly beneficial.

Issues discussed further with (social worker’s name)

**Action**

Requires further urgent contact.

(signature of report writer)

This report refers to a contact concerning an eighteen year old woman with a learning disability who was not at her usual address, which appears to have been her father's home, but was still at the referrer’s home when he arrived there at five in the evening, as a result of which he: 'wants some action now'. The background to this situation is not included in the record, but as there was an allocated social worker, this information would not have been necessary for the content of the report to have been comprehensible- the context was already known.
The first recorded action taken by the report writing social worker was to make telephone contact with Rachel’s father, who is described as stating that Rachel’s social worker was due to have seen her at about four p.m., following which she was either going to return home to him (her father), or go and stay with her mother.

During a return telephone call to the referrer, the report writer records that she would contact him again after first speaking to Rachel’s social worker. Her brief note about this telephone call includes the comment ‘many thanks’, addressed to her social worker. (As the content of the interviews suggests, this local authority’s out of hours team is unusual in sanctioning direct contact with social workers at home about their cases, providing they have indicated their willingness to be contacted in this way. Even so, the prevailing culture of out of hours practice is that such approaches should only take place in the absence of any other means of resolving a situation). The social worker confirmed that Rachel should be supported in returning home to her father. The report then describes how she cooperated with this plan, before offering an insight from the report writer’s perspective about Rachel’s father’s attitude towards her and expectations of her:

‘Dad uncommunicative with Rachel- he spoke with me, but didn’t seem too impressed that I returned her at 21.00.

Dad keen that Rachel take responsibility for herself, however I would consider that his expectations are too high & unrealistic in respect of Rachel’s ability’.

The consequences are encapsulated in the description of what happened then:

‘Dad saying he was expecting Rachel to make the bed and find the bedding. She said she didn’t know where the clean bedding was & took a urine sodden sheet (not big enough for the bed) from one of two bin bags which were on the landing. The hall smelt of stale urine.’
Again, there is an indication of the report writer’s interpretation and analysis of the situation:

‘Dad of the opinion that Rachel manipulates people. He showed no warmth or positive interaction with Rachel’

and:

‘On entering the property Rachel became very quiet & almost cowered into the background.

On leaving I didn’t consider she was at risk of physical harm. I was however very concerned by the emotional & psychological abuse she would appear to experience which is a chronic problem’.

The report writer then adds to her analysis by describing returning to the referrer’s home after taking Rachel back to her father from there. The referrer and his wife are:

‘very concerned for her. She’s given them an account of being told she is ugly & useless at home, doesn’t have regular meals, lack of support and parental guidance etc.’

The writer also builds into her report her views in relation to the suitability of a particular accommodation project for Rachel:

‘Having met Rachel & being aware that (name of accommodation resource) is being considered for Rachel I am concerned by her level of l. dis., immaturity & lack of life skills. I feel she could be very vulnerable in (name of accommodation resource) type environment, as she doesn’t have the ability to cope. She is vulnerable to others who could exploit her in various ways.

I would consider a period in r/c (residential care) to fully assess skills & abilities prior to further consideration of (name of accommodation resource) or other projects would be highly beneficial’.

The particular expertise of the report writing social worker is once more reflected in this record. However, as is customarily the case, it is unlikely whether she would find out if her observations were acted upon, or the extent to which they were subsequently taken into
account. She finishes this report with a pointer towards future action, identified as:

'Requires further urgent contact'

REPORT SIX: JULIE

Julie has been staying with her mother- (mother’s name), in (district of city) for the last couple of weeks, and had apparently indicated that she wanted to stay there. She has tonight phoned (referrer’s name, Julie’s aunt) and (aunt’s mother) (J’s grandmother) to say that she was at a call box and didn’t want to go back to her mothers. She has apparently got bruises up and down her arm where (name of Julie’s brother) has been fighting with her.

No suggestion that (mother) (or her partner[named]) had been harming J., but (aunt’s name) said (mother’s name) had said “I don’t want her” and (mother’s partner) had said “I’ve never wanted her”!

(Aunt) and (grandmother) had advised Julie to contact the local police in Grimsby. They (aunt and grandmother) have since had a call from Police in Grimsby to confirm that they have picked Julie up.

(Aunt’s name) wanting to convey that they would happily have Julie back with them: (aunt’s name) prepared to drive up there tonight or to pay £400 for a taxi to bring her back, or to pay for a train if there was one.

I suggested that at this stage she await developments. I subsequently contacted Grimsby Police Communications- they had no log running on Julie and said there was no way they could trace who might be dealing with Julie.

I then attempted to phone North East Lincolnshire social services Emergency Duty Team: they started their own EDT separate from North Lincs on 1st September- the number (telephone number quoted) invited me to key in the extension of the person I wished to contact- I didn’t have that info and couldn’t get through to them.

I eventually got through to the N/E Linc’s Social Services- they’d heard nothing from the police.

Then we got a call from (Julie’s mother) to say that she had been speaking to her mother and that they had decided that the best long (words missed from report) would be if J. returned to (city name) to live with her Gran. They were proposing that she and (mother’s partner) would get J. to Birmingham and that (mother’s name)’s sister and brother in law would drive to Birmingham and collect her.

Police were in attendance at (Grimsby address). WPC (name) of local police was pleased to hear of the arrangement.

I then spoke with (local social services team leader) (my thanks!) who was equally pleased at the plan. Department’s view would be that J. is best off with gran and in (city name).

I confirmed with (aunt and grandmother) that this was the plan and left the family to make arrangements with the mother.
Hopefully, by the time Sector are in the morning Julie will be safely back at (aunt’s address)/

(signature of report writer)

This report was made following a referral received from the aunt of a fifteen year old girl whose mother had moved to live in Grimsby. This remained an open case to a Coast Town child care team. The girl had been staying with her mother there for about two weeks, and had apparently reported that she wanted to remain there. However, on the night of this referral, she had telephoned both her aunt and her grandmother from a call box saying that she didn’t want to return to her mother’s home and that her arm was extensively bruised because her brother had been fighting with her. It is noted that there was no suggestion that either her mother or her mother’s partner had harmed her, but inverted commas are employed to present what the referrer reported Julie’s mother’s and her partner’s orientations towards her as being:

‘(Referrer and aunt) said (mother) had said “I don’t want her” and (mother’s partner) had said “I’ve never wanted her”’.

The report relates to an account of events which had already occurred to the point at which Julie had been advised by her relatives in Coast Town to contact the local police in Grimsby, which it seems she had done. They had located her and taken her back to the police station. The aunt’s commitment to Julie is established through the record of her willingness to either drive to Grimsby to collect Julie, or to pay for a taxi (£400) to return her to Coast City, or for travel by public transport if any was available.

At this stage the writer noted he had ‘suggested she await developments’. He then describes his contact with police in Grimsby, who advised that they: ‘had no log running on Julie’, and therefore could not identify who ‘might be dealing with’ her. Problems
contacting the local social services EDT are then recounted, followed by the fact that when contact was finally made, they reported not having been contacted by the police about her. The record then describes how a telephone call was received from Julie’s mother, who said after speaking to her own mother in Coast Town, it had been agreed between them that it would be best if Julie were to return to Coast Town and live with her. Accordingly, Julie’s mother had proposed that she and her partner would take her to Birmingham, where she would be collected by her aunt from Coast Town. The writer then notes that he informed police who were at the mother’s address in Grimsby of the plan, and also the manager of the social work team in Coast Town, who apparently felt that this arrangement was in Julie’s best interest.

This extended narrative account details events in which the reporting social worker acted primarily as a conduit, facilitating information sharing among the various parties involved while having minimum direct input himself to this scenario as it unfolded. His role is that of facilitator and his recording serves to catalogue events for the benefit of those with a continuing role in Julie’s situation.

**Conclusion**

In spite of a contemporary and continuing transition to increasingly prescriptive and pre-configured templates for recording purposes, records of out of hours social work practice tend to continue to contain a primarily narrative content, in which there is a free-form account of work which has been undertaken. In addition to constituting a retrievable and therefore formal record of any intervention which has occurred, out of hours social work recordings can be understood as narratives of how situations came to be presented, who was involved and what happened. Suggestions for further intervention or action identified
as required may also form part of the record, following and based on an analysis by the writer.

As stated, the reports referred to above were not chosen in accordance with any criterion in relation to content, apart from minimum quantity. The specific situations they relate to amount to a random selection of work undertaken within one out of hours team. Had the sample been chosen purposively in the sense of according to specific pre-identified content in order to illustrate certain ideas formulated in advance, the analysis would have proceeded differently. I elected instead to work with a sample of records which was random in terms of content, and thereby to comment on out of hours recording in a less pre-configured way. Reports and recordings such as those referred to above can be seen as the repositories for practice wisdom. Factors which can be identified as influencing and shaping the recording of out of hours practice include the perceived complexity, delicacy and significance of the work, perhaps combined with a sense that repercussion may be likely at some stage in the future. The amount of work which needs to be recorded at any given time is clearly another factor having a bearing on the volume and content of records of practice. The transmission of documentary material is a continuing two-directional process, as indicated in the following early research memorandum about information exchange:

‘Information in the form of written and oral thumbnail sketches from daytime workers flows in to the out of hours office, together with more formal documents in the shape of CP meeting minutes and hospital discharge plans etc. Narratives which account for OOH involvement and action taken, or not taken, which may include suggestions of varying levels of preciseness about what further involvement may subsequently be required, flow out.’

As narratives, out of hours practice recordings are more than mere process documents meeting procedural requirements for records of events to be maintained. They are also explicatory and justificatory documents, accounts for as well as of practice. From the
standpoint which regards social work as a moral activity, they have a clear moral component, encapsulating detail pertaining to both process and outcome, aspects of practice which have tended to become polarised as orientations to analysis and understanding. Reports written by OOH social workers include therefore content which is descriptive, evaluative, explanatory, validatory, predictive and analytical. Such records, however detailed they might be, are clearly highly selective, being prepared as an account, but also a justification of what happened and specifically, why the intervention in question was made. They are written with a particular audience in mind, namely daytime practitioners- usually other social workers or social work managers. In many instances, people have an ongoing responsibility for working with the service users concerned. It is this consideration which drives the shape and content more than any other. One function of the written report is to preempt or deflect possible objections or complaints, and to serve as a source document if any complaint should arise. A secondary function is as an information store for future reference.

In the following two chapters there is a shift of emphasis towards the perspectives and understandings of the practitioners and practitioner-managers who were interviewed. In the first of these the focus will be on the nature of interaction and working relationships with mainstream daytime social work teams and the range of other agencies out of hours practitioners routinely engage and collaborate with.
CHAPTER SEVEN

THE INTERFACE WITH MAINSTREAM SOCIAL WORK SERVICES AND OTHER AGENCIES

'We resist being used as an extension to the daytime service, which is always a problem for emergency duty teams, because we just can't cope with the demand.' (BW)

Introduction

Contacts and relations with daytime social work services are a core aspect of the occupational arena of out of hours practice. The border demarcating the two elements of the social work department's activities is a terrain which is potentially open to contested understandings and expectations which are at variance. This is particularly apparent in connection with the transmission of work by daytime social work services and its receipt and acceptance by out of hours teams. Working relationships with other agencies are also often contingent on negotiations pertaining to the reception or transmission of work.

Routinely joint working with other agencies is characteristic of EDT and out of hours work, with a different quality to working with the police in particular often noted.

This chapter opens by focusing on the handing over of work by mainstream daytime teams, before moving to examine the range of mutual perceptions which prevail from the standpoint of out of hours practitioners. The character of working relationships with other services is then addressed. The issues relating to liaison and contact with daytime practitioners are primarily introduced by initial reference to the sample interview with LC, before the spread of opinion and perception is explored.
Handing over: the transmission of work from daytime practitioners

‘Child protection teams on the whole are pretty good. They’ll ring us at half four and say, look this has just come in, I mean, normally it’s a bit of a fib. It’s probably come in about seven hours ago (laughs). I’d say- it’s fifty fifty, sometimes it’s a pretty good handover, we’re given lots of information. The team manager who’s giving it to us quite often gives us a mobile number, saying look, if you need to know any more- but then the other half of the time it’s crap. You know, and it’s like a three line fax that you can barely read, and they’ve gone home, and you ain’t got a clue what it is that they’re talking about basically. It seems to be the more willy-nilly ones that are like that, the more heavy duty stuff they seem to be a bit more stringent in when they’re handing it over.’(EW)

‘If they’re liaising with us, they’re wanting to offload something to be quite honest, I mean that’s- they’re wanting the emergency duty team to be dealing with something that’s happened during the day and has caused them difficulties, and they’re not able to see it through. So I mean, that there is only one person on doesn’t seem to make that much difference.’
(MR)

‘..unless there are very extenuating circumstances, we won’t agree to do a planned visit.’
(BW)

‘They’ll get cooperation from us if we can see that they’re not pulling a fast one.’ (AE)

In addition to new situations which arise within the duration of a particular shift, EDTs are also frequently required to become involved in work which has been started or ongoing during the preceding conventional working day, but not completed. Finishing off ‘other people’s work’ is how LC perceived this element of EDT practice. That this was necessary ‘rightly or wrongly’ from his perspective, conveys that sometimes this was felt to be a reasonable expectation on the part of daytime colleagues while on other occasions it wasn’t.

As noted, out of hours social work services are often points of contact for people who have been seeking or trying to elicit a particular service or response from their daytime counterparts over time, as the following vignette extract suggests:

‘..the situation incorporated the sense of the OOH worker receiving the brunt of anger and resentment about social services inputs which had built up over many months.’
This relates to the general sense in which it might be easier to absorb or deflect, for example, a parent's demands that a young person is accommodated during the day, with the situation more acute and family members already feeling antagonistic and dissatisfied by the time they begin contacting the out of hours team.

Some work accrues by default. This comprises uncompleted tasks which were seen by LC as having been 'just left' to then come to the attention of the EDT. In other instances there is an element of contact being made with the EDT by daytime staff, with a request for completion. According to the same interviewee work passed on in this way arrives in 'various guises'. The use of the word 'guises' implies a degree of calculatedness or even sleight of hand on the part of daytime colleagues, and a suspicion that the justificatory 'well, it's only just come in' may not be entirely accurate or honest.

When a visit had been deemed necessary and the daytime team had called at an address but not been able to get a reply, following which the EDT was then asked to make a further visit, this type of handover was defined by LC as 'ridiculous'.

Requests for 'spot check' type monitoring visits, usually associated with a plan drawn up in the child protection case conference arena, he viewed caustically: 'we get into that kind of nonsense'. Such work is reluctantly taken on, with a caution that it might not get carried out: 'if we're doing other things, then it ain't going to get done' The expectation that EDTs can become involved in this kind of activity was regarded as contentious by a majority of interviewees; it serves to illustrate how there can be an absence of strategic continuity between daytime services and out of hours services, and raises the question of the extent to which EDTs are or can be included in the planning processes engaged in by the wider department. In some EDTs non-rota time is built in to enable workers to attend meetings as well as training events, but this is not always the case. The most usual response to such
requests was that this work would be undertaken on a limited basis and if other demands on the EDT permitted, and it was generally accorded a reduced priority consequently. Encompassing the preceding routes by which work reaches the EDT, in which a lack of consideration or honesty is imputed by LC, is his more blatant assessment of some daytime staff attitudes:

'Well, it's five o'clock, we're going home, it's over to you'.

Handover from daytime teams was perceived as having become increasingly problematic over time by LC who regarded this change as being in part a consequence of staff shortages within child care teams.

While the EDT workers may not approve of how a particular piece of work reaches them, in LC's account they are depicted as somewhat passive in their response to a burgeoning influx of work. The image conveyed is of the EDT as a relatively isolated and embattled enclave within a wider system, itself under acute pressure, in which many factors are ranged against it, although it struggles stoically on.

Although LC suspects that some of the demands on his EDT service arise because of the lack of a sufficient response or involvement by daytime teams, he acknowledges that there is also a comparable flow of work which has not been dealt with moving in the reverse direction. He volunteers that: 'we do leave things', but then proceeds to legitimise doing so as being 'part of our remit', 'unless it's a matter of urgency'.

The boundary or 'frontier' demarcating the world of daytime social work activity from that of its out of hours counterpart is an important one. As noted, it is the site of negotiation, information exchange and the transmission of uncompleted work from one domain to the other. As such, it can be a point of tension, and potentially of conflicting perceptions and understandings, where expectations may be thwarted and where motives may be questioned.
This is a very important aspect of EDT practice. The way handovers are accomplished within out of hours social work services has been considered above. Here, the emphasis is on the way work is received from daytime colleagues, the negotiations associated with this transaction, and the potential for tension and even conflict surrounding the terrain of this occupational frontier.

Although not usually enshrined in a formal procedure, there are generally clear expectations attending what is regarded as the acceptable and proper means of handing work over from daytime teams to their out of hours colleagues. Deviations from whatever unwritten local protocols apply in a given area are viewed harshly. A common expectation is that there will be a clear opportunity for direct negotiation between the EDT social worker and the corresponding daytime practitioner or team manager before the former agree to accept responsibility for continuing with something which may have begun during the working day. An extreme position would be one in which all such work is defined as ‘daytime work’, and therefore as outside the remit of the EDT. While such a stance is not unknown, it is usually acknowledged that daytime services are not able to respond to referrals which only reach them shortly before they are due to close:

‘...we have to be realistic about it. We do say if something’s been picked up in the daytime then they own it until they’ve finish with it, but then if somebody’s going to be out until one or two o’clock in the morning obviously we’d help out, and if somebody picks up a child protection case at ten in the morning and they’re going to deal with it in the daytime office through to seven at night, we’d let them do it. But if they pick something up at quarter past four or half past four, and it’s a new case, and they phoned us, then we would help with that. But as a rule we try not to just be an extension of daytime services’. (WH)

PL also alluded to discretion and the requirement for flexibility and empathizing with daytime colleagues on the basis of having once been a daytime practitioner, in spite of the existence of more formal and ostensibly rigid and non-negotiable protocols in the London borough where he was a player-manager:
'The rule is- which we don’t apply- the rule is, one minute to five them, one minute past five us. Although if day services ring us, and they do it reasonably frequently, and say, “Look, it’s half past four, I’m knackered, I’ve got this mental health assessment, will you do it?”, we’ll say “Yes”. And part of it is all of us have done day work, and we all know what it’s like, getting that half four assessment and thinking “Oh god, can I be bothered?”, and they’ll pass it on. And it’s not a problem at all you know; it makes sense. And out of human decency we’d much rather do that for someone and say “For heaven’s sake go home. You’ve been working all day, go home and be with your family”.

This observation highlights the negotiated character of practice as it is undertaken, and the corresponding impossibility of applying absolute and rigid protocols and guidelines. An EDT worker for a service to five authorities spoke about the deviant case in relation to the way the different local authorities managed the handover of work:

“..there was one particular authority that...on any Friday.....were sending three and four heavy pieces of work, and it wasn’t on really. And they were leaving times off the referral, as to when it came to their attention..”

Against this, the same practitioner (KS) also acknowledged that there were occasions when it was not feasible for daytime services to pursue to completion the response to a particular situation which had come to their attention:

‘..but we do accept work because we realise that if they get a call from a school at two o’clock and the parents are not in, it isn’t legitimate for them to finish it if it’s not an active case, if it’s a new piece of work.”

In relation to the socially constituted world which underpins and provides the context for people’s actions, W.I.Thomas famously observed that:

‘It is not important whether or not the interpretation is correct - if men (sic) define situations as real, they are real in their consequences’ (Schwartz and Jacobs, 1979:25).

As suggested above and in previous chapters, the world of out of hours social work practice is an arena in which competing definitions are contested, with a service user’s perception of what amounts to an emergency or urgent situation not necessarily being shared by the EDT worker on duty. Providing that situation does not fall within the parameters of scenarios in which there is a statutory obligation to respond or intervene, the
EDT worker is in a powerful position from which to attempt to reframe or redefine the service user’s interpretation in order to justify not responding in the way anticipated or hoped for. By contrast, the EDT practitioner is in a weaker position in relation to both other social work colleagues, and other professionals and agencies in general, when it is comparatively more difficult to resist the expectations which are brought to bear, for instance at the point of the handover of work. One of the factors resulting in such clashes of perspective is identified as the frequent lack of an accurate understanding of the extent of an EDT’s capacity in relation to the demands made on it. For LC, the comparatively high turnover of daytime staff gave rise to a prevailing lack of awareness of the capacity, size, and capability of the EDT, and that for much of the night this amounts to only one person on duty. This begs the question of how the liaison identified as necessary in order to correct misapprehensions in this regard might be accomplished. Another factor seen as compounding the situation is the lack of any contingency planning which extends beyond the advice to service users that: ‘if there’s a problem, ring EDT’, while very little useful information about resources which might be needed is passed on beforehand. From LC’s point of view, in contrast, the service users should have been discussing potential difficulties with their daytime social workers. Exploration of an EDT social worker’s views on how work is channelled from daytime teams to become (at least temporarily) the responsibility of the EDT revealed an identification of artifice by LC in the actions of those from whose number and situation he had consciously elected to move. Appropriate adult work which was handed over from a daytime service with the explanation that police delays were to blame for the work not having been concluded earlier was regarded with a certain suspicion by LC who felt that this sort of justification might not always be genuine. However, other interviewees confirmed that their service would undertake to complete work which had not been concluded and was of precisely this kind:
‘..there are occasions when, for example, our youth justice team might have been down to the police station for an interview which couldn’t proceed. They might ask us to pick that up because it’s not going to be until later, or something happens and they’re not able to follow it through. But yes, we can and do pick up work that isn’t able to be completed.’ (MR)

The concept of ‘planned work’ was used to denote work the need for which was known about in advance by daytime social workers, generally with a requirement for it to be undertaken at a certain time. Work of this type was either not accepted at all or was provisionally agreed to depending on other obligations at a given time:

‘Certainly planned work we wouldn’t be able to take on. We wouldn’t be able to take it on with any degree of certainty that we would be able to do it essentially, because of the nature of the work and the fact that more often than not there’s only one person on duty. So it would be silly to say, yes, I will do this at eight o’clock, when in fact you don’t know what you’re going to be dealing with at eight o’clock.’ (MR)

I argue that a ‘tacitly understood line of demarcation’ between out of hours and daytime social work services is something which EDT practitioners operate with. Notwithstanding any efforts to establish and maintain a ‘seamless service’, it is primarily the differences of scale and resources which give rise to this.

Mutual perceptions: EDT perspectives on daytime services, including their disposition towards out of hours teams

‘I mean it is only a perception, you know, that we’re either cowboys or burnt out, working at night because we can’t hack it during the day, I mean that’s the perception you get…” (LC)

Perhaps this section would more accurately be identified as concerning the perceptions of out of hours staff of the perceptions daytime colleagues have in relation to them. It concerns not only the level of approbation or otherwise, but also whether or not daytime staff were regarded as having a realistic or accurate understanding of the capacity for EDTs...
to be able to undertake particular kinds of work or to respond in particular ways. AR said feedback to his team was confined to liaison with ‘first line managers’ and was ‘to be frank....pretty positive’. AR viewed ‘regular involvement in daytime practice’ as important for the career of an individual EDT practitioner as well as being a key way of ‘maintaining quality’ and protecting ‘quality standards’. BW also described feedback as positive, other than when requests for the EDT to continue with work begun during the day had been declined. Similarly, PL said of general feedback from daytime colleagues that ‘nine times out of ten it’s positive’. More specific comment was more likely to be forthcoming relating to ‘where it goes wrong’:

‘...that we haven’t accommodated kids that they wanted accommodated, or that we haven’t sectioned someone, and then you get phone calls saying “What the hell were you up to last night?”’ What I find is that, with talking that through, they can then see our position, that we’re into risk assessment and that if the risk doesn’t cross that threshold for that night, you know, we’re not going to move on it really.’

In general he thought the service he managed was well thought of because it was flexible in the receipt of work:

‘....we don’t argue the toss- “Is it mine? Is it yours?. We’ll say “Look, fine, don’t worry, give it to us. We’ll sort it out”’ I think that’s just valued really, whereas other teams I have worked in just do not do that. They will argue the toss......I can’t see the point in that, it’s stupidity.’

Among the views expressed by out of hours social workers in connection with the way their service was looked upon by daytime colleagues were those who reported being regarded in a negative light, if not currently then in the past. While the origin of such reported opinion was not necessarily clear, a link was made between negative views and a lack of awareness or understanding about out of hours provision:

‘Well, historically it’s been awful. I think they think we sit here and do nothing and just fob people off- some people think that. I think a lot of managers- you know, higher managers in the area, are critical of the fact that we don’t go out and visit, particularly in the child care field, as much as they would wish. These are recurrent complaints. Having said that, there’s always a time lag with reputations isn’t there, and I’ve got a feeling that that is an outdated reputation, because you ask people who have more current involvement,
or who've been up to see us here, I suspect it's changing, or has changed, so that- the point is our reputation is probably out of date.' (TM)

'I think they complain that we're not going out. They don't realise that we actually aren't going out because we're juggling half a dozen different cases over the phone, and virtually it's a much more effective use of our time- in many cases it would be easier to go out and deal with one case than to sit in the office juggling half a dozen, but I don't know that that's really understood.' (TM)

Friction with daytime childcare social workers associated with their feeling that expectations were not being met by the EDT were seen by PL as resulting from misapprehensions or ignorance:

'...their perception of us was that there were several workers on at night who could merrily go and talk to families and all the rest of it, and I said "Look, there's one worker on mostly", and they weren't aware of that. And that's because they were all, you know, one year, two years out of college, and sort of cutting their teeth on child protection work, as you do.'

Another informant felt that views in daytime teams about the EDT varied, with negative opinions likely when the EDT was identified as generating more work for their daytime counterparts, which were to some extent offset by more positive reactions to work which had been undertaken by the EDT:

'I don't think it's a consistent picture. I think sometimes we're viewed as just a pain in the arse you know, that we're picking things up and referring it to the team and- oh no, not another one of those referrals, oh not another referral from them. But there again there are other occasions when, you know, we're getting some fairly positive feedback through planning meetings and case conferences about the intervention that we've undertaken..' (MR)

JM also referred to varying kinds of contact from daytime colleagues, and to an identified deficit of positives within these:

'Occasionally there are angry responses. Occasionally there are pieces of information that we've requested. And very, very occasionally there are thankyous- very, very occasionally- I mean so few that I can probably nominate them all in the last ten years.'

Points of divergence or friction were not only attributed to a presumed lack of understanding or appreciation of the situation of out of hours services. Different
operational practices, for instance in relation to risk and lone working, could give rise to feelings of resentment or indignation:

‘But we’re just a bit miffed that there seems to be two sets of rules running at the moment. The daytime ASWs will actually pass us a call at five, with the intention of us going alone, when they’re told they can only go in pairs during the day.’ (EW)

In this example, the out of hours service can be seen not to be conforming to current practice conventions in part because of inherent limitations on staff availability as a resource. One player-manager attributed the past mode of operating within his EDT as provoking negative reaction through a combination of elitism and a false sense of superiority, together with an absence of any managerial control:

‘..and they’d gone feral basically, because the team had been running for eighteen years without any change, and everybody at EDT had this superior mystique about them. They knew- you know, they were expert social workers- they knew everything there was to know about the job, they knew how to do everything. And I think there was a little bit of resentment from other people in the daytime teams, especially as nearly everybody in EDT went and worked in the daytime offices for overtime.’ (WH)

The solution he identified was to dispel what were seen as outdated perceptions by improved liaison and contact with daytime services. This strategy was widely identified as essential within out of hours social work services, although at the same time as one which was difficult to successfully put into practice:

‘So what we’ve tried to do is get ourselves involved in daytime to try and remove this mystique image that we’ve got to some extent. I mean it’s self-defeating; I don’t want everybody to know exactly what it’s like at EDT, or else they’ll all want to work there won’t they? But the other side of it, I want to create an image of EDT as being professional workers who know what we’re doing, that we are, you know, approachable, and doing a high standard job.’ (WH)

Another player-manager thought that it was more than simply a matter of ensuring daytime team colleagues had an accurate understanding of the EDT’s resources and capacity, seeing the out of hours service as a convenient target when blame for wider departmental failings was being apportioned:
‘Yeah, but I think that when people are in that sort of mood then... their aim isn’t to become aware, you know, they just want somebody to blame, so they’re not very interested in reality, they just want a scapegoat.’ (NV)

He was not alone in holding this view. While locating the reputation of her EDT service among daytime practitioners as contingent on the quality of individual experiences and contacts, JM also thought the EDT was open to being blamed ‘when things go wrong’:

‘....if someone’s had a helpful piece of work done by us on one of their cases and they approve of it, then obviously our stock must rise. But I think there is a tendency to use us as someone to blame, a scapegoat when things go wrong.’

Adding to the sense of EDT staff as operating in isolation and without support is the imputed collegial ignorance which has been identified. LC regarded his authority’s family finding team as unaware of the out of hours context and as having: ‘no appreciation of our role’. Referring to inappropriate placements of children which may have been made during the day, he commented:

‘...and that happens during the day, and there’s a lot of bad practice that goes on during the day, and we’re sort of stuck with that at night as well.’

The term ‘stuck with’ and the word ‘appreciation’ are instructive in relation to LC’s understanding of his occupational milieu, in that they convey more than one meaning. With reference to perceived ‘bad practice’ during the day, ‘stuck with’ implies that the EDT worker is not only faced with the consequences of poor daytime practice, but also the very same lack of resources which gave rise to it. Similarly, ‘no appreciation’ of the EDT role connotes both a lack of understanding and a failure to value.
**Liaising with daytime services**

The potential for out of hours services to be seen as the instigators of work which then adds to the burden of demands on daytime social work teams has been alluded to.

RA said if there were 'particular concerns' about a piece of work or it involved a 'particularly difficult issue', then he would liaise with the duty manager of the receiving daytime team or service as a matter of course. RA additionally mentioned established lines of communication between his EDT and daytime services, which took the form of individual liaison responsibilities held by him and his colleagues, with both a particular 'set of senior practitioners or managers' or in relation to specific 'practice issues'. This was supplemented by the fact of his involvement in undertaking some 'casework for the children’s services' at the time of the interview. In this context he contrasted the established relationships developed over time with managers in previous local authority areas he had worked for with more ephemeral contacts in London boroughs where staff turnover was much higher. In the more rural counties where he had previously worked, he defined liaison as occurring in an informal way:

'...you would have the benefit of knowing people over many years, who might on an informal basis stand up and say “maybe we need to tweak this or maybe we need to tweak that”...'

The controversial nature of requests for 'monitoring' or 'welfare check' visits by EDTs in connection with child care work has been referred to in Chapter Four and is also another component of what is understood to be ‘planned work’, as identified above. An apparent reluctance by daytime childcare staff to include EDT representatives in the formulation of child protection plans was referred to in rhetorical language by PL, a player-manager:

'What I’m trying to do is to get the childcare teams to think of contingency plans, and to involve me in those as the daytime representative of EDT, to say “Look, you know, there’s a night time aspect, an evening aspect to work with this family. Come to this meeting and talk to us about it. Come to this planning meeting or child protection conference and tell us what...EDT can and can’t offer this family”. But they’ve never ever invited
us..............Think contingency, think EDT, bring us in. At least let us have a conversation with you. If we can’t do it we’ll tell you, if we can do it ,we’ll do it.’

He felt he had not been able to successfully convey to daytime childcare colleagues the reasons his EDT would not undertake ‘pop-in’ visits during a recent meeting with their representatives, regarding this as emanating from individual daytime practitioners’ reluctance to make decisions about whether children could safely remain in a hypothetical situation:

‘.....but they couldn’t quite understand how they could leave that situation, and I was saying “Well, you know, the choices are stark: too risky, remove the kids; not risky, leave the kids. That’s the decision, you know”. And obviously it isn’t as simple as that. You’ve got to talk and consult, but even at the end of a long, long, long conversation, they still couldn’t quite- they still wanted EDT to pop in, and I’m saying, you know, we’re not about that.’

A contrasting aspect of liaison and cooperative practice is evident in the nature of contacts with other EDTs and out of hours services. RA described the teams he worked for as linking in with a local training association for EDTs in what was an ‘ongoing’ arrangement. Understandings of the quality of cooperation and relations in general with other EDTs and out of hours teams typically portrayed a general spirit of mutuality and reciprocity, with any difficulties or animosity likely to be confined to dealings with neighbouring teams in adjacent local authority areas, where there were more likely to be differences of opinion in relation to where responsibility for responding to certain kinds of situation rested. In some instances though, there was mention of reciprocal arrangements in respect of child protection and mental health work which were regarded as mutually beneficial.

Although a range of views or opinions relating to the out of hours service were known, presumed, or suspected, EDTs emerge as operating on a day to day basis with surprisingly little feedback from their daytime counterparts other than when ‘it goes wrong’. One of the
most distinctive aspects of out of hours work is what I define as 'working in a vacuum', by
which I refer to the fact that there is generally very little in the way of feedback from
daytime colleagues about work which has been done and then passed on to them, or passed
back to them. Clearly, daytime social workers are not in a position of being able to take
time to continually update out of hours colleagues and to comment on the professional
activities of the latter. This results in a situation where there may be some feedback from
immediate colleagues (although in practice this is rarely forthcoming among people who
are very familiar with working with other individuals and with their particular quirks and
idiosyncracies, which is consistent with the convention among social work practitioners in
general noted by Pithouse (1998) that they do not engage in appraisal or critique of others’
practice) or perhaps from a line manager, although again, feedback of this kind on work
done is not usually received. Ultimately then, the individual out of hours practitioner really
has to assess and validate his or her own performance, and satisfy him or herself that a
piece of work has been adequately undertaken and concluded, because they know that the
likelihood is that they will not hear any more about it until the next time the individual or
the family concerned present out of hours. Then, scrutiny of the separate and discrete out
of hours records maintained by the team on whose working practice this account is based
leads the practitioner concerned to ponder what might have taken place by way of social
work involvement since that last contact out of hours was made, generally with no means
of checking on this at the time.

The above feature of out of hours practice can accentuate a feeling of 'marginalisation'
(also noted by respondent DB), and when taken to extremes, to what almost can amount to
a sense of alienation from the world of daytime social work practice which some people
experience as discomfort, while others tend to become increasingly cocooned and insulated
within the discrete world of out of hours work. Covering absences in daytime teams and
providing assistance when additional staff are needed is one way of countering this tendency which some interviewees have reported, and which is reflected in the narrative of the interviewee KS, who described sitting in a daytime office aware of feverish and relentless recording work being obsessively undertaken around her, giving rise to a sense of the daytime office as being a less enticing prospect.

In the remainder of this chapter the focus will widen to consider the EDT’s interaction and engagement with other agencies.

Relationships with Other Agencies and Professionals: Inter-agency working

‘I mean obviously there are new people coming in all the time who don’t know very much about us, and it’s our unwritten brief to educate them about what we can do and what we can’t do. You get your brand new police inspectors coming in from Timbuktoo who don’t realise that we haven’t got a pool of foster carers just waiting for people on police protection orders to be swept into.’ (JM)

‘I think there’s more cooperation out of hours between agencies than there is in the daytime, that’s my experience. I find that in the small hours of the morning you can have a more reasoned discussion with A and E staff, or with psychiatrists or with custody sergeants, or whatever, than often seems to be the case in the busier times of the day.’ (AE)

Introduction

Asked how he thought the team he manages was regarded by doctors and other professionals, LT’s response was consistent with the majority of interviewee opinion in connection with the views of daytime social workers. This was the notion that an absence of any expressed view could reasonably be taken as a form of tacit approval:

‘…I mean they don’t write us lovely letters saying how wonderful we are, but then, who does? (laughs) They just don’t tell us that they think that we’re rubbish, so I’m assuming that means that they’re quite happy….and there’s nothing to suggest otherwise.’ (LT)
Comparing the context for child care social work practice in the late nineteen nineties with the same context a decade earlier, Pithouse (1998) found that it had become an:

'occupational environment where paradox, unpredictability and blame appear far more pronounced than ever witnessed before' (Pithouse, 1998, p.2)

In a practice context of this kind the significance attached to the absence of overt censure or criticism is likely to be more pronounced. In terms of disposition towards the out of hours service, one interviewee drew a distinction between other agencies and other elements of local authority provision, regarding the latter as more likely to be unhelpful and uncooperative in the following narrative account based around a particular episode:

"...to be honest, some of the problems that we have with relationships is not necessarily other agencies as in police and, you know, ambulance and whatever, it will be like our own residential units, who freak when they hear your voice, you know (laughs) and then fight tooth and nail, you know to, to fart arse about and not tell you anything. Like we’ve got one particular juvenile residential unit, and quite recently I was in the police station- we actually had twelve kids arrested, it’s ridiculous, not all together, but, you know, within a short space of time. It was a Saturday, they were all in the local shopping place, all nicking and what not, but I actually had quite a heavy duty mental health, this guy had attempted murder, in the police station, and was waiting for our on-call consultant and stuff, phoned our residential unit, and I bloody knew there was hardly any kids there because I had most of them in the nick, and it was all this umming an ahhing, and I said to them, look, you know, “Don’t bullshit me, I’ve got most of your residents here, so you can’t tell me that there’s not people there available”, because they do do PACE during the day. So, at times I struggle with them." (EW)

The dependence of the quality of working relationships with other agencies on the quality of relationships with individual practitioners was a notion expressed by several of those interviewed, and most directly by NV:

‘I’d say it’s broadly speaking good, although it’s always dependent on individuals, and how individuals translate their role and how individuals you know, liaise and so on, and I think the same applies to doctors and consultants. I’d say it’s mostly good, but, you know, an individual can always make a difference in terms of being good to work with or making things quite difficult.’
For LT the context of EDT practice was more conducive to the establishing of productive and effective working relationships with the representatives of other agencies, in part because of the restricted numbers of personnel involved:

‘In terms of outside the department, you know, looking at sort of further afield, I think one of the interesting things is the fact that you form cross-agency links much more readily in emergency duty teams in my experience than you do in daytime, simply because there’s no other social workers about, so if you’re going to form a relationship with a colleague, a professional colleague, in a situation, it’s very likely to be somebody from another agency, I mean principally perhaps the police.’

Police

Etherington and Parker refer to early in-house research studies indicating that the police are ‘the biggest single referral agent during the night time’ (1984 p.11)

While working relationships with some other agencies are constrained and restricted, with others, notably the police, they are expansive and extensive, with some evidence to suggest that they differ in nature too. In comparison with a majority of their daytime colleagues, out of hours social workers operate far more widely and routinely with the police. A significant proportion of the referrals received by out of hours social work teams continues to be generated by the police. In situations where the safety of children is at issue, where an Emergency Protection Order would be sought during the day, the use of police powers is the norm at night. Similarly, in circumstances which are assessed as needing the involvement of more than one worker because of personal safety considerations, the assistance of the police rather than another social worker is likely to be requested (and would be the only option in late night lone worker scenarios). While visiting jointly with uniformed police officers may be a sensible expedient and precaution in some circumstances, in others the involvement of the police might prove to be disconcerting, if not oppressive, for service users.
Among the range of other agencies, the police were viewed as more understanding, while health service staff were widely seen as expecting a continuation of the same level of service as the daytime hospital social work team offered.

However, although the support and assistance of the police was widely valued and the extent of joint working with police officers was notably more extensive at night than during the day, there was also an ambivalent, even contrary, dimension to the character of working relations with them. First, referrals are often received from the police, either directly or indirectly, which are regarded as inappropriate. Or it may seem that the police have raised expectations that an EDT social worker will be able to take action or arrange a resource which will alleviate a situation when this is not in fact the case. But the most contentious aspect of police work as it impinges on the EDT social worker is the operation and activities of custody centres, where EDT workers, like operational police officers, can easily become entrapped by repeated delays and by the inherently protracted and slow-moving nature of the processes and procedures there. Where EDT staff were regularly working with more than one police station differences between them were discerned:

‘...it varies very much from police station to police station. I guess we’ve got four main sites, one of which is sort of (town name), which we rarely use now because they’re an independent authority, but I guess some of our people are taken there. Because we use that very rarely, we get messed around there more, yeah, without a doubt. I mean equally there’s one of the other police stations where we... have to be a lot clearer over the phone, you know like, well has this person got a solicitor- oh, don’t want one, well, have you asked them, you know all these sort of- you know you have to ask mind-numbingly- it’s a whole ethos of non-cooperation.’

The same interviewee (GF) counterposed the more positive interaction in other custody centres which resulted from the ‘rapport’ which had been established over time, which is characteristic of EDT practice involving other agencies, where working relationships can be forged over time between individuals.

Equally, work emanating directly from the police themselves was not always felt to constitute an appropriate demand on the EDT, particularly in relation to arrests under
Section 136 of the Mental Health Act (1983), where LC felt that there was sometimes a lack of clarity as to why people had been arrested in the first place. Similarly, WH regarded Section 136 of the Mental Health Act (1983) as sometimes being used in a haphazard way:

'I don’t think the police on the beat or the bobbies are too well informed on the Mental Health Act, and they pick somebody up and think, oh this bloke’s mad, we’ll take him back to a police station and see what the custody sergeant says. By the time they’ve got him there the custody sergeant gets the police surgeon out, and it’s a 136, you know..'

A vignette from a practice situation recorded on 01.11.98 points to the sometimes expedient, if erroneous, way the police could view mental health legislation as offering a potential solution to a situation which was otherwise intractable from their perspective:

'T/call from duty CID inspector re. young woman who has consistently been the victim of criminal violence in the home. Her four children are being looked after by relatives. She is the partner of a man well-known to the police. Both are users of illicit drugs. The police are apparently frustrated by the woman’s refusal to make a complaint of assault, in spite of sustaining some serious injuries, including recently having her arms cut with a knife and a hole drilled above one of her wrists.
The partner is in police custody, but police think it likely that he will be released because his detention only relates to relatively minor matters.
The reason for the call is that the CID officer hopes that it will be possible to safeguard the woman’s position using mental health legislation. His reasoning is that because of her background of prolonged substance misuse, but primarily because she is not taking any action to protect herself, it must be case that she is ‘mentally ill’, and consequently liable to being confined in a psychiatric hospital, where, by implication, she will be safe.’

WH was personally involved in training programmes for new custody sergeants. He saw this as advantageous because it provided an opportunity to make the recruits aware of the range of work undertaken by the EDT:

‘I think once they are enlightened as to what our job is, then they appreciate us a lot more and they’re a lot better about it. I think that’s the same with a lot of the other agencies. You know, they don’t realise that we do other things besides whatever their contact is with us’.

While some informants expressed unease about certain aspects of working relations with the police, it was universally accepted that the relationship between the police and social services which prevailed out of hours was different, entailing greater mutuality and closer cooperation. In noting how good working relationships with the police were enjoyed by his
team BW remarked on their readiness to engage with situations he felt were strictly speaking outside their remit:

'we help them as much as we can and they help us in a range of different areas. Certainly (city name) police are extremely good at doing things that are probably not really their job in terms of settling family problems out, and we often get to know about it once they've sorted it out.'

**Medical practitioners**

WH defined relations between the EDT he managed and other agencies in general as being 'reasonable', before narrating the details of a complaint made by a consultant paediatrician which followed a request for information about a particular child made by A+E staff. As with police personnel, working relationships with doctors were often established and developed over time, with individual practitioners working together out of hours either regularly or occasionally. Of course, familiarity did not necessarily mean that the regard which resulted would be positive in all cases:

'Psychiatrists, I mean I think it works similar ways, I mean we've got some names that we absolutely dread, and other ones where, you think, fine, you know, it's going to be- we're going to do a decent job here, however it's resolved.'(GF)

While she thought that in general other agencies were aware of the limitations of the EDT service, TM commented that:

'...sometimes we get a stroppy GP who can't understand why we don't come out and visit his client, and we have to explain ourselves a bit more.'

The importance of established working relationships between individual practitioners from different agencies can be illustrated with reference to GPs. EW described what she regarded as the lack of awareness of locum general practitioners regarding the processes and procedures associated with Mental Health Act assessments:

'...a locum GP who's never signed a med. rec. in his life, who, you know, wants you to tell him word for word what he should be putting, and if that's okay for him to do. And the FMEs, we've got some real crap FMEs [Forensic Medical Examiners] to be honest, and the FMEs tend to call us in to the police station for us to see what we think, and do we
think they're fit to be detained and interviewed, or do we think that, you know, they should be going off to hospital or something.' (EW)

On the other hand, DB spoke highly of the GPs who also acted as Section 12 doctors when requested by members of her team, with the difference centring not only on greater experience but, more significantly, once again on individualised working relationships which had been consolidated over time:

‘...there’s one or two GPs who are Section 12 trained, who are particularly good, and there’s one in particular we can phone in the middle of the night, and who will come out, so I feel that that’s quite positive really. The social workers, the out of hours social workers, do tend to work as a team with, the two doctors, and they’ll often know each other already, and have done, you know, lots of assessments before together..’

Other agencies and organisations

One interviewee working in a London borough expressed particular animosity towards duty housing officers, although this orientation was atypical:

‘We have the most vile selection of people as duty housing officers, who seem to regard it as their personal finance that’s doing this..’ (JM)

‘Getting them to accept responsibility’ was viewed by WH as the key obstacle in dealings with the housing department relating to the provision of emergency accommodation:

‘...they stick very rigidly to their criteria, but once they accept a case then they will deal with it.’ This exemplifies one of the principal modes of contact between an EDT and another agency, which is as an intermediary or broker, negotiating access to a resource or service on behalf of EDT service users.

There is a sense in which this process is inverted when the it is EDT practitioner who is the recipient of pressure to make a particular kind of resource available:

‘...we get Shelterline on the phone all the time, and they really push the limits in terms of homelessness.’ (RA)
Also important for out of hours services were the arrangements for call-handling when a lone worker is out during the night and the telephone line has to be temporarily diverted. Organisations monitoring pendant alarm systems installed in the homes of older people were one of the services which sometimes had this additional function.

People working outside mainstream office hours remain a numerically much smaller group and consequently representatives of the range of different agencies providing round the clock services forge consistent working relationships over time, for instance, when they are routinely required to collaborate in the completion of statutory duties such as Mental Health Act assessments. A team manager expressed her confidence in her social workers’ capacity to remain objective in circumstances where regular joint working is a feature:

‘...I’m blessed with extremely good social workers who have very clear boundaries, and they’re not sort of pally with the doctors, with the psychiatrists. They hold each other...in mutual regard really, high regard, so I think we do, you know, a professional job. I don’t get any sense of collusiveness or anything...despite the fact that...we’re often dealing with the same doctors.’ (DB)

In spite of her confidence, although the familiarity associated with regularly working together can be an advantage, the potential pitfalls of routinised joint working clearly call for vigilance.

Different perceptions of where responsibility for service provision lies were also apparent in an EDT’s contacts with other agencies, particularly where both parties could be seen to have a vested interest in protecting scarce resources, a familiar example being disagreements with health service staff about the relative significance of medical and social care needs. LC cited local health trusts ‘selling beds’ for use by people from outside the borough as creating resource problems resulting in more work for the EDT and increased potential for disputes with neighbouring local authorities. (There was a marked consensus among the practitioners interviewed that where two local authorities had an interest in a particular situation, cooperation between them would be most evident if there was a
significant geographical separation. On the other hand, and as referred to above, the potential for disputes was regarded as being greatest between the EDT services of adjacent or neighbouring authorities. A widespread lack of awareness of the extent of the EDT service among the public and the staff of other agencies was attributed to the local authority itself by LC in its dissemination of the contact phone number, the mode of which was seen to imply a continuation of daytime services rather than any stipulation that this number was for use in emergency situations only. It was in this regard that one player-manager described having an information leaflet about his service produced and circulated, having been aware of a ‘fairly broad misconception that there’s a lot more people around and able to do a lot more’:

‘that’s why we had the leaflet done originally, because I think, for example, the (city name) Children’s Hospital thought we had about a dozen people on just doing childcare.’ (BW)

A theme of this chapter has been the significance of the quality of individual relationships which are established between out of hours practitioners and the representatives of a range of other agencies and organizations which they routinely come into contact with in the course of their work. This is encapsulated in the following observation made by a player-manager, AE:

‘I kind of value the relationships that you build up with people in other professions and other disciplines. I think you do build a wider range of relationships, and there’s something rather special about having been involved in crises with people at two or three in the morning, something intangible..’

Conclusion

One of the findings which has been demonstrated in this chapter is the innately negotiated character of out of hours practice in respect of mainstream social work services as well as other agencies with whose representatives EDT staff regularly need to work in a
collaborative way. An inherent feature has been the difficulty or even impossibility of establishing absolute procedures relating to the conduct of practice, particularly aspects as superficially straightforward and unproblematic as the handing over of work. In fact, this transaction has been shown to be one acutely open to interpretation and involving the need for a process of negotiation. The direction of flow of work which is the more contentious is clearly from daytime to out of hours services. This is perhaps understandable in the light of the restrictions of capacity associated with such small numbers of staff within EDT services. The corresponding flow of work requiring the involvement of daytime practitioners goes unremarked on by comparison. At the point of decision-making in relation to the acceptance of work from daytime colleagues, factors which include the ability to empathise on the basis of having been a daytime practitioner before becoming an out of hours social worker go some way towards offsetting other considerations including the amount of work already received and any doubts about the legitimacy of the request. In contrast, levels of conflict and tension which can be discerned as present in some referral transactions with other agencies are of a different order and more readily amenable to resolution. The qualities of some of the working relationships with other agencies which have been identified may be relevant here, based on collaboration by individuals over time. Closer and more regular involvement in working and liaising with the police than is the case in most daytime social work settings was identified by all the practitioners who were interviewed. Although seen primarily in a positive light, there was at the same time acknowledgement that the spectrum of these contacts ranged from the collegial to the sometimes adversarial, according to particular circumstances. More than is the case with any other agency, a parallel can be identified between an out of hours team’s dealings with the police and its dealings with the daytime social work services. Both involve negotiations attending the acceptance and receipt of work and the passing on of work.
requiring the involvement of the other service. On a basic resource level there is a correspondence between the police and social services in that both operate with much reduced levels of provision during the night. The notion of social services departments being ‘residual’ agencies with diffuse, extensive and to some extent therefore, ill-defined areas of responsibility, was referred to in Chapter One above. This, rather than concepts of professional power and status per se was a key factor in relation to inter-professional negotiations and the defining of situations such as: what constitutes a crisis or entails a need which must be met out of hours. Clearly, defining and negotiating of this order are also to the fore in an out of hours service’s contacts with the public and with service users.

Continuing with the exposition of out of hours social work from the standpoint of those directly involved in providing a service, the next chapter explores practitioner perspectives in relation to a range of themes.
CHAPTER EIGHT
PRACTITIONER PERSPECTIVES

Introduction

While in no sense seeking to replicate Pithouse’s study of child care social workers by transposing his approach and analysis to the world of EDT practice, this study has in common with his an emphasis on practitioner perspectives in relation to the ‘world of daily practical work’, and in so doing does not seek to ‘construct evaluative criteria in order to assess practice.’ (Pithouse, 1998, p.7) In this chapter, as in others, the objective is to allow the voice of practitioners and practitioner-managers to be heard, and thereby to increase access to what Pithouse (1998) has identified as ‘a much neglected occupational world’, in which examination of routine aspects of the day to day world of practice:

‘..may well have been overshadowed in recent years by a more compelling and spirited debate about the very purpose and practice of social work, particularly around issues such as citizenship, profession and the political economy of welfare’. Pithouse, 1998, p.1)

This chapter draws extensively on the transcripts of interviews with out of hours and EDT practitioners from around the country. A substantial amount of this content will be descriptive of a range of facets of practice and practitioner perspectives and perceptions. The latter combine an awareness of the objective conditions and the organisational and other environmental considerations which together operate to shape and structure practice, and indeed, to constrain it. Presenting data in this way requires a clear statement at the outset about the criteria for selection and inclusion of among other aspects, verbatim quotations from interview transcripts. In part this is related to the objective of illustrating the range of different arrangements for a specific aspect of practice which prevail in different areas, as well as commonalities, along with the range of different views and understandings exemplified by individual practitioners concerning a variety of dimensions
of their work. In many instances there will be evidence of quite close convergence, and the
citations given will be chosen to illustrate this. Inevitably, there will be an unavoidable
element of arbitrariness, in the sense that another quotation might equally have been
selected to illustrate a particular trend or tendency, or a diversity or contrast of opinions.
Quotations will be presented, therefore, for the purpose of either serving as typifications of
a certain type of response, or illustrating extreme or 'anomalous' responses in relation to
the range of views around a particular issue. The chapter is arranged around core
categories including 'risk' and 'autonomy'. These provide the themes for each section,
within which the 'range' (Chenail, 1992) in terms of the spread or variations among
interviewee perceptions is indicated. I argue that certain concepts and phenomena are
constants in relation to out of hours practice, although they may be manifested in different
ways.
The chapter proceeds by first considering some of the differences between out of hours and
mainstream practice highlighted by practitioners who were interviewed, before focusing on
some of the benefits and advantages of working out of hours, concentrating in particular on
autonomy and responsibility. Next, some disadvantages and drawbacks are examined,
including the impact on personal and family life and effects on health and wellbeing. After
practitioner perceptions in relation to safety and risk have been considered, views on
working relationships with immediate colleagues are followed by a consideration of
individual and team morale. Arrangements for supervision and training are outlined, and
then the theoretical basis for out of hours work which interviewees identified concludes the
chapter.
Perceived differences from daytime practice

One interviewee noted a fundamental contrast in the approach to childcare social work in her EDT from that which seemed to her to prevail in daytime settings. This was in large measure attributed to the basic fact that out of hours social workers tended to have had much more post-qualifying experience. She described a more measured and considered approach in the EDT, against which she contrasted a reactive approach in daytime childcare teams, in which there was, she asserted, an inclination to route situations inappropriately into the child protection arena:

‘...on EDT we tend not to psych everything up, we tend to check things out more. I find they don’t do that during the day.......everything was going into child protection without checking things..’ (KS)

AE felt that the overall approach to dealing with work demands was different, which he linked to the contextual difference, particularly in the nature of time constraints:

‘The way you go about the work is, I think, different. I think the time pressures are different, both because things that could be left to find their own solution during the day can’t be left to find their own solution at midnight, so something has to be sorted. But on the other hand I think sometimes we’re freer in things like mental health assessments to take more time over than the daytime worker because we haven’t got the constant pressure of a diary appointment every hour coming up that other people have.’

As with other forms of duty work, unpredictability and the uncertainty associated with dealing with the unexpected are inherent. Things are not wholly random and shapeless though: from the substance of a contact regarding a particular situation or issue during a shift, a practitioner can anticipate possible/likely developments with which (s)he will be confronted later on during that evening/night/day/weekend. At the commencement of a working day in a ‘mainstream’ social work team setting an individual practitioner may have a relatively clear plan of how the available time will be used, although there is always the chance that the unexpected will intrude. However, the EDT worker simply does not know what specific situations or issues might arise. Even social workers with referral and
assessment teams are likely to spend a considerable proportion of their time in the
continuation of work in relation to known situations. Continuity of this kind can only really
be said to occur during the course of a weekend or public holiday period for an EDT
worker, for whom each shift is a discrete and stand-alone entity. Although many service
users repeatedly present out of hours and during weekdays, details of relevant
developments during the day are commonly inaccessible to EDT staff. One interviewee,
having noted that his EDT existed in order to meet the statutory obligations of the local
authority, said that a more extensive response to referrals was usual, in which he and his
colleagues: ‘enter into a casework interaction’ with service users. However, the extent of
this involvement was to some degree contingent on the level of demand on the service at
any given time: ‘so you tend to adapt your intervention to pressure of work.’

Another dimension of uncertainty is also associated with the indeterminacy and
discontinuous nature of out of hours and EDT social work practice. This includes the
likelihood that a practitioner will not know what happened after his or her intervention, nor
how this was regarded by those with ongoing responsibility for a particular service user’s
situation. As noted in the preceding chapter, the prevailing tendency is for EDT
practitioners to assume, in the absence of any complaint or comment to the contrary, that
their involvement must have been deemed to be broadly acceptable and reasonable.

The range of systems for updating or alerting EDTs in respect of situations which might
require their involvement was identified in Chapter Four. Sometimes this is accomplished
by e mail messages, but the use of fax transmissions for this purpose is still widespread.

While information of this kind is often invaluable, the relationship between the extent to
which this is accessible and the actual situations which arise frequently seems a perverse
one: the most meticulously prepared and detailed sets of background material in the event
are often not required, although such information may be valuable at a later date. But the
wholly unexpected scenario about which the flimsiest background detail is available is the one which does require attention on a given night or during a particular weekend. This phenomenon is associated with the distribution of work needing intervention out of hours, which ranges from situations where there is an extensive level of continuing involvement by daytime practitioners through those where there has been involvement, but not currently, to completely new scenarios.

The world of EDT social work practice is distinguished then by profound uncertainty, with perhaps the most salient dimension of this being the absence of any reliable and practical means of knowing or finding out what the outcome or result was after the involvement of an EDT practitioner in a given situation. It is in this sense that EDT practice has an ‘unknown’ nature and is tantamount to working in a vacuum. In this regard LC for instance mentioned how information systems sometimes allowed an opportunity for checking on what happened next, but this means was not consistent and could not be relied upon. The uncertainty associated with limited involvement is not necessarily a negative aspect however, and he identified this very fact of limited involvement as ‘the beauty of it’, and as ‘one of the attractions’ of EDT work:

‘you can walk away from it, after you’ve done your best. Someone else must follow-up’.

Conversely, the ‘revolving door’ is cited as being ‘the downside’ of this way of working: when there has not been any follow-up or resolution ‘it’s a bit annoying’ because ‘it’s down to you to sort it out again’.

When feedback from daytime colleagues is forthcoming it is likely to be of a negative kind and to arrive in the form of a complaint, objection or expression of disapproval, notably when expenditure has been incurred. Accordingly, and again as noted in the previous chapter, the absence of any critical response from a daytime team is widely interpreted by EDT practitioners as a tacit indication that the EDT response and input was seen to be...
satisfactory, although the accuracy of this assumption must to some extent remain open to question. In LC's narrative the occasional positive feedback which does reach the EDT is more likely to emanate from service users than from daytime colleagues:

'I don't think there's any formal feedback at all, I mean if they're not happy with what's happened you get the feedback, but you never get the feedback if they are, you know, satisfied. If they've got a gripe about it, you know, why did you accommodate this child?, Or why did you do that?, then that's the type of feedback you get, you don't get any positive feedback.'

Another characteristic regarded by one player-manager from a London borough as being the main difference from daytime practice was a sense of immediacy combined with a restricted capacity to check information, together with the extent of lone-working entailed:

'I would say the most important thing is all the lone working, but also the fact that more often than in mainstream the crisis is a live one, I think that's the difference. It's going on now, you know, you can hear the kids screaming and shouting and throwing things in the background. It didn't happen last night, it's happening now, and mum wants you there like now. Or the mentally ill person who's pacing around banging doors and talking to themselves, screaming and shouting out of windows or whatever now, and the people, the neighbours can't get to sleep or whatever. The other thing is that, you know, you don't get immediate communication with people, if you haven't already been told it or it's not on the computer, forget it, you don't know it and there's nobody to ask.' (DB)

Advantages of out of hours practice

'I don't think that's a fantasy of mine, I think the context is more attractive at night.' (JM)

'You do out of hours work either because you want to do those hours for a positive reason-doing a course, or children, or whatever- or you're a bit of a maverick really.' (DB)

'I find, in our authority anyway, there is a funny sort of kudos in being in EDT, which is rather nice.' (AE)

In Chapter Three some of the attractions of out of hours working were identified in connection with the transition from other kinds of practice and the factors which motivated interviewees to join EDTs. Frequent mention was made of the compatibility of the out of hours working regime with commitments associated with caring for young
children, especially where a partner was employed during more conventional working hours. Over time, however, there were apparent changes in orientation for some. From an altered position in relation to the temporal axis of Clandinin and Connelly’s (2000) ‘three dimensional inquiry space’, what were initially seen as being the advantages of out of hours practice could come to take on the character of disadvantages or deficits.

Working out of hours was associated with the possibility of highly flexible employment arrangements, at least for some practitioners. The player/manager1 for a London borough illustrated this potential with reference to one of her team:

‘...I’ve got one social worker, she’s got a full-time job in an EDT somewhere else, she works for me, she does a couple of post-midnights- midnight to 8am, when it’s pretty quiet every week. She does occasionally, every few months she’ll do a Saturday or a Sunday for me. She does two days a week in a community mental health team in another borough, and she’s just got herself another permanent part-time out of hours job.’ (DB)

This is an extreme example of an unusually full and complex range of work commitments, but it does serve to demonstrate how out of hours social workers are better placed to assemble a diverse array of different employment than their mainstream daytime counterparts. Working out of hours continued to hold an inherent attraction for JM, who, uniquely among the practitioners who were interviewed, defined herself as having ‘just drifted into’ EDT work some twenty five years previously:

‘if I was seeking another job anywhere, I would look for EDT because of the context of it. Because I think there’s more adrenalin associated with working at night. There’s more companionship- there’s colleagueship from a whole range of professionals that isn’t quite so identifiable in the day.’

Perceptions concerning the advantages and the disadvantageous aspects of out of hours work can be divided into those where the considerations are primarily personal and relate to life outside of work commitments, and those identified from an occupational or

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1That is, somebody combining managerial responsibilities for an out of hours or EDT service with time spent engaged in practice, usually with regular commitments to a duty rota.
professional standpoint. Among the latter, the significance attached to autonomous practice was paramount and it is to this dimension of out of hours practice that I now turn.

**Autonomy and responsibility**

'The nature of the work dictates that decisions made and risks taken by individual workers imply a level of autonomy delegated by the Department that does not normally apply to work undertaken during normal office hours' *(Out of Hours Duty Teams: Operational Policy Statement 1986, Devon County Council)*

'It always strikes me that at 5 o'clock suddenly I can make lots of budgetary decisions that I certainly couldn’t do when I was working during the day. For me to put someone into nursing care or residential care I had to go through a panel, an emergency panel, during the day. I don’t have to do that now. We don’t have to get agreement for nursing care, home care, anything really.' *(EW)*

'I think we have a degree of autonomy which other people don’t. Increasingly daytime work seems to be a culture where people are encouraged not to make decisions on their own behalf, but to seek approval of management for virtually anything, which is not the out of hours culture because there isn’t a manager there to ask.' *(AE)*

Foremost among the advantages of EDT work in terms of its significance for practitioners is the perception of enhanced autonomy. Each interviewee cited this as a principal factor when describing what appealed most to them about working out of hours. This theme is relevant to the continuing debate concerning the extent to which social work might legitimately lay claim to professional status. Once again, the sample interview with LC will serve to introduce some of the issues. LC reflected on his previous post as a social worker in a child care team. He regarded himself as ‘lucky’ because one of the managers he recalled from this period was ‘quite laid back’ and would accordingly ‘allow me to do things’ as long as ‘I didn’t cock it up’. The implication being that this was certainly not the norm in child care, and that latitude in relation to permitting individuals to be responsible for their own practice was not usual.
Bureacracy in relation to both systems and procedures was identified as standing in the way of professional autonomy within child care social work practice. LC posited himself and colleagues as trying in vain to move child care situations along more briskly (now regarded as the desirable alternative to stasis or ponderous and tardy progress), but felt that they were always hampered by: 'that bureacracy' and what he defined in this context as 'the hierarchy of approval'.

In stark contrast, as an EDT practitioner: 'you’re entirely on your own and pretty autonomous'. The use of the phrase 'on your own' is suggestive of both vulnerability and unsupportedness, but it also implies direct control and, to some extent, power, with the worker being individually accountable but also well placed to make his/her own decisions without deferring to others, and to exercise his/her own judgement and skills in decision-making and acting. There is a sense of being free to determine outcomes, within the constraints of resource availability, for example, which continues to prevail, contrasting with management practices and intervention during daytime practice.

This relative freedom to act in accordance with one’s own analysis of a situation comes at a price, however. It is also regarded as problematic, with the practitioner vulnerable to potentially making a wrong decision in the absence of anyone to, as LC put it, 'talk it over with’ or ‘bounce it off’, and of then being called upon to justify actions which, for instance, involved significant risk or expenditure. In this regard, LC juxtaposed using a placement which 'cost a thousand pounds’ with the alternative of ‘sitting with him all night which wouldn’t have cost anything’, but which would have been unrealistic or even untenable.

Alongside an undeniably increased capacity for exercising discretion comes a continuing susceptibility to budgetary considerations and constraints, albeit post hoc. Nevertheless, in spite of the potential for negative reactions after the event, being able to take action which
is judged to be necessary and appropriate at the time in a given situation has a universal attraction for EDT workers.

Associated with increased autonomy is a different level of professional responsibility. In LC’s estimation: ‘the buck effectively stops with you’, and the EDT worker is open to potential criticism either way, expressed by LC in the following familiar terminology which has become part of the discourse of practice: ‘you’re damned if you do, you’re damned if you don’t’.

For the duration then, there is something of a combining of managerial and practitioner roles in the person of the EDT worker, with whom responsibility rests, requiring him/her to engage in a ‘level of decision making’ (in vivo category, Strauss: 1987) which LC defined as: ‘a lot more sophisticated than would be the case during the day’. At night, an array of daytime teams covering the spectrum of practice specialisms and a legion of practitioners often become condensed into a single EDT social worker.

To reiterate, independence and autonomy of practice were cited by a majority of the interviewees as one of the principal attractions of EDT work. This did not appear to denote a ‘maverick tendency’ or a simple disdain for managerial authority, but it does demonstrate an enthusiasm for the scope to take professional decisions in a working environment which is comparatively free of some of the prescription and strictures associated with much daytime practice activity. One practitioner expressed the differential between daytime and out of hours practice in relation to requirements to consult with or obtain the approval of line managers succinctly:

‘...whereas during the day......you would go with a proposal to a manager, who may or may not agree it, about a course of action to take...during the night then, you just do it’. (LC)

Similarly, a practitioner-manager in a London borough observed in relation to different levels of autonomy and responsibility:
‘I think that’s why a lot of out of hours social workers do the job, because they like that. They like to feel that they’ve got a problem here and they’ve got some flexibility within which to make decisions, to be creative.’ (DB)

In tandem with enhanced autonomy in comparison with daytime practice is a sense of being liberated from certain bureaucratic tasks. These two differences were specifically linked by one social worker:

‘...you don’t have files, you don’t have the bureaucracy, you’re able to make decisions and you’re able to act very quickly...’ (KS)

In an expansion of her perspective, the same respondent explained that it was not an absence of the necessity to undertake some bureaucratic tasks per se, which in fact EDT workers needed to do in the same way as their daytime counterparts, but, rather, the bounded and finite nature of this kind of work in the out of hours context:

‘...but your work is finished at the end of the day. When you go home you’re not coming back to a case file the next day.’ (KS)

The management hierarchy which is in place for consultation and the ratification of decisions by daytime practitioners simply does not exist during the night, or if it does, is much more limited in its scope. There is a very real sense in which the lone EDT worker effectively is the department in the middle of the night. Clearly, the practitioner concerned must be mindful of policies, procedures and the range of implications to which a particular decision might give rise, including financial ones. However, there is a sense of being mandated to do things which need to be done in a pragmatic way without the need to negotiate a potentially frustrating series of bureaucratic hurdles along the way. This is a consequence of different working arrangements where access to managers for consultation and decision-making tends to be limited and restricted, with what are usually regarded as line management functions devolving to the individual EDT practitioner. This entails a combination of the capacity and the obligation to make decisions both about resources and
courses of action with effect at least until the next working day. While many situations require liaison and joint working with other agencies, as far as the social work input is concerned, the duty EDT practitioner is empowered to be able to see a majority of scenarios through to the achievement of a resolution. Social workers interviewed about their out of hours and EDT practice identified what tended to be regarded as increasing bureaucratisation in the principal settings in which mainstream practice is undertaken, referring to the requirement for consultation with seniors to take place and approval to be obtained at a variety of junctures. This tendency was seen as one facet of a continuing transition to an ever more prescriptive kind of practice, within which the space for a more creative style of working with service users had diminished substantially.

Disadvantages and drawbacks of out of hours practice

A characteristic of out of hours practice which represents the opposite of autonomy is the marginalisation and isolation identified by the player-manager DB:

‘I sometimes feel quite despondent when I hear the new development in mainstream services, as I often do, that has an impact on the work of the emergency out of hours service, and nobody’s told me about it yet. So I hear about it on the grapevine, and then I have to go and chase it. Occasionally it’s not like that, but it often is, and that’s all to do with isolation, working on your own I think....’

The extent to which EDTs can become marginalised and bracketed-off from the wider organisation was emphasised in a brief narrative used by another player-manager, (BW), as an illustration:

‘...to give you an example, somebody once- one of my team had a letter which went to the wrong place, and somebody wrote on it: “Left the Department. Gone to EDT!” (laughs).’

A consequence is that EDT practitioners also viewed themselves as cut-off from what was happening in the wider organisation:
‘You can get a bit paranoid and feel that you’re being passed over and missed out and forgotten, you know. Just simple bits of communication don’t reach you, the sort of gossip, and the general sense of what’s happening in the borough.’ (JM)

As well as the perception that EDT work is likely to have a variety of adverse effects on the health of practitioners, similarly undesirable implications for people’s family and social lives were noted to an extent which supports the observation that in EDT and out of hours social work there is a much more diffuse and permeable boundary between the spheres of work and non-work, and a more extensive overlapping of the two domains for the practitioners concerned. One interviewee noted how the effect of a single EDT shift can span two entire days:

‘...if you’re going to be there for the night you can’t very well go anywhere far away that day.......and then equally, if you’ve been up all night then you’re not really in a fit state to do much the following day’. (LC)

The same practitioner also remarked on the tendency to look towards family members by default to provide an opportunity for debriefing after particularly challenging or difficult pieces of work had been engaged in:

‘...if you’ve done a stressful mental health assessment or child protection thing, there’s nobody really to offload to...nobody to debrief you, and you’re either keeping that to yourself or you might share it with your family, who really shouldn’t be involved in stuff on that kind of level.’

**Impact on personal and family life**

The working patterns associated with out of hours practice have been identified as being attractive for parents of young children, particularly those whose partners were also in employment. This advantage of working out of hours was not fixed and static: as children grow up what was originally an advantage of out of hours work might come to be experienced as problematic. One respondent spoke about the need for a ‘sympathetic’ partner and of her awareness that not all of her colleagues had this kind of familial support:
“I know social workers who don’t have that source of sympathy from their partners, and I think that must be harder” (DB)

Here, she is referring to the opportunity for a kind of informal debriefing on returning home after being involved in a particular piece of work experienced as especially harrowing or traumatic, and that:

‘if I come home in the middle of the night he will wake up briefly to ask me if I’m alright at least. And if I’ve had a particularly nasty thing to do, will actually wake up and talk to me about it.’

GF described himself as being ‘a bit sleep-deprived anyway because my wife works daytimes and I’ve got a young kid’, but felt that the most noticeable impact of EDT work was on his social life:

‘But the thing which I guess is more noticeable is the fact that you can’t make any social arrangements, I mean, you know, any, you can’t say oh great, you know, like I’ll play tennis every Thursday. So, it certainly has an effect on your social life, and in one way it’s lovely to have all your days sort of free, but then that’s not a very social time, and I think you have to make real efforts not to become sort of reclusive really.’

Clearly there are various features making EDT practice an attractive proposition for some social workers. However, there are inevitably also some aspects of this kind of practice which are less appealing. Some of these are identified below as they emerged in the interview with LC. While, as noted, the convenience of working patterns for those with young families may have been an initial attraction, over time they can evolve to become perceived as a drawback as the practitioner’s own family grows up, and he or she is unavailable at key times, notably weekends and bank holidays, because of work commitments.

Perceptions of bombardment by incoming work and of the stress associated with this phenomenon were identified as problematic by LC, and there were also some negative consequences which, ironically, he attributed to an increase in staffing levels in his team. The effect of an additional team member was that each individual began to accumulate a
deficit in terms of hours worked, which needed to be cleared by working elsewhere in the
department as and when called upon to do so. This led to a sense of: ‘being at the beck and
call of the department’, running counter to the perceptions of enhanced autonomy which
was regarded as a positive feature. This change amounted to something of a relinquishing
of control over his working life which he viewed as ‘psychologically not very sound’, and
as placing him under an additional obligation:

‘it’s sort of, well, I don’t really want to go, but I’ve got to go because I owe them some
fifty hours this month, or whatever, so I’ve got to cover for so-and-so’s sickness, you
know, even though I don’t feel like doing it.’

Analysis of the other interviews revealed this situation to be an atypical phenomenon,
however. Another disadvantageous aspect of EDT work is linked to the frequent lone
working which is involved. LC identified how, after a particularly difficult or demanding
piece of work, there would not be anyone available to debrief him, with the consequence
that either his own family would be inappropriately turned to to fulfil this role or,
detrimentally, someone in these circumstances would have to: ‘keep it to yourself’.

**Effects on health and personal wellbeing**

The effects of shift work, long hours and irregular sleep patterns were perceived as being
cumulative, with the ultimate impact as yet unknown:

‘the health consequences could be quite dire ultimately, but until I have a heart attack I’m
not going to know that, am I?’

However, some of the symptoms of sleep deprivation were already proving noticeable
from time to time for LC. Working at night and working long shifts were generally
regarded as having a deleterious effect on physical health and wellbeing. Disruption of the
body’s systems was reported, including the disturbance of sleep patterns and digestive
system and a sense of as yet unknown health problems in the future being a risk.
‘Inherently stressful’ because of the ‘bombardment of work’ was how one social worker defined EDT work in relation to the health of its exponents. He also described the ‘accumulated effects’ of working successive nights, which was sometimes necessary, as ‘knackered’. The effects on health which were identified were both physiological and psychological, therefore. A sense of progression was conveyed by practitioners, not only in the increasing and incremental levels of tiredness which were reported, but also in the impact on personal family life, depicted as having its own changing and developing natural history by some of the interviewees.

For EW the most difficult phase of her out of hours career was the year before her youngest child started school, and involved the effects on her health of child care commitments from early in the morning during the day after working until late the previous night. There was widespread, if imprecise, awareness of potential health risks associated with working at night and involvement in shift patterns. WH referred to some literature about medical research which had been circulated around his team:

‘...there was some research done I can vaguely- somebody passed it round the team, saying that people who work nightshifts don’t live as long as other people, are more prone to heart attacks- you know, all the usual sort of stuff.’

Against health warnings of this kind, impressions of good health actually prevailing in comparison with daytime services provided reassurance:

‘...as far as sickness monitoring goes, we’re the healthiest team in the department. I think that’s probably due to the different types of stress that we have, and not carrying caseloads and not being responsible for a caseload twenty four hours a day. I think that’s a direct correlation between that’.

So in this instance, one of the primary distinctions between out of hours and daytime practice is identified as resulting in out of hours work as being the more advantageous option in relation to health issues. JM drew a comparison in respect of stress levels, based on recent experience of time spent working during the day:
‘Having recently tried a day job in a different authority, I would say the stress of EDT is miniscule compared with daytime. I’m a different person now I’ve shed the day job (laughs), for lots of reasons.’

GF went further than this in describing EDT work as:

‘….on balance, it’s the most relaxing job I’ve had, having said all those things, without a doubt, because there’s nothing that you have to take home….and for me that’s the key pos-well, for everybody I work with at, everybody at our EDT, I guess that’s the one thing that’s often trotted out: oh, that’s it, done and dusted, off, and it is a bit- you’re off at midnight, you’re off at midnight, you know, and that’s it, so be it’.

Again, this refers to the absence of an ongoing responsibility for a caseload.

The need to ‘manage your sleep patterns’ was felt to be important by BW, but on balance his view was that working occasional overnight shifts rather than consecutive ones was not ‘anywhere near as stressful and difficult’.

Clearly, practitioners held a wide range of views in relation to the effects of working out of hours on their health. Despite concerns about the long-term effects of shift work, the majority opinion was that the associated freedom from the ongoing burden of carrying a caseload at least offset any deleterious effects on health.

Safety, risk and vulnerability

‘I’m not overwhelmed by the sense of vulnerability. I’m aware of it, but I’m not overwhelmed by it.’ (JM)

‘I think there are a lot of myths around about working at night, and on the whole I don’t think they stand up.’ (AE)

A comparable distinction can be drawn between certain formal departmental policies and the deviation from these which routinely occurs in order to accomplish work demands, for instance in relation to lone visiting. This is not to imply that the EDT practitioner operates in a maverick way, but, rather, to demonstrate how a mismatch between organisational
good intentions and resource deficits in the lack of any other worker who could accompany
the person on duty needing to make a visit, militate against the rigorous adherence to
policies. In circumstances where there is judged to be a significant risk, assistance is
arranged from another quarter:

‘if it’s looking from the outset to be decidedly dodgy, then we would look for some police
backup or assistance, to be in the periphery, in the background’. (LC)

Requests for police assistance or support by lone out of hours social workers is a standard
component of practice where visits are required in situations assessed as risky. However,
as NV noted, there were implications for service users associated with practitioners being
accompanied by police as ‘a kind of inbuilt protection’:

‘...sometimes the police will minimise vulnerability, for example by turning up with a van
load of police with riot shields, you know, which is something we wouldn’t do, and people
would complain about that, they’d say, well that intrudes on someone’s dignity or, you
know, civil liberties or whatever, but I think the attitude of the police is very good at
reducing vulnerability of the worker, although sometimes at the expense of the, you know,
respect of the service user.’

In relation to worker vulnerability, LC speculated on the potential for an EDT social
worker to be ‘lured out’ on a false pretext, but regarded the risk of being mugged or
accosted while out of the office at night as a greater threat than any risk posed by service
users themselves. (A majority of interviewees did not perceive the EDT practice context,
including working at night, as particularly enhancing their vulnerability).

WH, in common with the other interviewees reported that police assistance was always
requested when practitioners were making late night visits, or where there were ‘higher
concerns’ attached to visits made at other times, and that the police were ‘very
sympathetic’ in such circumstances. He described a sense of personal vulnerability when
entering or leaving the premises from which his EDT operated:

‘..our building is an old, the old staff house to a large children’s home that used to be. It’s
now a remand home, and it’s an anonymous office so we don’t have any callers to it, but
Conventional measures regarding personal security were taken in the event of late night callouts: mobile telephones were carried; the council switchboard operator was notified of a time at which to contact the worker, or call the police if there was no response. In spite of these precautions WH spoke about still feeling a sense of unease, attended by a sense of loneliness and isolation:

'...there’s something unnerving about leaving the office at half past one in the morning when you’re on duty by yourself, and arriving back in at half past four in the morning by yourself, letting yourself back in. It’s quite lonely.....There’s nobody else in the building, you know, and you walk in and the phone rings or there’s a stack of faxes from the central switchboard, of messages that they’ve taken whilst you’ve been out, you know, so it can be a bit lonely.'

EW focused on the dimension of time, a central consideration in relation to out of hours practice as identified in Chapters Four and Five above. Specifically, she considered the interplay of time with the other, spatial dimension, place, as it connects to perceptions of risk:

'...sometimes just the estates that we go to, that during the daytime wouldn’t maybe feel so menacing, and probably are not- you know, the kids are not hanging round corners are they at two o’clock in the afternoon.? And they’ve not just turned out of the pub either. There’s a couple of estates that I wouldn’t dream of- even if it was a pretty straightforward visit- I wouldn’t dream of having to park the car up and walk through the blocks of flats on me own, so…'

But her main concern in relation to risk was what she saw as the enhanced level of risk devolving from the limited or incomplete information routinely available to out of hours practitioners, illustrating this with a narrative account of an experience from her own practice. Referring to risk to out of hours social workers in comparison to their daytime counterparts, she said that:
'it’s slightly more because of the inability to access information you know. We’ve said that we need to try and get some sort of case alert system running as well because, I might get a call, old Mrs Jones, home care’s been in tonight, and, you know, she’s had a fall but she’s okay and they want her to go in residential. One particular one that sticks in my mind was the message left at the control centre. So I’ve quite happily gone along and by the time I’ve got there it’s about half eleven, to this old lady, assuming that I’m gonna have to get her into residential, but unbeknown to me her son who’s in his forties was there, who’s got quite a severe, chronic schizophrenic illness. But he’s also a deaf mute and he gets very angry, and very upset with strangers, and I wasn’t aware of that (laughs)...you know, and he opened the door, and you see I was told there was a carer who lived in,, but wouldn’t be able to manage, and when I actually got in there- I mean obviously I don’t know this guy, and he’s sort of slamming about and grunting and getting really agitated…’

TM pointed to another paradox of out of hours practice when she identified monitoring the safe return home of other lone workers as a new and expanding area of work. This is the case on a wider level, resulting in an ironic situation, with out of hours practitioners providing a service for other staff which is not systematically available to them.

**Working relations with colleagues**

The availability and nature of support from colleagues varies according to the composition and size of the team in question. A practitioner with a relatively large team providing a service for several different unitary local authorities described an impromptu system of ‘debriefing’ by which support was provided for a colleague on his or her return from involvement in what was acknowledged to have been a particularly difficult or demanding piece of work. This entailed people briefly taking time out from what they were doing to listen to the account of the individual who had just returned, in a refined version of ‘telling the case’ (Pithouse, 1987):

‘I am a great believer in debriefing, and I will make time for people to say, look can you share this and what have you, and we turn round, we’ve got our chairs round, we,-there might be three or four of us, but it only takes five or ten minutes. You need it you see, and then I don’t find this job stressful, I’m nearly sixty and I’m not tired or burnt out or anything (laughs).’ (KS)
While this form of mutual support and recognition of the demanding nature of some of the content of out of hours work was regarded by this interviewee as a means of combating and guarding against the phenomenon of ‘burnout’, it is perhaps only feasible to make informal group debriefing available in larger teams. These were not the norm at the time the fieldwork was being undertaken and only one practitioner referred to a group response on this kind of scale.

The same social worker also felt that her colleagues in the wider department were supportive to the extent of being aware of and accepting the limitations on out of hours teams in terms of what work they could reasonably be expected to undertake. This was by no means a universal view, however, as was made apparent in the previous chapter. She also felt that working relationships with the EDTs of neighbouring authorities were positive as a result of conscious efforts to create and sustain goodwill, initially in an informal ad hoc way, but subsequently in a more formal way:

‘...you reap what you sow, I’m a great believer in that, and if you put something in, I used to say, here, well you owe me big time, when I used to do things for them, because there was no formal arrangement. Well, you owe me big time, so when something cropped up on their patch they would owe me big time and do it, but now we’ve got a reciprocal arrangement right across the board, and we don’t have any major problems’. (KS)

Within teams, colleagues who are not present in person but may be contactable in their capacity as ‘backup’ worker during a particular overnight shift for an otherwise lone worker on duty, can be a source of support both before and after work is undertaken. Asked whether there was anyone in the department available for consultation about a particularly contentious issue which has arisen, a practitioner-manager responded:

‘Sometimes people might do it with the person who’s on the overnight backup role, who they phone to say they’re going out on something, you know, as well as being a health and safety checking mechanism, that person can also serve as somebody to bounce an idea off or, you know, as a debriefing of kinds when people return’. (NV)

The same interviewee linked the (rarely used) option of being contacted by members of his team when he was not on duty to allow consultation about a particular issue or situation
with the establishing of protocols which tended to render such consultation less necessary.

Here the protocols are for the guidance of his team rather than as a guide to expectations regarding the practice activities of neighbouring authorities’ emergency duty services:

‘...I don’t carry a mobile phone with me twenty four hours a day seven days a week, but I say, you know, if I’m in I’ll talk something through with you and I’m happy to do that, and so I make the offer but it’s rarely taken up. But I don’t want to encourage a sort of dependency culture where people feel that they can’t think for themselves, and with our fortnightly team meetings and so on, we’re often discussing the kind of things that come up. So, you know, we try and set good practice guidelines and policy frameworks and so on so that people can feel supported in what they do....’  (NV)

Another practitioner-manager similarly commented on the fact that although she could potentially be contacted for consultation by members of her team, it was not usual for this to happen:

‘...they do occasionally. Someone ‘phoned me last night, at eleven o’clock last night to talk about a 136, but on the whole they don’t ‘phone me very much’. (DB)

Individual practitioners on duty did often have the option of contacting more senior managers, although this tended to be less to obtain support for what they were doing than to ensure that they had approval to access or deploy a certain kind of resource or to incur a specific additional expenditure. One practitioner-manager, referring to the eight months he had acted up as team manager, mentioned how it was occasionally necessary for people to contact him or for him to contact his seniors in order to bring the authority vested in their roles to bear in a particular situation:

‘...I’ve been rung on a couple of occasions by people, and again, it wasn’t about casework decisions, it was about, you know, a neighbouring authority isn’t playing ball, can you please go and tell them to do it, or, the hospital won’t talk to us, can you please go and talk to them, so it’s just using authority, that’s all. It wasn’t about -a decision had been made and obviously we discussed the decision and it seemed a proper decision to make, but it was more about, you know, getting someone else with authority to move the system on really....’  (PL)
Members of people's own families were in reality often the only sources they could have recourse to for support and impromptu debriefing at the end of a shift during which an especially demanding or taxing piece of work had arisen.

While for some practitioner-managers team meetings were referred to in positive terms as regular forums which functioned to enhance support for team managers by enabling discussion and subsequent defining of team policies or procedures in relation to particular eventualities, not all practitioner respondents were convinced of their value and efficacy beyond the discharge of hours accrued which still have to be worked:

'Ve have a monthly team meeting I suppose, but they're not very productive in many ways because they're so few and far between. I mean we do tend to all go to them because we're all working off this deficit of hours. I mean we can clock up two, three, four hours doing that. But the meeting's often dominated with gripes and business items, so we never actually discuss professional issues as such' (LC)

Working alone and from home did not preclude providing and receiving direct support to and from a colleague who shared the workload over a given weekend by the two practitioners concerned in an inner city borough EDT, as the following response by a practitioner asked about scope for liaising with colleagues during shifts demonstrates:

'Oh yes, yes, we're a very small team and I would never hesitate- I mean when we do the weekends, then we share them with a colleague from the Friday to the Monday, so there's going to be a great deal of contact between ourselves over the weekend, and case discussion, and sort of peer group supervision really'. (RA)

One practitioner felt that, with the exception of a particular colleague, who would: 'come out and help you at the drop of a hat if she could':

'... we're not a cohesive team in a sense, I mean. I'd say one of my colleagues is quite supportive- very supportive, but the other two are, you know, supportive when they feel like it....’ (LC)

However, lack of cohesion or mutuality of this kind was unusual. Paradoxically, opportunities for debriefing were regarded as more available out of hours than in daytime practice settings by one interviewee who continued to practice in both. She was talking
about her experience of working in a large team providing a service for several different local authority areas, and described how individuals who had just undertaken particularly difficult pieces of work could relate what had happened when they returned to the office base in a way which resembled Pithouse’s (1987) account of ‘telling the case’. Even those EDT workers at the opposite extreme of the service organisation spectrum, working completely alone from their own homes in metropolitan boroughs, described how opportunities for support and collegial discussion were available by telephone. Nevertheless, concerns about restricted opportunities to ‘offload’ were widespread, so too were worries about the resultant tendency for practitioners to burden their own families in the absence of anyone else being available to undertake this role.

**Individual and team morale**

Morale in relation to social work is a topic about which little has been written beyond commentaries which simply identify a condition described as ‘low morale’.

If the regard in which daytime colleagues are held is characterised by scepticism, then this is even more the case when the role and motives of managers were referred to by LC, whose views will again be drawn upon in order to identify issues and factors associated with and impinging on morale. In speaking about how his team was increased in size by the inclusion of an additional social worker LC acknowledged some apparent reasons for this change, including a European directive relating to working hours: ‘can’t have you working too hard chaps’, before adding: ‘being cynical, I think it was an effort to cut costs’, plus the need to ‘displace’ another worker from elsewhere. Early on in the interview, there was thus a distancing from management portrayed as disingenuous and dissembling, with the positing of an implicit hidden agenda model of management style.
and the identification of cost-cutting as the real management motive, dressed up within apparently benign and paternalistic stated motives.

As is often the case in EDTs, LC’s team was managed by someone who was not directly involved in the provision of EDT services, whose principal area of responsibility was otherwise confined to services for only one of the user groups EDTs routinely work with, in this case children and families. During operational hours the usual role of managers of daytime services is diminished in relation to the autonomous practitioner in the EDT as depicted. In this context they become inaccessible and are seen as unable to assist even if they are contacted.

On a wider level, LC conveyed a conviction that the EDT had been overlooked or disregarded by managers, with specific reference to the negotiation of contracts with ‘provider units’ in the process of planning leading to a transition to care management for children and families. He felt that the needs of the EDT were not taken into account, leading him to conclude: ‘we’re sort of forgotten about, I’m afraid’. The implication is that managers and planners within the department are negligent in relation to the EDT. The further implication is that the EDT service was not being adequately or effectively represented within the wider department, which in the case of this authority may in part have been attributable to the system in place for the management of the EDT locally. A sense of isolation and marginalization in relation to events and developments in the wider department was widespread, along with the difficulty of trying to keep involved, included and up to date, as expressed by the practitioner-manager DB:

‘So, it feels like hard work really, and I sometimes feel quite despondent when I hear the new development in mainstream services, as I often do, that has an impact on the work of the emergency out of hours service, and nobody’s told me about it yet. So I hear about it on the grapevine, and then I have to go and chase it. Occasionally it’s not like that, but it often is, and that’s all to do with isolation, working on your own I think....’
One of the consequences of these perceptions of management is a negative effect on morale, with LC concluding that: ‘there’s no real support at all’. One strategy for responding to this environment was a continuing reliance on informal network arrangements, as in the identification of ancillary staff able to undertake certain pieces of work which had been assessed as needed, but for which there was no formal system ensuring that such workers were available to assist the EDT when required.

Referring to a former working arrangement within which EDT practitioners could return home to sleep after one o’clock in the morning, LC’s view of the authority as an employer (and by inference, its managers), is evident: ‘if you get called out, that’s tough’. With reference to the conditions of service, ‘they’ were: ‘always messing around with it’, ‘tinkering with the conditions of service’, the use of the terms ‘tinkering’ and ‘messing around with’ being indicative of a certain disdain and a presumption of ineptitude. The perceived failure of an authority ‘boasting’ that it was an ‘investor in people’ to provide some specific training for EDT staff as they had been requesting was proffered as a further indictment.

Morale was regarded as variable, according to circumstances. A practice context marred by resource shortfalls was identified as resulting in increased pressure on practitioners and thereby leading to a sense of discomfort and even to a questioning of one’s continuing involvement in this work. As well as the exigencies which were situational, the context in relation to time was seen as significant for morale, with LC perceiving a tendency for colleagues to be ‘low’ when on duty over bank holidays because of associated high levels of demand on the service and additional volumes of work. The situation was felt to be similar at weekends, and less so at night. While commenting that ‘we’re probably OK’ in terms of morale, LC also volunteered that ‘we’re not a cohesive team’, basing this observation on the perceived level of support available from colleagues, two out of three of
whom were judged to be inconsistent or unreliable in this regard, as described above. Practical support in the form of assistance from colleagues when this was necessary was conditional on goodwill and altruism and a willingness to be disturbed when not on duty. On reflection, this could not be depended upon because: 'you can’t run your life around EDT'.

The interviews with practitioners and practitioner-managers were single contacts. The purpose of the study did not include attempting to measure any changes in people’s perceptions and meanings over time. Indeed, the views and understandings of out of hours and EDT social work which interviewees articulated had been formulated and developed over extended periods of time. One of the areas which interviewees were asked to comment on was their understanding of morale within their team. As a concept, morale is somewhat nebulous and much open to subjective interpretation. It has connotations of cohesiveness, mutual support among colleagues, purposefulness, confidence and optimism- the presence or lack of any of these generally being regarded as having a bearing on the effectiveness and success of activities which are engaged in. There is a strong association between the extent to which an individual feels motivated and positive about his or her practice and the extent to which they are favourably predisposed towards their situation and their work. Morale is generally assumed to have a direct bearing on the quality of people’s work and, consequently, on the service which is being provided. It is to a large extent contingent on factors which can be seen as extraneous to the EDT itself: the state of affairs within the wider department, policy directives, both national and local, and the way the out of hours or EDT service is regarded by colleagues in other teams. Among the factors influencing and contributing to how people perceive morale at any given time, more local considerations were identified as of particular significance. In the following
interview extract the bearing which individual attributes and qualities have on team morale is emphasised:

‘Well, we had a rough time with a manager...when a manager was sacked, right. So we had a rough time over that because there was a lot of union involvement. Morale at the moment? It’s okay. Some shifts are better than others, ‘cause we’ve all worked together in (city named), the four men and myself....I’ve known most of them for twenty years, so we’ve got sort of- we go back twenty years. We’ve only got one problem, personal problem with a worker, and that’s going to be addressed when we get a new manager, ‘cause you know if you get somebody who doesn’t quite fit in, you know what that can do in a small team unit when you’re sitting together night after night and you can’t go because you’ve nowhere else to go, you can’t escape......so, it’s not healthy. That’s the only problem, but that’s being addressed.....but morale is good. It is good, overall. (KS)’

Endogenous and exogenous factors are both identified as having an impact on team morale in this practitioner’s assessment, with the attention from outside which the removal of a team manager resulted in contrasting with the difficulties seen as emanating from the behaviour of one individual colleague still ‘inside’ the small team structure. From the standpoint of grounded theory (Strauss, 1987), the notion of somebody who ‘doesn’t quite fit in’ can be understood as an in-vivo concept which serves to highlight the importance of harmonious collegial working relationships in terms of the wellbeing of the team as an entity. Also, the particular significance of this as a consideration in the case of EDTs is emphasised by the reference to the prolonged and therefore intense periods spent co-working. It is implied that long shifts spent in close proximity make good interpersonal and working relationships especially important considerations out of hours. A practitioner-manager with a metropolitan borough EDT also made reference to the requirement for individual practitioners to accommodate to and operate within a prevailing team ethos. This was not specifically in relation to morale as such, but it does serve to illustrate the importance attached to conformity with an ethos, or ‘fitting in’:

‘...but you can’t really afford to be....too sort of, anal...about dotting the I’s and crossing the T’s all the time, do you know what I mean? I think you have to be a little bit flexible. I’m not saying you should, you know, break the law or, say, the Mental Health Act or
anything, but I do think there are times when something is good enough and she likes everything to be perfect, so she’s not quite cut out for an out of hours social worker’.

This extract, in highlighting the significance of the need to operate within an accepted framework of group norms and expectations, serves as a counter to assumptions about the maverick tendencies of EDT and out of hours social workers as individual practitioners. The implication is that deviation from certain parameters, albeit implicit ones, in connection with what can be regarded as acceptable, reasonable and realistic practice, can have an adverse effect on the morale of the group. The fact that this view was expressed in relation to a service in which lone working was usual for a majority of the time may be indicative of a paradoxical enhanced need for homogeneity in this regard.

Morale was a concept which was introduced by the researcher during the interview process, rather than one which respondents made explicit reference to in a spontaneous way. It was implicit in some of what people said about the settings in which they worked, however. One of the practitioner-managers talked about a move away from long shifts which was effected on the basis of health and safety considerations and which was very unpopular with members of his team:

‘So the staff are feeling pretty fed up about it and I actually lost two members of staff before Christmas, and there’s quite a fair chance that unless there’s a change of heart at senior management level and we go back to that rota, the other two full-timers will leave as well...’ (LT)

If morale is an inexact concept, about which it is difficult, if not impossible to be precise, how than can it be gauged or measured? An additional feature of morale which emerged from the interviews was that it is a relative concept. Another team manager-practitioner referred to a strong sense of personal responsibility about morale in his team:

‘...when I was a team manager before, I was always thinking “God, morale’s so low. It’s my fault”, and when I took this job on as team manager here, I was thinking “Oh God, morale. Morale’s my fault, it’s got to be good and I’ve got to keep everyone happy.”’ (PL)
He then described the experience of visiting an area child care team and the behaviour of what he defined as ‘a classic team that were just really overworked and felt very bad about themselves’. This experience led him to return to his own EDT with the following observation:

‘...and I came back here thinking, my God, we’re, you know, we’re actually very good morale really........I felt this was a lovely group of people to work with. They’re just, you know, ordinary people who come to work, do their best, and really you know, they’re not into any of the kind of politics or the backbiting- there’s no backbiting at all.’ (PL)

Another factor impinging on morale within an out of hours team is the way in which daytime teams are disposed towards it, a factor regarded by one practitioner-manager as itself contingent on overall levels of ‘stress’:

‘.....but I think whenever you have two- a division like, you know, we have a daytime team and a night time team- there are always some opportunities for blaming the other, you know, when there are times of stress, which there are considerable times of stress at the moment, and so I think, you know, rather than teams looking to themselves- seeing what their problems are, the EDT can sometimes be an easy target to be blamed- for what they’re doing or not doing, you know, to avoid the team looking at themselves’. (NV)

One practitioner-manager also referred to the impact of what was happening in daytime practice settings as influencing morale within her team to some extent, although in her account the emphasis is not on blame directed at the out of hours team but on low morale as a transmitted or contagious phenomenon:

‘...one of the problems is morale in the daytime teams is extremely low. All the adult services are undergoing a re-organisation and, you know, the managers who are dealing with it are the people who manage me, and they are so useless, they’re just taking so long about it, they’re not informing staff what’s going on, and daytime staff are getting really fed up with it, and that might be rubbing off on them (members of her team) a bit, although we’re not technically involved’. (DB)

Morale within teams is clearly a significant consideration having a bearing on the efficacy and quality of service provision within the context of any social work practice setting. The issue of morale has been considered as it applies to teams or groups of out of hours practitioners rather than to individuals, although one of the practitioner-managers quoted
above referred to her own low morale in contrast to that which she felt prevailed among the members of her team, something she attributed to a perceived lack of support from her own seniors. Morale has been depicted as contingent on a combination of intrinsic and extrinsic factors, and as something which while difficult to define and to measure, can be identified in its positive manifestation by being confronted with its perceived lack or absence elsewhere. Good morale is a prerequisite for the delivery of an effective service it is implied, and can be jeopardised by the apparent deviance of a single individual. It is also contingent on the availability of support from colleagues and effective supervisory arrangements, and it is supervision and training within out of hours teams and EDTs which will be considered next.

**Supervision and training**

‘I suppose we’re a bit challenging really because we are all so experienced and so unmanageable that I don’t think we’re regarded as an attractive proposition by people who are very busy doing other daytime work.’ (JM)

‘Up until about two years ago the team didn’t have any one-to-one supervision at all except on a very ad hoc basis.’ (BW)

In this section the focus will move from informal methods of obtaining and providing support and supervision to consider how out of hours and EDT practitioners and practitioner-managers perceived and described the more formal supervisory arrangements which they experienced. While there were clear differences between authorities, a common feature was that arrangements for supervision tended to be inconsistent and less than robust. When asked about prevailing supervision arrangements, one social worker, who was largely positive when talking about other aspects of her employment replied:
'We haven't got anything at the moment, because we haven't got- we've got a senior manager that we can go and talk to if we want to, but I haven't had any proper supervision now for- as haven't the others- for a long time, - proper supervision, probably for about two and a half years’. (KS)

'Proper supervision' is an in-vivo concept denoting planned and structured one-to-one supervision provided by a suitably experienced and qualified senior colleague, and is distinctly different from group meetings and discussions with immediate colleagues and team members. Some of those interviewed expressed dissatisfaction with the level or quality of supervision available to them. One way of understanding minimalist supervisory inputs is to regard this as an inevitable adjunct of a high level of autonomy. An alternative view would be to see good supervision as essential, especially in a situation involving frequent lone-working. A practitioner working for an urban borough also alluded to the sparseness of supervision for EDT staff when asked whether he and his colleagues received regular supervision:

'Well, we do, we do up to a point. I mean, historically we never used to have any. I mean, I think the first ten years in the job I never had any supervision, and then we had a change of manager who decided that she would see us every six weeks, I mean that initially started off as six weeks....but it had begun to slide and, I mean, we must- I had some supervision a couple of weeks ago now, and it must have been six months since the one before....’ (LC)

Absence or irregularity of supervision were compounded by reservations amongst supervisees about the credentials of those with responsibility for providing supervision, that is, their ability or capacity to deliver appropriate supervision to out of hours generic practitioners when they themselves shared neither of these attributes. There was evidence of a widely held view that unless a senior colleague providing supervision had had at least some experience of the major aspects of social work undertaken out of hours, then that person was not sufficiently qualified to provide appropriate supervision. The interviewee quoted above went on to say:
‘...I mean it’s difficult because the manager giving the supervision has got no real inkling about what goes on and the nature of the work anyway because, I mean, her experience is purely childcare, and obviously if you want to talk about ASW stuff, then she’s got no idea about that really...’ (LC)

A similar concern was expressed by a practitioner-manager;

‘.....one of the problems in being a generic service is that there’s not any- very rarely, any more mainstream services that are generic, so I’m managed by a specialist. She’s not very good at her job to be honest. She’s pretty poor at her job, which makes it even worse. So not only does she know nothing about children or older people- she’s a mental health specialist, but she’s not even ASW and never has been. My supervision, the supervision and support I get is pretty poor, so I have to be pretty self-motivating and, you know, generate my own ideas and everything, so that can be quite wearing really at times....’ (DB)

Views of this kind attest to a restricted understanding of supervision as properly focusing on the content and processes of work undertaken, rather than a more expansive version of what supervision entails. What were perceived as the more onerous and demanding aspects of working out of hours varied somewhat according to role. For player-managers the wide range of responsibilities and obligations, including regular commitments to the duty rota, were sometimes experienced as arduous when considered in relation to the kind of supervision and support which was made available. The close association of the quality of supervision with the personal practice experience of someone in a supervisory role might be open to question. The significance accorded to the notion of having supervision appears to be linked to the frequency of lone-working for out of hours practitioners. There was a tendency for respondents to conflate the various aspects of supervision in a wider sense with an opportunity to discuss issues seen to be directly related to practice. For workers in larger teams the lack of formal supervision could to some extent be compensated for by ad hoc peer support arrangements. A practitioner who said she had not had any ‘proper supervision probably for about two and a half years’ described how impromptu
'debriefing' was provided by peers as required after individuals had been involved in what were collectively regarded as particularly difficult or demanding pieces of work.

Training mentioned tended to be either partial and specialist in nature, such as ASW refresher training days, or events specifically arranged for out of hours practitioners, either by informal local co-involvement of social workers employed in the EDTs and out of hours services of neighbouring authorities, or under the auspices of regional ESSA (Emergency Social Services Association) groupings and branches. Attendance at training events where daytime practitioners were also present was regarded as beneficial. Even if the content was not seen to be of direct relevance, the chance to meet daytime counterparts was a serendipitous plus in circumstances where, as BW put it: ‘you go for years on end talking to people on the phone, never meeting them.’

Training was an aspect of their work which a majority of interviewees identified as important, neglected, inadequate and in need of development and improvement. One London borough practitioner-manager remarked:

‘...you’ve got to be creative with your training in the sense that there isn’t, no-one’s taken the time, and I’m as guilty of this as anybody really, of trying to tease out what the core sort of requirements of an EDT worker are, and therefore the kind of support needs and training needs around that’. (PL)

BW also referred to the need for training tailored specifically to the out of hours setting;

‘It sounds like a contradiction, but you’ve got a specialism of EDT, who aren’t specialists (laughs).’

Theory and out of hours practice

Given the current emphasis in social work training on linking practice with theoretical underpinnings which inform it, social workers who were interviewed were asked to comment on how theory related to practice in the out of hours setting. Specifically, they
were asked to identify theoretical models which they felt informed or guided their own practice. This might be considered to be a somewhat unfair inclusion in the context of a loosely structured interview. Indeed, one participant reacted by prefacing her reply with the ironic statement: ‘This is sounding very much like an interview’, and then laughing before replying in some depth. Those who eschewed any particular theory identified their practice as pragmatic or ‘instinctive’, although the fact that theoretical models of practice existed somewhere in the background, albeit hazily recalled, was acknowledged by one player-manager:

‘...I'm not a very theory-driven person, so I don't think about what I'm doing in terms of theories, and I must admit I’ve forgotten nearly all of the names for the various things I now do by instinct almost....’

Similarly, another player-manager spoke of her practice as tending towards being ‘pretty pragmatic’, before concluding: ‘I can’t say I’ve picked up a social work textbook at all really in the last few years’. Perhaps reflecting what was prominent in terms of favoured practice models in the 1970s when many out of hours social workers would have undertaken their initial training, approaches based on systems theory or derived from family therapy were cited as being helpful. But not only were such models in vogue at the time of respondents’ initial social work training, they were also seen as well-suited to engaging with whole families, a possibility regarded as more likely to arise outside of conventional ‘office hours’ operations:

‘...I take the theory from family work. When I’m visiting I try and see a family unit, if you like, and you can do that on EDT, because at night you’re going in and you’re not just seeing the individual, you’re actually seeing the family, and I will take that model in there because my background is family therapy’ (KS)

and similarly:

‘.....I was sort of trained systemically. I’ve done further reading in that kind of systemic work, and I like that approach......I’ve actually found it very useful because you can teach it
to people. You can say, look, this is you, this is what you’re telling me, but this is what I think and this is how you, you know, operate within this system’. (PL)

More contemporaneously, reference was also made to the brief therapy/solution focused therapy models which have become increasingly popular and more widely promoted by independent consultants and trainers since the 1990s, although reservations were expressed about the practical utility of these approaches in the out of hours setting:

‘......but, to be honest, I thought it (training in brief therapy strategies) was not exactly relevant....I don’t think theories of that sort can be applied necessarily to the sort of situations that crop up out of hours’.

Respondents also mentioned behaviour modification techniques, task-centred practice-sometimes including it in conjunction with a family therapy framework- and counselling skills. Perhaps predictably, the most frequently cited practice model was ‘crisis intervention’, although there was considerable scepticism regarding its applicability and usefulness out of hours:

‘Crisis intervention theory would be an obvious thing to say, but personally I’ve never discovered that much of substance in crisis intervention theory. I mean, I don’t know what it claims to be really, you know, what it claims to say...’ (NV)

As an afterthought another social worker said:

‘I suppose crisis intervention’s talked about, but I haven’t a clue what that’s about, but there’s a theory about that isn’t there?’

While one participant was more sanguine in crediting crisis theory with a foundational status in relation to out of hours practice:

‘...I guess the underpinning is crisis intervention really....’

doubts about the real worth of crisis theory to actual out of hours social work practice prevailed:

‘Well, I think there could be things that are useful, but I don’t think we actually follow them. I mean one is, I suppose, crisis intervention, but I mean I think it might be a useful
model, to sort of use that, but we don’t tend to use it as .......crisis intervention is understood. I mean, everything that comes through our door is another crisis’. (laughs)

One social worker was more positive about the value of crisis theory in its pure form, but then proceeded to bracket off this kind of strategy for practising social work as outmoded and now superseded by different considerations which shape practice:

‘Well, it’s going back a bit, but Caplan’s theory is one I’ve always subscribed to, and that’s always motivated me quite well in terms of a period of the client being open to change really. But, my god, the world’s changed since then. I mean in my social work course it was the client’s right to self-determination, but if you think how far more prescriptive our culture has become in the past, you know, twenty five years. But I still think Caplan’s theories are fairly relevant’. (RA)

In defining which models of social work practice he viewed as relevant to EDT work, LC saw crisis intervention as potentially valuable, although not generally employed in a pure sense. He felt that the terminology of crisis intervention was used loosely because EDTs tend to be working with crisis situations: ‘everything that comes through our door is another crisis’. The sense conveyed was of crisis intervention as a potential rather than an actual way of working. Brief and solution-focused therapy were also identified as potentially valuable for EDT practitioners: ‘if I had the time to do that, then that might actually be a useful tool’. Instead, it was implied that the demands and pace of work preclude adhering to or utilising theoretically informed models for practice. Task-centred practice and behaviour modification techniques were also identified as being potentially useful, but no model was ultimately regarded as being pre-eminent or as having particular significance or value.

As well as seeing people together as families, identified by one respondent as a feature of out of hours practice marking it out from much daytime social work activity, another participant focused on the extent of the connectedness and overlap between the various
kinds of situations in which EDTs become involved, leading him to conclude that EDT or
out of hours social work is a practice model or skill in its own right:

‘...I think the best way of seeing it (EDT practice) is a sort of skill in itself really, just as, I
mean I think it was formally linked, when intake teams and access teams were more in
vogue, I think it was seen as a logical extension of that, only out of hours.....But I think it’s
difficult to put any particular label on it.....I think you get a better overview of the way that
people’s lives are, because people don’t fit into neat little categories like “the mentally ill”
or “a family”, or this that and the other. I mean, there’s a lot of different problems relating
to all sorts of services that we provide, I think this is what worries me about the way
specialisms have developed. I think EDT get a better idea of how these things work than a
lot of daytime people........particularly when you get mental illness and children’s services
coming together because obviously they, they’re often very much linked, you know, the
stresses and strains and depressions and the way that family dynamics are affected by these
sort of things. You can’t cate- you know, you can’t just see them as rigidly a childcare
problem and that’s it. There’s far more to it than that, and I think we’re able to sort of do a
bit more, be a bit more flexible because of that.’ (BW)

Conclusion
In this chapter out of hours social work practitioner perspectives relating to a wide
spectrum of core aspects and characteristics of EDT work have been presented and
explored. The sample interview with LC which was the first to be transcribed and analysed
has again provided a point of reference and departure, allowing the identification and
introduction of key features of working in an out of hours setting from a practitioner’s
point of view. In many ways LC’s individual perspective was atypical and even
anomalous, not in connection with the substantive content of the understandings and
meanings which he expressed, but in the degree of scepticism he voiced, which sometimes
shaded into cynicism to an extent not identifiable to the same degree in any of the other
informants’ narratives. I have presented examples of the wider range of orientations and
interpretations of the experience of practising out of hours to demonstrate the breadth and
extent of different and individual perspectives. This has been consistent with my original
starting point and objective of identifying and exploring the nature of out of hours practice
in a wider sense, but accessed through the its individual exponents. From this point of view, various features and tendencies emerge from this chapter, which I will outline below. A central and continuing theme is the constant interplay and overlap between the work and non-work domains of practitioners’ lives, and the extent to which considerations and concerns emanating from one sphere can suffuse the other. While perceived advantages of working out of hours remain largely consistent with those cited as contributing to the original motivation to move to out of hours work, changing domestic and personal circumstances can result in these coming to be viewed differently over time. In some cases occupational and professional considerations also gave rise to perspectival change in relation to the advantages and disadvantages of EDT work. Fundamental and inherent uncertainty and indeterminacy have been revealed as a core feature, both in terms of what will need to be confronted during any particular period of work and what happened subsequently after involvement and intervention. Principal differences from mainstream practice centred on the amount of lone-working entailed and having to operate often with access to only partial or restricted background information. Being able to act autonomously and exercise professional discretion, allied to relative freedom from prescription and bureaucratic procedure stand out as universally highly regarded characteristics. There was widespread awareness of possible adverse effects on health associated with irregular sleep patterns and long periods of time at work, but these were offset by what was viewed as another highly prized kind of freedom in comparison with mainstream work, which was not being required to carry a caseload. While some evidence of anxiety in relation to the perceived risk inherent in visiting certain urban areas late at night was apparent, the environment and context for practice was not regarded as more threatening or challenging in itself. The extent of lone-working at night was tempered by the availability of support from the police if required, and to some extent by the quality of collegial relationships.
More formal support in the form of supervision was generally regarded as inadequate, inappropriate and of dubious worth. Morale was seen to be variable and contingent to a large extent on extraneous factors beyond the control or influence of the EDT. Various models of social work practice were identified as relevant to out of hours work, with crisis theory predictably being widely mentioned, although at the same time not necessarily viewed as applicable. Among all the tribulations, challenges and demands of out of hours practice which were identified is one particularly striking feature. The central core of practice, direct contact and engagement with service users, did not emerge in any sense as itself being a particular source of stress or as problematic for practitioners.

Continuing and developing the theme of uncertainty in relation to out of hours and EDT work, the next and final chapter will consider the future, both for individual interviewees and, in a wider sense, for the services within which they worked.
CHAPTER NINE

CHANGE AND THE FUTURE OF OUT OF HOURS SERVICES

'...we could well find that we're eventually forced out of existence, we're forced into a pale shadow of ourselves, because all the specialised bits of the department are developing their own way of managing things that crop up out of hours.' (AE)

'I think there are big changes ahead…' (BW)

It is a commonplace that social services departments are environments where constant changes of one kind or another are endemic. There is something of a contradiction in this regard in that out of hours social work teams often appear to have gone about their work since their inception relatively insulated from the comparative turmoil of their wider departments. From the late 1990s, in part as a consequence of the impact of various government initiatives such as 'Best Value', there was evidence of an increasing sense of fundamental changes to the operation and delivery of out of hours social work services as inevitable and impending. Sometimes a retrospective view was taken in order to explain this, in which the 1990s were identified as a decade during which many significant changes occurred, with further and continuing change being regarded as inevitable. One change which was anticipated was that daytime services would increase their operational hours into the evening, a move seen as logical and appropriate, certainly in relation to work with children and families, where key family members would frequently not be contactable during the daytime.¹

Turning to consider the historical context of the research project, like many comparable studies this research was conducted over a substantial period of time. During this time the world of EDT and out of hours practice, like the wider social work landscape of which it is

¹By the time of the 1999 ESSA conference, at least one local authority was committed to moving towards the provision of daytime social work services which continued until the middle of the evening.
a part, has been prone to a variety of pressures and influences giving rise to changes. It is a commonplace point, but worth noting nevertheless, that EDT social work is located within a rapidly changing historical context. Currently, a number of external pressures have been brought to bear, and their impact is still being felt throughout the dispersed national community of EDT practitioners. To cite just a few examples of the sort of phenomena and developments I am referring to, the European directive in relation to working arrangements, including amount of time an individual can work, and therefore having a bearing on shift patterns and overnight working (and resulting in very apparent transitions in certain authorities to shorter but more frequent shifts, almost universally unpopular with social work practitioners) has had an impact. This has occurred at a time when the nature of out of hours service delivery arrangements have been much scrutinised, with a further transition to the use of call centres as access means for services, and the combining of various agencies' out of hours arrangements, including amalgamations with NHS Direct operations figuring prominently in this regard. Some of these changes can also be seen to have been prompted or provoked by the publication of the SSI report Open All Hours, which was based on a government backed inspection of out of hours social work services in the context of a drive to extend in general the operational times of local authority services and thereby improve their accessibility to service users (although the extent to which users themselves feel the need to have more than an emergency service in relation to social work availability remains somewhat open to question). In any event, this thrust can be located within a wider move towards 24 hour services, and towards more flexible access times for users and more flexible working times for staff, influenced in turn perhaps by other policy initiatives designed to encourage parents with younger children to return to the workforce earlier than they might have formerly been able to contemplate doing. More recently, one of Lord Laming’s recommendations contained in the Victoria Climbie
Inquiry Report (2003) was that specialist children and families social work services should be operational around the clock: 'The safeguarding of children should not be part of the responsibilities of general out-of-office-hours teams.' (paragraph 6.181) While at the time of writing, these changes and proposed changes are still nascent or in their early stages, there is no doubt that currently, EDT and out of hours services are operating in a climate of change. As one practitioner interviewed in 2000 remarked, change is 'afoot' for EDTs. In conjunction with the sort of influences noted above are central government moves to try to make local authorities more accountable in respect of how they utilise resources, with an emphasis on efficiency and value, requiring audits intended to assess service efficiency and the identification of improvements which can be introduced which will have the effect of producing financial savings. The latter have given rise to the scrutiny of EDT services already having happened in some authorities, and to what practitioners view as the imposition of unwelcome amendments to their working practices and conditions of service. In this regard, the 'downsizing' of Liverpool's EDT and the associated imposition of a requirement to work from home after midnight, details of which were communicated to employees by fax, apparently with no prior consultation having taken place, are a notorious example. I use the word 'notorious' because this development was the catalyst for an exchange between practitioners from various authorities via an internet 'e group' which until then had been dormant for a period of several months. This e group will be considered further below.

The six years from 1998 have produced quite dramatic shifts in the prospects for the future of out of hours and EDT social work services. At the beginning of this period, while an accelerating evolution of out of hours practice seemed inevitable, bringing changes to working patterns in the wake of the European Working Time Directive for instance, there was still a clear sense of the constancy and continuity of out of hours social work services.
Many had been in existence for twenty years or more and had changed surprisingly little during that time, in contrast to the seemingly constant reorganisation and reshaping which had affected the mainstream of daytime social work service provision and delivery during this era. However, by the end of the period during which this study was completed, the future existence of out of hours social work in anything like its current form had come to seem less likely beyond at the most a few more years. A speech to the annual conference of the ADSS in Cardiff made by the then Health Secretary, Alan Milburn, announced the impending break-up of social services departments into children’s trusts and health trusts, presaging the end of the departments which had been created in response to the recommendations of the Seebohm Report in 1968. In The Guardian of Thursday October 17 2002, he was reported as having said:

‘Personally I think the writing is on the wall for the old-style, monolithic social services department’ (p.7)

By the same token, the writing appeared to be on the wall for the old-style generic out of hours services, adjuncts of the monoliths, with uncertainty to the fore for those employed in these services. Would the new children’s trusts want to maintain their own round-the-clock duty systems- would they be required to do so in accordance with the stipulations of the Laming Report (2003), or would they seek to contract this part of their service to others to provide? Would primary care trusts look to providing their own out of hours mental health crisis services on a national scale, or would these be put out to tender? Whatever the answers to these questions ultimately are, the long-term continuation of generic models of service delivery outside mainstream operational hours has come to seem increasingly improbable.

The interviews with out of hours practitioners which have informed this study were completed in 2000. One of the areas interviewees had been invited to comment on was
their thoughts and expectations for the future, both their own professional future and that of out of social work practice in general. A minority were very clear that they did not intend to remain in out of hours practice much longer, with at least one having already been appointed to another post. A majority of the remainder indicated that they were unsure of their occupational futures, other than that they were resigned to the fundamental change in their working lives which they anticipated as not just likely to occur, but inevitable. This constitutes yet another level and dimension of the uncertainty which pervades out of hours and EDT work.

EDT work ironically provides a window of sorts on the world of daytime social work. For example, a sense of an increasing focus on child protection is apparent, at the expense of being able to offer a service in situations of rapidly progressing relationship breakdown and other difficulties, which all too often subsequently enter the child protection arena in the absence of any other supportive intervention. Pithouse (1998) identifies the starkness of this change in the second edition of his study, based on returning to the child care team concerned after an interval of ten years. This seemingly inexorable shift in emphasis is illustrative of a practice context in which a transition from one form of exchange between the state and its citizens has been identified as a move from the provision of benefits and welfare services to the completion of assessments of needs:

‘This process of substitution which privileges the production of paper forms (assessments, care plans, protection plans etc.) offers a partial explanation of why so many social workers consider that their work has been emptied of substance and their labour appropriated for tasks which are devoid of value and lacking in moral purpose.’ (Regan, 2001,p.36)

One of the objectives of this study has been to identify and begin to explore some of the differences and contrasts between out of hours and mainstream social work practice. Dimensions of indeterminacy and uncertainty, differences in access to both resources and information, liaison and working with other agencies and generic practice were all axes
along which significant divergence has been noted. (Clearly, other differences are also evident). Reference has been made to the fundamentally changed nature of contemporary practice and the ascendancy of managerialism. Against this backdrop it seems likely that out of hours social work services, which have until recently maintained a relative immunity from the transformations which have reshaped their daytime counterparts’ working practices, will increasingly need to develop and evolve if they are to survive much longer. One model involves a move towards joint operations with new kinds of provision such as out of hours services for young people who have been in local authority care. However, the move towards extended availability and operational hours of daytime social work services appears to be happening more sporadically and slowly than perhaps was anticipated at the end of the 1990s. Similarly, the availability of specialist mental health services around the clock has not yet developed to the extent that generic out of hours social work services are now no longer needed. Inevitably, the pool of practitioners who have experience of generic practice will continue to diminish over time, posing consequent recruitment challenges for generic out of hours services. At present, the future for EDTs and out of hours social work services is still highly uncertain and perhaps best characterised as one of evolution and change alongside the potential for imminent extinction. In some parts of the country services are already being withdrawn, ironically, to be replaced by reincarnations of the on-call systems which resulted in the industrial action and the threat of industrial action in the early 1970s, leading to the creation of EDTs and out of hours social work teams:

‘Liverpool social services is to follow the lead of Westminster and field out-of-hours contacts through a call centre with support from a social services manager, doing away with its current EDT set-up. Meanwhile, Staffordshire Council is discussing with the ambulance service whether to develop a joint out-of-hours service…… Liverpool is recruiting 64 on-call social workers to form a pool of professionals working on a rota basis out-of-hours. Some may be daytime staff, with extra payments being linked to being called out.’ (Community Care, 05.08.04)
Information about developments and opinions within EDT services were shared via an ‘e group’ which was active over a three year period, and it is to the operation of this group, particularly in relation to changes which were proposed or imposed that I turn now.

Established in November of 1998 and active to a variable extent until June 2002, this was described as: ‘An informal support group for UK social workers who work in emergency teams’. While the opportunity afforded by the 1999 ESSA (Emergency Social Services Association) national conference was taken to publicise this e-group, the membership remained small at a maximum of 35. From within the group, this restricted membership and participation was accounted for in part by the fact that not everyone working in an EDT at the time had internet access at work. One group member identified ‘that highly contagious condition “apathy”’ as giving rise to non-involvement, lamenting that:

‘In my opinion motivation for participation in non-essential work activities is sadly lacking in a large proportion of colleagues’

The total number of messages posted during this time was 261. 2001 was the year during which the largest number of postings were made: 140. There were also prolonged periods of inactivity during May and June, August and September, and November and December of 2000, as well as May and June of 2001. The content of the messages gives an indication of the issues and concerns which were preoccupying group members from late 1998 until mid 2002. Broadly, these can be divided into matters pertaining to conditions of service, and how a service is accessed and delivered, together with changes to these which had been proposed or were anticipated, and what might be defined as practice issues. Examples of the latter included an exchange on whether or not requests from the police for the accommodation of young children whose parent(s) were in police custody should be complied with, and the prioritising of work. With reference to the former, there were exhortations to be proactive in the face of change which was regarded as inevitable:
‘Exciting times ahead and critical that EDTers unite around local and national issues. For years we remained blissfully “out of sight and out of mind” (SSI Report 1999) but cried out for more attention. Now we are in the spotlight it is all a bit bright and some are looking to crawl back into the darkness! My view is that we need to be in the game, even if we don’t like the rules...’

and:

‘...lets get the debate going. Lets look at alternative models and ride the wave before it comes crashing down on us.’

What have been defined as practice issues extended to exchanges concerning the interpretation of social workers’ statutory powers and duties, for example in relation to the management of people subject to detention under the Mental Health Act (1983) in situations where there are delays in the identification of inpatient beds.

Of particular concern to group members during the period from 1999 to 2002 was the interpretation and associated implications of the Working Time Directive. The way this legislation impinged on shift patterns and the associated requirements for regular health checks for EDT staff in some areas were contentious. With reference to health checks, one respondent wrote:

‘At present we are facing some draft policy which we think is highly oppressive, discriminatory and downright unpleasant for EDT staff’.

A sense of an occupation under siege was conveyed by another correspondent, this time in relation to the Best Value initiative and the way it was applied in one local authority area:

‘And we thought Open All Hours was a threat! (1999 SSI report) Huge lessons for all of us here. We in Oldham will be scrupulously vigilant. Amazing, really, for so many years we were the Cindarella service, covering the bulk of the week unnoticed and unappreciated, and for peanuts- the EDT budget in Oldham is <0.4% of the departmental budget! Then we started getting all this attention, assistant directors came to team meetings and one even sat with me through a Saturday day shift (he took a call about a child abuse case and wet himself) and then the SSI graciously waded in to “raise our profile”. And the result? Virtual extermination.’
Some local authorities have clearly changed the way their out of hours services are provided more rapidly and more radically than others. One favoured model of service delivery involves the public of service users making contact with a call centre in the first instance, in some areas the same contact point as users of the NHS Direct service, leading the group member quoted above to comment:

‘When the director of Nottingham social services gave a gung-ho presentation about the benefits of getting into bed with NHS direct (sic), I thought it was an interesting side show. Now, of course, I realise he could see the future and was going to jump before he was pushed. And isn’t it a load of bollocks? I mean, really, unqualified clerks who cut their telephonic teeth cold calling for Anglia windows doing social work by script.............I’m amused, angered, wearied and insulted, yes, insulted. How would a solicitor feel if s/he was told their job could be done by some youth with A-level legal studies? What do they think we’ve been doing all these years?’

Clearly, the group served as a conduit for the frank, forthright and trenchant expression of opinion, especially in relation to proposed changes in service provision. The periods of inactivity were often brought to an end by a message which drew attention to the absence of activity in a cajoling fashion. However, subscribers who attempted to initiate a focus on a specific practice matter which those of a more political or polemical disposition regarded as diverting attention from, by inference, larger issues impacting directly on EDT services, were sometimes mocked gently to the point of becoming silent again. The discourse of the group was different from, for instance, the register of the responses to enquiries made in the course of the interviews with out of hours social work staff. In this regard some (but by no means all) of the messages were more closely aligned to the informal exchanges between colleagues which take place during actual EDT or out of hours shifts.

One possible factor contributing to the apparent eventual demise of the group was the departure from direct involvement in EDT practice of the individual who had first thought of beginning an e group for EDT social workers. He reassured other members that he
would continue to moderate the group, but within a few months the posting of messages had ceased in spite of his expression of continuing commitment:

‘I haven’t left. I just am taking VER from this job. I will still be in the group at my home E-mail and am still interested in what is going on. Though I’m still young I feel like I want a rest from the responsibility of EDT work. It’s a hard job.’

Ultimately, a polarisation had become discernible between those group members who wanted to exchange views and ideas concerning specific aspects of the content of EDT practice, and those others who wanted the group to be a vehicle for the polemical expression of their anger, incredulity and, particularly, their frustration in the face of threatened or actual fundamental change, about which they were unable to voice their concerns or objections in ways that would be heard within their own organisations and agencies. It is in this sense that the e-group provided a legitimate outlet and medium for communication, albeit a short-lived one. It also disseminated information pertaining to the curtailment or demise of out of hours teams in parts of the country, bringing into the public domain what might otherwise have remained parochial developments and changes.

While acknowledging that, in spite of an apparent immutability in relation to many daytime services, out of hours social work is clearly prone to what amounts to an accelerating process of fundamental change, I have endeavoured to delineate some of the ‘enduring features’ and the ‘important continuities’. (Pithouse, 1998, p.3)

Apart from uncertainty associated with the work which has been undertaken and other dimensions of EDT practice, even in 2000 when the interviews were completed, there was found to be a prevailing and understandable sense of uncertainty concerning both the future of the EDT service and, correspondingly, the personal employment future for the individual EDT practitioner in question. While LC was typical in having been in post for a substantial period of time (thirteen years), like a majority of interviewees he regarded significant change to out of hours services as inevitable and impending, although the
precise form which this would take remained somewhat obscure. In his estimation EDTs were likely to wither in their present form, with cover in the future either being provided by specialist teams making their own out of hours arrangements, or by other practitioners being contracted to work different and extended hours (much as described in the Community Care article cited above). Such changes were regarded as part of a continuing process in which managers review and ‘mess around’ with working practices and conditions of service. All such changes were seen by him as being: ‘financially driven really’.

As far as his own future employment was concerned, LC expressed an inclination to move on to do something different, together with uncertainty about what to move to and where to go to. A return to mainstream child care or mental health social work was ruled out. Although he described himself as ‘not actively seeking anything’ he said: ‘I scour the jobs pages from time to time’ and that ‘it’s just a question of something catching your eye, I think, and go for it’. The inability of this interviewee to identify another specific kind of post as alternative employment he could aspire to can be understood in two distinct but related ways. First, returning to daytime practice would amount to returning to the environment and conditions he sought to leave behind by joining an EDT in the first instance. Second, that other options recede for practitioners who have spent long periods of time working out of hours is well established and widely accepted. A minority of interviewees (two out of sixteen) did speak about a firm intention of returning to daytime practice, for example EW, who stated:

‘I’ve got no intention of staying in it for years and years……...I’d like to go back to days because I’ve got particular interests in mental health.’

Twenty years ago Etherington and Parker recommended that working as an EDT practitioner should be limited by a maximum time constraint, after which a return to
mainstream daytime practice would take place. However, this model does not appear to have been applied anywhere subsequently:

‘Career progression as we have outlined is the difficult problem faced by emergency duty team workers. Obviously better training and integration into mainstream social work practice will assist integration between day and night time workers but perhaps social services departments should consider appointing on two year contracts with a subsequent guaranteed transfer back to daytime work.’ (1984, p.48)
CONCLUSION

‘Our team is not a very professionally ambitious group. I don’t know if this is true generally of EDT social workers. But the fact is that we’ve all sort of been in post a long time, and are happy to do the practice rather than get ourselves promotion. So I think that probably says something about ourselves, and about the work too: that it does give satisfaction in a very unusual way that the daytime work doesn’t do. I think we’ve all dabbled around with daytime work and then sort of settled back on the EDT side of things.’

(JM)

‘I find satisfaction in going into a situation which seems all chaos and muddle and just putting it into some sort of shape for both the people involved in it and for your colleagues who will be picking it up and can recognise it for what it is and know roughly how they might go on from there. Maybe that’s not the best way of describing it, but it’s taking a mess and putting some sort of framework of order on it,....that’s what I enjoy about it.’

(AE)

In this study thematic and narrative approaches have been combined in the presentation of interview material arranged to illustrate and exemplify the themes which have been identified as key and core aspects of out of hours work. While the material has indicated the range of opinion and understandings in relation to particular categories and phenomena, it has been suggested that certain central features and concerns are applicable or discernible in relation to all out of hours and EDT social work services. Some of the themes concerned have been associated closely with categories which had broad currency with the interviewees, and therefore with out of hours social workers in a wider sense, for example ‘risk’, ‘autonomy’, ‘handover’ and ‘debriefing’. Although the main emphasis has been on thematic presentation in the answering of the ‘what’, ‘when’, ‘who’ and ‘why’ questions connected with the initial central inquiry into the nature of out of hours social work practice, I have argued that out of practice can be understood as an essentially storied activity, and the incorporation of a narrative approach has informed an appreciation of responses to some of the ‘how’ questions.
Consistent with an exploratory emphasis, the scope of this thesis has been wide ranging in relation to out of hours and EDT social work. A consequent limitation has been the extent to which it has been possible to develop the analysis of the substantive themes and topics which have been identified and described. Indeed, some of these substantive areas might have constituted discrete research topics in their own right, for example the nexus between mainstream daytime practice and EDT social work services. In order to illustrate how the analysis might be developed, two of these areas will be considered further below. These are: ‘pop in’ or ‘check up’ visits, and the language associated with EDT social work practice.

**Pop-in visits:**

Requests for check up visits can be seen as an instance or specific site for the playing out of the relationship between EDTs and mainstream daytime services which has been identified as a key dimension of out of hours practice in previous chapters. Monitoring visits may be frowned upon as ‘back covering’ activities, and as having little value, with practical problems associated with not knowing what the individuals concerned look like for example. Questions may be raised about what they actually achieve, beyond perhaps allowing people to think the ‘coast is clear’ after the visit has taken place. Such visits may also be regarded as entailing a ‘policing’ or surveillance role, in which the responsibility for determining what visits should be made has been taken over or hi-jacked by daytime services. Some interviewees stated that requests for check up visits were not accepted because they constituted a potentially uncontrollable and unmanageable source of work:

‘...occasionally we have to do them, but we say- it’s a similar principle to having work passed on at five fifteen- we resist doing them because the floodgates would open and they’d never close, because of the amount of anxiety that goes on about some cases’. (BW)
Another respondent emphasised a sense of being taken advantage of by daytime colleagues:

'...we found that the system was too much abused by the daytime teams, who either put inordinate expectations on us- didn’t seem to appreciate how we worked, and wouldn’t give us the right kind of information. So we withdrew the facility, we did have- we operated it for a while, but, as I say, it just wasn’t treated with the consideration it deserved, so we don’t do it any more'. (NV)

The same interviewee, a service manager, explained and justified his team’s stance in relation to check up visits by reference to a perceived clear distinction between an out of hours social work service and an emergency duty service, using this to exclude the undertaking of monitoring visits:

'It comes back to this division I think between is the team there for emergencies, or is the team there to offer a social work service? If the team’s there to offer a social work service out of hours, then we need to be a whole lot better staffed than we are. Our staffing only allows for emergencies, so in fact we are called an emergency duty team and our policy statement is to respond to emergencies which occur outside hours. Something which is planned and known is by definition not an emergency, so it falls outside our remit'. (NV)

On the other hand requests for this kind of visit are also open to differentiation by EDT staff in services where a less rigid stance is taken. Some check up visits may then be perceived as legitimate, for instance where something is more likely to occur at night, making EDT involvement more appropriate. Where requests for visits of this kind are accepted, this may be conditional on other work demands not being accorded priority:

'What we do sometimes do is, if we’re asked, we say yes we will if we can, and then we can’t, so we may have to fax them back and say “I’m sorry we were unable to do this because of other demands of other work”, but obviously, depending on the nature of the referral from the daytime team, it will find its own position in the priority list'. (LT)

More succinctly, in response to being asked if his team undertook check up visits JF said:

'Depends entirely on how busy we are. We don’t rule them out'.

Despite the differing orientations and dispositions towards check up visits identified, they can be understood as situated at the juncture between out of hours and mainstream social work, exemplifying either a rigid boundary or a permeable membrane separating the two discrete practice arenas.
The language of EDT practice:

Some of the terminology embedded in the everyday discourse of EDT practice was briefly considered in an earlier chapter. The language of EDT social work merits further consideration. For example, the use of terms such as ‘back covering’ illustrates how expressions having general currency within social work as a whole (and other occupations and activities) have a specific meaning and significance, a particular resonance, in relation to EDT practice:

‘I think it's the covering their back thing- they will always say, yeah, let’s have a Mental Health Act assessment’. (RA)

In this instance, the interviewee is referring to the expectations or requirements of another agency (the police), but definitions of incoming work as denoting ‘back covering’ frequently relate to daytime social work services. The connotation of excess caution is one element of meaning. Another specific nuance is that the work in question results in a demand which then has to be met from the EDT’s staffing resources, which might otherwise have been deployed in ways regarded as more appropriate or purposeful.

‘Pressure of work’ or ‘work pressures’ is a further example of a term which has an obvious, literal and readily accessible meaning indicating the volume of demand on an out of hours service at a given time. It also has an extended implication in this context:

‘it’s not uncommon in one shift to deal with eighteen different referrals. You might also have a shift...... you know, some shifts there are only three referrals, so you tend to adapt your intervention to pressure of work I think’. (RA)

The consequence of a high level of demand on what is a limited or restricted service is that responses to particular situations may be less than would otherwise have been the case. Other terms such as ‘planned work’ have meanings which are specific to the out of hours setting. ‘Planned work’ is a term used to denote not only work which has been arranged
beforehand or set up in advance, but any work known by daytime practitioners to be
required, who then seek to pass this to their out of hours counterparts. Similarly, ‘holding’
a situation in EDT parlance has a contextual meaning referring to doing what is required to
contain or manage an episode until the resumption of daytime services:

‘...you’ll deal with that immediate situation, and provide whatever resources are necessary
to hold that situation until the duty workers from the area offices can begin to intervene the
following day’. (LT)

‘Geography’ is another word which acquires an expanded meaning. Specifically, it is
 shorthand for the implications of distance, like ‘pressure of work’, an influential factor
influencing responses from a non urban EDT, according to this interviewee:

‘...you make a number of decisions influenced by geography which you wouldn’t make
necessarily, or at least you know, geography wouldn’t be an issue so much in the daytime.’
(LT)

‘Responsibility’ is also invested with a particular contextual meaning and significance in
relation to out of hours practice. The ‘drudge’ of long term child care work was referred to
in an earlier chapter as a term used by an interviewee in this study as well as by a
practitioner cited in Etherington and Parker’s 1984 monograph. The ‘ongoing grinding
responsibility’ which ‘can be extremely wearing’ is how another interviewee described the
same phenomenon. He also spoke about an enhanced level of responsibility out of hours.
However, in contrast this is time-limited and short term:

‘...there’s the issue about taking a lot more responsibility in the short term than a local
authority daytime worker does’.

The above comprise only a few instances of how language can therefore be identified as
one of the ways the distinction and what was referred to at the outset as the qualitative
difference between out of hours and mainstream daytime social work practice can be
located and demonstrated.
The interface with daytime teams has emerged as a crucial aspect of EDT work: the need to manage to establish and maintain a clear line of demarcation in relation to responsibility for work, while at the same time fostering good relations and not operating in a manner which leaves the EDT open to charges of elitism or unhelpfulness. The EDT does need to protect itself from unreasonable and unrealistic expectations. In a way this requires the reconciliation of pressures which are very much contrary and in opposition. Perhaps the only way to achieve the necessary balance with any degree of certainty is to devote close attention and accord high priority to regular liaison and links, both with daytime social work colleagues and with other agencies.

The uncertainty surrounding social work practice is a factor which has been highlighted by Pithouse (1987; 1998). Uncertainty in relation to out of hours practice has been shown to have a particular and extended character. Not only is there the inherent uncertainty associated with the outcomes of intervention, there is an amplified version of this out of hours. Fragmentary and brief involvement is customarily followed by a hiatus in terms of either feedback from the realms of mainstream practice, or from an opportunity to find out what happened afterwards or next in relation to particular service users or their situations. In this sense then, uncertainty takes on a heightened dimension out of hours. On the other hand, EDT social workers are to some extent insulated from the longer-term uncertainty experienced by daytime practitioners which attends their casework activities.

While out of hours and emergency duty team social work services have experienced change at an unprecedented level in recent years, it remains the case that in a majority of local authority areas EDTs are still the only or the primary locus of service provision for 78% of each week. For this reason alone, out of hours practice is important. The title of Smith's (2004) recent monograph about the work of emergency duty teams, The Heart of the Night, reinforces the presumption that out of hours practice is primarily night-time practice. The
fact that approximately 30% of out of hours social work cover is provided during the day over weekends or on public holidays tends to be overlooked.

As stated at the outset, the purpose of this study has been to identify and explore some of the core aspects and distinguishing features of this kind of practice which, I have argued is significantly different in a number of respects from mainstream daytime fieldwork. Multiple perspectives and approaches to the study of out of hours social work have been combined in an effort to produce a comprehensive exploratory study which conveys and represents something of the experience of doing out of hours social work, in all its complexity and multifacetedness. This latter dimension is often absent in much writing about social work practice. The principal standpoint from which the out of hours social work world has been displayed is unquestionably that of the practitioner directly engaged in this sort of work. One of my concerns has been to try to transcend tendencies towards the reification or objectification of practice which has pervaded the literature on social work. This concern is not unrelated to the theory-into-practice continuum which has been a feature of recent and contemporary social work training. In combining different data collection and analysis techniques and strategies the objective has been to try to begin to bridge the divide between social work practice as it is defined, delineated and prescribed, and social work practice as it is experienced and accomplished in the day-to-day world of doing social work. I have argued that a focus on a narrative approach held out the prospect of achieving a resolution of what seemed to be opposing tendencies and tensions. Out of hours social work involves reflection-in-action based on experience (practice wisdom) of 'what works' in the sense of what strategy, what approach, what response has proved to be helpful, useful, effective, in this kind of scenario before. This formulation more closely approximates the notion of PBR (practice based research) proposed by Fox (2003) than
any received ideas associated with the orthodoxy of evidence-based practice. Reflection-in-action is combined with pragmatic resource awareness knowledge: Could a night sitter be found? Are there any intervention staff available for deployment? Is there a placement? Is there a budget for this?, and so on.

Overall, a research enterprise of the kind referred to above is consistent with Clandinin and Connelly’s statement regarding the nature of the contribution of narrative inquiry:

‘The contribution of a narrative inquiry is more often intended to be the creation of a new sense of meaning and significance with respect to the research topic than it is to yield a set of knowledge claims that might incrementally add to knowledge in the field.’ (2000, p.42)

Arriving at a position from where recommendations or proposals regarding potential improvements in the delivery of social work services was not identified as one of the objectives of this study. Nevertheless, inherent in the research which I have reported above are a number of implications for continuing to provide as efficient and effective and seamless a social work service as possible for as long as out of hours teams and EDTs are mandated to operate in anything like their present form. These include some clear opportunities for the improvement of current provision.

A recent model of understanding the nature of social work in general can be related to out of hours practice. In a paper on the nature of knowledge in and for social work, Parton (2000) identifies a distinction between two fundamentally different approaches to social work. In one of these it is characterised as a rational/legal activity, and in the other it is a moral/practical one. He argues that in conventional practice the former is very much in the ascendancy, with its associated emphasis on outcomes and evidence-based practice, the ‘what works’ school of thought, related to similar approaches in other disciplines and to a positivistic and scientistic stance. In the world of practice this is also bound up with an emphasis on targets, procedures, legal requirements, codes of practice and competencies based training. Against this he posits an approach which, while not denying the potential
for compulsion and coercion, places much greater emphasis on social work as an interaction involving interpretation, meanings, understandings, and in which negotiation is the primary line of approach, with inherent ambiguity, uncertainty and doubt: essentially a humanistic approach in contrast to the one taking bio-medical natural science as the exemplar for social work practice. In developing his argument he identifies the significance of Schon's reflective practitioner before moving to Jordan's account of what is of principal importance in social work practice, developed over the course of a number of years and apparent in a range of different texts on the subject. In Jordan's analysis, the manner in which people are engaged with and the qualities of the negotiation and mutual understandings assume at least as much, if not more, significance than the actual outcomes of interventions per se (1979). Parton argues that the latter approach has tended to become subsumed by the dominance of the former, and suggests that there is a need to reinvigorate and revisit it. In the research interviews completed with out of hours practitioners, there is an implicit but consistent sense of a desire among respondents to distance themselves from the regimented, proceduralised and what is almost universally regarded as bureaucratic form taken by contemporary mainstream practice. In contrast, EDT or out of hours work offers an environment for practice in which in one sense procedures and bureaucracy are less overweening and dominant. It may be conjectured that the ages and associated personal histories as practitioners, often including experience of generic practice in contexts which were very different and perhaps more optimistic in orientation than is now the case, accounts for the discomfort with the world of contemporary state social work and the wish to seek out and remain in a setting regarded by most as more benign from this point of view. That is not to suggest that those more recently qualified and others who continue to practice in the 'mainstream' of local authority social work are satisfied with their occupational lot and its demands: anecdotal evidence would tend to disconfirm this.
Out of hours practice might therefore be regarded as 'paradoxical practice'. By this I mean that, compared even to much contemporary daytime practice, it is inclined to lie at the most procedurally and legalistically intense end of the spectrum. Much of the work undertaken is of the more blatantly statutory nature, and may involve the deployment of the most coercive and controlling powers available to social workers, in some of the most formal and legalistic environments in which social work practice is undertaken, including police stations and courts. It involves assessments and interventions which can give rise to as extreme an outcome as the immediate and summary loss of liberty for the person concerned. However, at the same time, the out of hours social work role provides a maximised and enhanced opportunity for negotiating and understanding the meanings brought to situations of distress and crisis by those at their centre. In other words, out of hours practice entails a distilled version of social work as a moral/practical activity, in this sense being less encumbered by the bureaucratic and procedural constraints identified by Parton, Jordan, Howe and others, and suffused with the kinds of ambiguity, confusion and uncertainty which they point to as crucial but currently disregarded and disavowed elements of modern social work practice. Clearly, I am not arguing that the out of hours practice context is somehow immune from the requirements of bureaucracy and procedure, far from it. Rather, I am suggesting that for some social workers, generally those with a substantial experience of practice, who have made a decision that they wish to remain in practice as opposed to making the transition to management or some other role in the world of social care, out of hours or EDT settings allow an opportunity for some of the fundamental components of a more humanistically oriented style of practice to still be pursued and engaged in. The context for this is also, and significantly, one in which the individual also carries a more immediate and stark burden of responsibility for making decisions and acting upon them accordingly rather than deferring to someone else within a
hierarchical system before doing so. While this can appear daunting, it also has an allure and attraction for those who choose this path.

Alluding to the unfashionable, and no doubt many would argue, outmoded perspective of a humanistic imperative underpinning social work as a moral/practical activity, as identified above, it is my contention that there was initially some level of impetus of this kind implicated in the choice of career of those who enter the world of social work as an occupation. However opaque, undeveloped, illogical or inconsistent, I argue that a desire to have a part in the improvement or amelioration of the position of the ‘disadvantaged’ or, in contemporary parlance, the socially excluded, exists or existed in connection with a move towards becoming a social worker. To articulate such a notion may be to elicit the ridicule and even contempt of many who are closely involved in the world of modern social work, but it is my belief that a philanthropic, to use an old-fashioned or unfashionable term, motivation can still sometimes be discerned as an early factor associated with a person's choice of social work as a career. The interviewee GF’s narrative account of his transition to working out of hours contains an indication of precisely this kind of initial motivation towards involvement in social work practice:

‘I had this sort of idealised vision that I could make a difference. And I guess I became aware of EDT through working in residential.... I soon lost that sort of idea that you can make a huge difference, I’m sure some people can....’

It may be that this germ of inspiration is snuffed out early on in the training process, only to be replaced by growing disaffection, cynicism or disillusionment, or even to a change of direction or withdrawal from involvement in social work. I base my argument on the fact that the move towards social work represents a conscious choice of preferred occupation, which is often, if not generally, founded on mandatory prior experience of work in a relevant kind of setting. Turning the issue around, one might ask why else it would be that
someone would actively choose to become involved in an occupation which is so routinely scorned, criticised and publicly derided. It surely cannot be because social work appears to offer the opportunity for good pay and attractive working conditions in stress free environments, or because the completion of endless care management forms and routine processes and procedures appeals, or because the English legal system seems to be an efficient and equitable means of helping people in the resolution of their emotional and relationship difficulties, or to ensure the protection and safety of those who are situated most unfavourably in relation to mainstream contemporary consumer society.

How does all this relate to a consideration of EDT social work? I regard it as a reasonable, logical, and consistent, if speculative, extension of the evidence gleaned from the interviews of what it is that leads those who wish to remain active as social work practitioners, to identify EDT or out of hours settings as among the most conducive to allowing them to remain in touch with some of the fundamental motivational factors which led them towards social work in the first instance. Clearly, I did not seek to gauge this aspect at the outset and in the design of the original interview guide. Rather, I think this tendency is implicit in the material gleaned from the interviews with practitioners, viewed in conjunction with some of the themes which were clearly articulated and developed, namely the desire to move away from a cumbersome and ponderously demanding pantheon of bureaucracy, to become involved in working and engaging with people at their most vulnerable and in extremis, and, very importantly, to be able, at least for that short period of those contacts, to have the freedom to exercise the responsibility of intervening and acting on the basis of their own professional decision-making and judgement. Obviously this is a grossly simplified and streamlined account of the process, and there remains a need to liaise carefully and closely with other agencies and with colleagues from within the department, and to adhere to procedures and be bound by a wealth of constraints.
Nevertheless, in comparative terms, these are some of the advantages and attractions associated with out of hours practice.

One of the strengths and advantages of practitioner research, is the opportunity to put to the test of practical experience in the field concepts identified as significant by other practitioners during interview. While as researcher it might be felt that there is an understanding of what someone means when they speak about a category such as 'good enough practice', continuing involvement in practice enables not only a fuller, more complete understanding of what was denoted by the use of that concept, but also an unplanned opportunity to put that concept to a kind of live test of validity and meaning. In other words, I can be more confident of having accurately understood the meaning of this term. I know what the term 'good enough practice' is not: it isn’t a justification of the mediocre or barely satisfactory or sufficient, or an excuse for poor or inadequate work. For a fuller appreciation of what is meant, other considerations with a bearing on, or which are components of actual practice must be taken into account. One such with relevance in this regard is the multi-layered or ‘multi-tasking’ aspect of out of hours and EDT practice. This is not always a factor, but frequently is. It is often the case that there is not one acute situation, but two, three, or more, which one person needs to find a way of dealing with. This is not only a question of prioritising and ordering, it is also a process involving expediency and fortuitousness, often turning on the availability of key people from other agencies and organisations. It becomes inevitable then that some situations are not invested with the quantities of time or resources or attention which any practitioner might feel are required and should ideally be made available. At the same time as comprehensive a response as could have been provided in the circumstances has been provided. It is the ‘in the circumstances’ element which is especially crucial in relation to EDT and out of hours
work, in which the context is everything. And it is in this sense that much of the literature about doing social work, including a lot of prescriptive material, may be found wanting: how it measures up in relation to the immediacy of actual practice as-it-has-to-be-engaged-in is vitally important. When the circumstances of EDT practice are looked at from this perspective the tendency is to pan out from the micro level of specific practice situations to the macro one of policy and how services are provided, and this needs to happen for a proper understanding not only of what happens, but why things are as they are, and what would be required to effect change and improvement. Working outwards, as it were, from aspects of actual practice is as necessary as the efforts being made by writers such as Sheppard (2000) who has attempted to move in the opposite direction in operationalising the, as he defines it, ‘nebulous’ concept of reflective practice, which is a core requirement to be demonstrated by trainee practitioners in the course of their periods of practice learning. Jordan (2000) writes with reference to what he regards as the current government approved and sanctioned model of what social work should and should not be that:

‘the nature of practice itself remains shadowy, portrayed either as risk monitoring or decisive protection, but never as sensitive, aware, flexible, negotiation about everyday crises in ordinary lives’ (p.145)

EDT and out of hours practice, as I have identified above does offer, and indeed call for, the latter as a routine component of what it encompasses in a wider sense. I argue that this is part of its appeal to those practitioners who have elected to concentrate on this form of social work. This is as well as some freedom from the bureaucratic requirements and managerialist constraints of daytime local authority social work practice. Together, these characteristics of EDT practice can be seen as being attractive to social workers who, in many instances, began their careers during an era when there was a rather different prevailing conception of what social work was and what it might achieve. It is in this sense
that consideration of the training and preparation of future EDT practitioners - if there are going to be EDTs, and this remains highly questionable - or their equivalents, has to be considered. A programme providing specialist training has already been established, although this would appear to focus very heavily on the legal and procedural content rather than the concerns I am seeking to elicit. Although there are considerable variations in the actual scope of work undertaken, depending in part on the extent of other provision, say in the field of support services for people with mental health issues, some EDTs undertake supportive telephone work with people who are in crisis late at night. This type of practice activity stands out as one which contains many of the features of practice which Jordan and others have identified as having been shorn from the contemporary social work task in the local authority setting. There is an irony here in that the people who seek this kind of contact when feeling isolated, and perhaps despairing and suicidal are often not users of mainstream social work services at all, but are well-known to the community psychiatric arm of the health service.

I began by identifying and considering a selection of studies which, although not specifically addressing out of hours social work practice, were seen as relevant literature. In the interests of symmetry, I conclude by briefly revisiting these in the light of the intervening chapters. Satyamurti’s (1981) study continues to be relevant, in spite of the amount of time which has elapsed since it was written, with the same conditions of bureaucratic control and lack of autonomy continuing to prevail. Limited evidence was identified of an organised response to threats of extinction impinging on EDT services, and a mixed picture emerged in relation to the levels of collegial support reported. Practitioners interviewed did not necessarily concur with Howe’s (1986) notion of child care work as being higher status or more ‘prestigious’. His statement that social work has no ‘essential nature’ but is shaped by the circumstances in which it takes place remains
pertinent in that EDT work has been shown to have a certain distinct specificity which appeals in many ways to its exponents, and manages to circumvent some at least of the less palatable features of mainstream practice, while not being without problematic aspects of its own.

Pithouse (1987; 1998) argues that social work practice is an ‘unseen’ activity, in part because a third party is not likely to be present during an encounter between a practitioner and a service user. However, as indicated, out of hours practice is more likely to be undertaken in the presence of another professional, and has ultimately to be accounted for not only to immediate colleagues or managers, but to persons who are for the most part, unknown. As I have shown, this calls for judicious recording to be completed, without the likelihood that there will be any feedback. Out of hours practitioners appear closer to Pithouse’s social workers in terms of their capacity for retaining a measure of control over their occupational lives than to Howe’s closely managed and directed equivalents.

In the out of hours practice context Camilleri’s (1996) identification of social work as a ‘gendered’ activity is somewhat contradicted by the fact that there are at least as many male practitioners on EDTs as there are female ones. Where there was greater correspondence with his analysis was in relation to practice and theory. His finding that theoretical frameworks were only drawn on in an ad hoc way, with experienced staff tending to operate on the basis of ‘practice wisdom’, was largely confirmed.
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