

Homicide Inquiry Reports as Active Texts

Joanne Warner

Address for correspondence:

**School of Health and Social Welfare
The Open University
Walton Hall
Milton Keynes
MK7 6AA**

E-mail: j.n.warner@open.ac.uk

Homicide Inquiry Reports as Active Texts

Abstract *Inquiries into adverse events make a significant contribution to the way risk is understood in modern society. Reports produced by panels of inquiry represent an important textual development, yet some aspects of such texts remain relatively under-researched. In particular, it is the manifest functions of inquiry reports that receive attention rather than their latent symbolic functions. This paper focuses on homicide inquiry reports in mental health and demonstrates how these texts have behaved as active documents in structuring social relations and responses to risk in this field. It is argued that inquiry reports in this context have taken on the status of modern allegories. Such reports have been significant, both because they are symptomatic of increased levels of anxiety associated with mental illness in post-community care society and also because they have served to exacerbate these anxieties.*

Key words: inquiries, texts, mental health, risk

Introduction

Calls for public inquiries following adverse events are increasingly common, but there is continuing confusion about the purpose of such inquiries (Bristol Royal Infirmary Inquiry Final Report 2001). While there is usually an explicit desire for inquiries to restore public confidence and to identify lessons which need to be learned, they are also increasingly regarded as performing other, symbolic and often contradictory functions such as laying blame and offering opportunities for ‘communal catharsis’ (ibid. 2001). In a cultural sense, these functions have been associated with the need to create blaming systems which can support modern industrialised societies and with the idea of risk as a forensic resource (Douglas 1990; 1992). In this formulation, inquiries can be understood as a reaction to the cultural experience of anxiety, in particular anxieties related to social change. In social welfare, the latent functions of child abuse inquiries have received attention in the literature in terms of their capacity to ‘appease public disquiet’ and reassert a form of moral order (Hill 1990). Such functions have also been attributed to homicide inquiries in mental health (Eastman 1996: 157).

Inquiries into homicide by people with mental health problems were made mandatory in 1994 through NHS Executive Guidance (Department of Health 1994)¹. It is difficult to state with accuracy how many inquiries there have been, although in 2000 Alan Milburn – then Secretary of State for Health – estimated that there had been sixty-four, with findings that were largely repetitive (House of Commons 2000). The introduction of mandatory inquiries reflected a rising level of anxiety about the perceived failure of community care policies as expressed through government bodies and the media. As Wilkinson put it, ‘...*mental illness where unbounded by the walls of the asylum has come to figure the invisible, the unpredictable danger on the streets.*’ (p. 210). Despite robust evidence to the contrary (e.g. Taylor & Gunn 1999; Appleby *et al* 2001), anxiety centres on the perceived link between mental disorder and violence, specifically homicide. For some commentators, this anxiety reflects the

¹ This was still the case until recently, when the new National Patient Safety Agency was established to gather incident data anonymously, in an effort to advance learning from adverse events in the health service.

dramatic nature of the cultural shift in mental health policies that community care represents and the symbolic significance of ‘madness’ (Pearson 1999).

The system of producing inquiry reports after every homicide has undergone sustained criticism. In particular, it is argued that they are fundamentally flawed because their purpose and structure makes ‘hindsight bias’ inevitable (Carson 1996; Szmukler 2000). The fallacy of hindsight has been succinctly defined by Macdonald and Macdonald (1999) as follows:

If a decision involves risk, then even when one can demonstrate that one has chosen the unarguably optimal course of action, some proportion of the time the outcome will be suboptimal. It follows that a bad outcome in and of itself does not constitute evidence that the decision was mistaken. The hindsight fallacy is to assume that it does. (ibid. p22)

In other words, the essential premise of hindsight bias is that a poor outcome is always going to be associated with poor decision-making. The apparent logic of the hindsight fallacy has been translated into a paradox when applied to mental health services: ‘*If homicides are preventable by a service, and are rare, the service must be good*’ (Szmukler 2000: 6). Evidence of the pitfalls involved in hindsight bias is well rehearsed in the mental health literature (see for instance Grounds 1995; Peay 1996; Szmukler 2000).

Given the significance of inquiries, the reports that they produce represent an important textual development, especially given the problems associated with them. Yet little is understood about their impact as documents following publication, particularly in relation to the cultural/symbolic functions of inquiries. This paper explores these aspects of homicide inquiries and presents arguments based on empirical research into professional practice in mental health services. The paper argues that inquiry reports are best understood as ‘active texts’ in the sense that they have the capacity for organising social relations and expressing social power. This power is demonstrated, firstly, in relation to the blaming function of inquiries and their capacity to target some groups for blame while protecting others. Secondly, the paper shows how inquiry reports have diverted the focus of professional attention towards the risk of violence to others by mental health service users and away from the risks they face. Thirdly, the allegorical power of the Clunis Inquiry Report is highlighted to demonstrate how Christopher Clunis became the archetypal ‘high-risk’ figure for the social workers in the present study. Finally, the paper defines the nature of defensive practices employed by this group of social workers in response to the ‘inquiry culture’. The paper begins by introducing the notion of active texts and explains the relevance of this idea for examining the function of inquiry reports.

Inquiry reports as active texts

Documents in general tend to be regarded as inert or static records of events which are of interest only because of what they contain. However, interest among social scientists in documentary analysis has increasingly shifted towards considering other factors as well as content, including the production and consumption of documents. For Prior (2003), there are three interrelated dimensions to documentary analysis: firstly, what they contain, secondly, how they are manufactured, and thirdly, how they

function. It is the last of these three which is of particular relevance for this paper, since it is argued here that inquiry reports have an important function in terms of their capacity for actively organising social relations and expressing social power.

In taking issue with “the assumption of the inertia of the text” (1990: 120), the emphasis of the work of Dorothy Smith is on the active role that texts play in structuring social relations:

The active text...might be thought of as more like a crystal which bends the light as it passes through. The text itself is to be seen as organizing a course of concerted social action. As an operative part of a social relation it is activated, of course, by the reader but its structuring effect is its own. (1990: 121)

Seeing documents as active involves placing greater emphasis on the role of the reader and the notion that the act of reading actively constructs the meaning of a document. In terms of documentary analysis, there are at least three levels of meaning which are relevant (Scott 1990). Firstly, the authors themselves have one set of meanings which they intend to communicate to their readership. Secondly, there are the meanings received by the readership, which are themselves prefigured by the social context within which they read the document. Thirdly there are internal meanings associated with semiotics. The first two of these three levels of meaning are particularly relevant for this paper. They help to support the argument that the intended function of a text can change according to the interpretation of its meaning by its reader. In this way, documents do not reflect ‘reality’ but are simply another means through which the social world is constructed:

Those who use and consume documents are not merely passive actors in the communication process, but also active in the production process itself. (Prior 2003: 16)

The task of social research is therefore to study how readers use text in everyday life because the nature of a document shifts according to their interpretation of it. Prior (ibid.) is keen to emphasise that documents are created in social contexts and that the production of them is collective rather than individual. This is especially true of inquiry reports, since they are produced by panels of inquiry. Most importantly, it is reasonable to presume that inquiry reports might have an impact that their authors can neither predict nor control, just as the inquiries that produce them do:

...Inquiries after homicide take on a life of their own. They are not an event, but a social process...Indeed, the very existence of ‘Inquiries after Homicide’ cannot be separated from the impact they have upon those of whom they inquire, those who document and report the proceedings and those who merely listen. In this guise, Inquiries can take on, or be attributed with, many functions that diverge from their formal role. (Peay 1996: 2)

As Berg (1996) describes it, this is ‘action at a distance’.

The sensationalist media reporting which frequently precedes the inquiry into a homicide by someone with a mental health problem is often matched by the intensive

coverage after the report is published. This process effectively doubles the impact of these events in the public imagination. Media coverage also means that part of the organising power of inquiry reports as texts is derived from their “intertextuality” with media reports as well as other documents:

We have stressed that texts do not refer transparently to the social world. Their referential value is often to other texts. (Atkinson and Coffey 1997: 61)

A powerful area of intertextuality between media and inquiry reports is in the reinforcement of a perceived link between mental illness, violence and also ‘race’ in terms of stereotypical beliefs about the threat posed by young Black men with schizophrenia. As Stallings (1990) explains, a pattern in media accounts is established by the focus on the common properties of events and the dismissal of any dissimilarity between them. Further, ‘successful’ media accounts propose a causal explanation of the events which can encapsulate them all. In the case of homicides by people with mental health problems, homicides by Black men with schizophrenia have been identified as forming a pattern of events, all of which can be explained by the failure of community care policies to contain ‘dangerous people’ and by professional incompetence.

It is argued here that inquiry reports have played a crucial role in the social construction of the link between mental illness and violence and have also mediated relations between professionals and other groups in specific ways. It is important to stress that an emphasis on social construction is not to deny the objective reality of homicide by people with mental health problems. Nor is the importance of the manifest functions of homicide inquiry reports and their role in identifying poor professional practice underestimated, even though this is not the focus of this paper. Accounts of the abdication by professionals of their ‘duty of care’ (Rumgay and Munro 2001) are not only convincing, they are also consistent with many of the arguments developed here.

Methods

Data used in this paper were gathered in the mid to late 1990s in an inner-city social services department in the South-east of England. The catchment area was socio-demographically diverse and the psychiatric morbidity of the population was high compared with the national average. The identities of participants and service users were protected by using a coding system to replace all names and by the use of pseudonyms for place names. These codes were applied throughout the process of transcribing and data entry. The research proposal was approved by the social services department and by the ethics committees of two mental health trusts.

Thirty-nine semi-structured interviews were carried out by the author, each lasting approximately one and a half hours. All thirty-three social workers working for the authority who carried a caseload of service users and were qualified as approved social workers (ASWs) under the Mental Health Act 1983 were interviewed. A further 6 interviews were carried out with their immediate managers. With the consent of the participants, each interview was tape recorded.

Every social worker also completed two questionnaires prior to their interview. Questionnaire 1 provided biographical information about them, for example, the length of their experience as an approved social worker. Some details about each participant are given following each quotation in the paper. Questionnaire 2 asked the social workers to identify service users on their caseload whom they would define as ‘high-risk’ and this yielded data concerning 219 service users. A considerable amount of time during interviews was spent discussing the reasoning behind the definition of particular service users as ‘high-risk’. Statements in the paper concerning ‘high-risk’ service users refer to this population.

Prior to the transcription of tapes, an initial analysis of the interview data was undertaken so that general themes could be identified, in keeping with the need to become ‘*familiar with the data*’ (May 2001:139). Once transcripts were available, the qualitative materials were coded by broadly following the three stages of open, axial and selective coding defined in Neuman’s (1997) taxonomy (after Strauss 1987). The main objective in open coding was, as Berg puts it, to ‘*open inquiry widely*’ (2001: 251) with the aim of identifying themes in the shape of abstract concepts. The focus in axial coding was on organising key themes and ideas based on the initial set of ‘open’ codes. Finally, these themes were extended and reorganised so that patterns in the data could be elaborated. Miles and Huberman (1994) recommend the use of matrices and other cross-data display strategies in order to identify patterns, and these were also employed during the later stages of data analysis.

Under the spotlight: inquiry reports and the culture of blame

A recurrent theme in discussions with social workers in the present study was the impact on their practice of the proliferation of homicide inquiries over recent years. In general terms, the impact of this proliferation should be distinguished from the impact of the content of individual reports, for as one social worker observed, it is “perhaps not the content of the reports but the number of inquiries that there are, [which results in] more emphasis on covering your back.”(Int.5). The discussions with social workers endorsed the view that there is an ‘inquiry culture’ in mental health services (Muijen 1996: 152). This culture can be defined as the general climate created by the knowledge among professionals that many inquiries have taken place and their awareness of the processes involved in conducting them. It is a culture which is associated with heightened levels of anxiety among professionals and an increased tendency for them to practice defensively.

More than two thirds of the social workers in the present study could readily identify negative emotional effects which they associated directly with homicide inquiries. The following extract is a typical example of references to anxiety made by many participants:

I am much more anxious now and have reason to be as it is so easy to come under the public spotlight, with all the things that result from that.(Int. 24, male ASW with 12 years experience)

For many social workers, the ease with which they might come under public scrutiny meant they increasingly gave priority to avoiding becoming the social worker at the centre of such an inquiry because, “I think the ultimate fear is to have an inquiry into

one of your cases.”(Int. 28) More specifically, a number of respondents related their fear of ‘ending up on the front page of the evening paper’, an anxiety which clearly reflects the intertextuality of inquiry reports with media reports. It has been noted that one of the most likely sources of information about inquiries which have not been read will be the media, particularly the press (Stanley & Manthorpe 2001). All of the social workers in the present study were likely to be well-versed in the media reports which accompanied homicide inquiries in mental health.

Homicide inquiries have undergone criticism because they do not achieve their main intended function of facilitating learning. As Carson has observed:

If ‘Inquiries after Homicide’ were designed to help everyone to learn what happened and to help reduce the likelihood of recurrence, then they were badly designed. As birds they are kiwis. (1996: 124, emphasis in original)

Carson concludes that the main function of inquiries is in fact to blame, and this has usurped their learning function. The narrative approach in inquiry reports creates linkages or ‘causal networks of risk’ (Hilgartner 1992) between people, events and things which take on new meaning in the context of the homicidal outcome. They tend to have as their focus the behaviour of individuals rather than organisations or institutions. This means that blame is unlikely to fall upon ‘structures’ or government agencies because it is difficult to attach the name of an individual to problems which are systemic in nature (Carson 1996). Eastman (1996) endorses such a view when he maintains that the true function of inquiries is to reassure the public and that this is achieved by a process of simplification which is geared to identifying the actions of one or more individuals as at fault. He summarises the point in the following statement:

Even though they may, as did the Ritchie Report [Clunis inquiry], sometimes address resource levels and conclude that they made a contribution to the mishap, there is a strong tendency to deal more with the actions of individual clinicians and other professionals than with the broader resource or service context within which they are necessarily operated. (Eastman 1996: 157)

Douglas’ (1992) work on the forensic function of the concept of risk is relevant here. Homicide inquiry reports seen in this light serve to identify who is to blame, but in so doing they also serve as gatekeepers to deflect attention away from the political and systemic causes of harm. By blaming some groups they shield other groups from blame. Judging by the interviews with the social workers in the present study, homicide inquiry reports have been supremely successful in fulfilling these functions. They have been successful in deflecting attention away from systemic problems, thereby sustaining the view that professional incompetence in risk assessment is the main problem. In this sense, far from being kiwis, homicide inquiry reports would be better characterised as hawks (after Carson 1996).

‘High-risk’ as danger to others

For many of the social workers in the present study, the category ‘high-risk’ was more closely identified with violence towards others than with other types of risk such as the risk of self-harm or suicide. The emphasis on violence was identified as a shift

that had taken place relatively recently and it was explicitly associated with media coverage and the inquiry culture in mental health services. This view is illustrated by the following statement from one of the managers:

*ASW: ...I think it is very easy to just forget the people who are risks to themselves who aren't necessarily a risk to anyone else and it is easier to rate them at a lower risk generally...I suppose I feel the issue of risk is violence to others rather than to themselves. **Interviewer:** Do you have any ideas about why that is? **ASW:** I think that is part of a number of reasons, partly to do with, if you like, the kind of whole society type thing of the media, the inquiries and everything, which are very much focused on the injuries to other people, the murders of the public, injuries to the public, rather than the attention that is given to the numbers of mentally ill who commit suicide or commit serious self-harm. I think that is part of the human defensiveness part of our job, protecting society is probably higher than protecting the individual from themselves. (Int. 34, female manager with 7 years experience)*

There was an explicit link with fear as a key factor in precipitating the emphasis on the risk of violence, as exemplified in the following statement:

I think [the shift in emphasis] has been through various things really, that have frightened the general public, frightened those who are involved in managing organisations, like that. Something hideous is going to happen on their doorstep; I think this is what happened. (Int. 21, female ASW with 2 years experience)

Notice how it is not *her* fear of something terrible happening that is the key factor, but rather the fears of other people – particularly ‘the general public’ and those who manage services. Her role is essentially that of an intermediary between a fearful public and management on the one hand, and service users who are the focus of these fears on the other. This is hardly a new position for social workers; as Philp observed some time ago, social work’s role in mediating between those who are vulnerable or threatening and those who are fearful of them is its traditional function:

[Social work] negotiates on behalf of the mad, the bad, and the stigmatised; between those who have been excluded and those who have the power to exclude. (Philp 1979: 97)

The notion of social workers as intermediaries who do not ‘feel the fear’ which is associated with some service users is endorsed in the next statement, made by a manager speaking about one of the social workers and her relationship with a service user:

*ASW: ...if he was to come in in a disturbed state, other people would be much more frightened than [his social worker] would be. **Interviewer:** Why is that? **ASW:** This is the very big Black man - because he is menacing. **Interviewer:** Why do you think she would be less frightened? **ASW:** Because she knows him and knows the limits of what it means. She has done assessments on him, has admitted him to hospital; she is not frightened, but if you don't know him you*

don't know that he isn't going to kill you. (Int. 36, male manager with 9 years experience)

Notice how this manager makes a direct link between this man's 'menacing' behaviour and his ethnicity in terms of 'race'. Also of significance in this light is the extent to which the risks associated with this individual are more to do with the perception of the *potential* risks he may pose to others. It is not the social worker who is frightened of this man; the fear is located in a generalised 'you'. It emerged in the course of the interviews that, rather than their anxieties being focused on the personal risks they might face directly from their work with service users, their anxieties were instead focused specifically on the risk of becoming the subject of an inquiry. While these are clearly linked, they are not the same. As argued in detail later in the paper, it is the fear of inquiries which has mobilised defensive practices on the part of social workers. A latent cultural function of inquiry reports has been to achieve congruence between social work practice and the anxieties felt more widely – particularly fears which are linked with racism and mental disorder (Keating *et al* 2002)

The nature of inquiry reports and the power of allegory

In order to further understand the impact of the inquiry culture and the content of reports, it is useful to report on the findings about which inquiry reports – either in whole or in part - had actually been read by this group of social workers. This was also of interest because of the manifest, intended function of inquiry reports as a mechanism for learning (see, for example, Stanley & Manthorpe 2001). None of the participants had read – even in part – any more than four reports, but almost all participants had read The Clunis Report (Ritchie *et al* 1994). As the following social worker notes, these earlier inquiries had a particularly powerful impact:

...because it was a major shift in the way that things were perceived so mental health became more noticed generally... (Int. 27, female ASW with 7 years experience).

Fifteen social workers had read *only* the Clunis report, in some cases in full but in other cases only in part. Twenty of their colleagues had read the Clunis Inquiry plus between one and three others, the most frequently cited being Blom-Cooper *et al* (1995), Woodley *et al* (1995), Heginbotham *et al* (1994), Hughes *et al* (1995), and Perry and Sheldon (1995). Participants had generally read only the recommendations of these additional reports. Three social workers said they had not read any of the inquiry reports, although one of these had attended the in-service training on the recommendations of the Clunis Inquiry. The other two said they had chosen not to read the reports at all because of the intrusion into their personal lives this represented and the need to protect themselves from such intrusions:

...I have limited time, my social life is my social life and the last thing I want to do is read about work. I love reading; I really have to have my cut-off points. (Int. 31, female ASW with 6 years experience)

Even in the absence of directly reading them, communication within teams – both informally and formally, through in-service training - was another powerful way in which social workers felt the impact of inquiry reports:

I think there is a trickle down effect so that, even if they haven't read the reports, but people doing training have or their managers might go on training courses that allude to the reports, so there is a slow trickle down...
(Int. 10, female ASW with 4 years experience)

This 'trickle down effect' of inquiry reports lends weight to the argument being presented in this paper that inquiry reports are very much 'living documents' which increasingly play a key role in organising social relations through 'textually mediated action' (Smith 1990: 122).

It was clear from discussions with social workers that in most cases their direct reading of the Clunis Report had had a profound impact on their practice and on how they perceived some service users. At least one manager commented explicitly on the significance of the dramatic nature of this report and its strong narrative:

Interviewer: *Do you think these [inquiry] reports have any effect on the way you practice as an ASW care manager?* **ASW:** *I think the Clunis report has. I think that was a very well written report and also a very interesting report. I recommended it to my student. I was thinking that it balances out very well with material that has been written on working together with the health service, the Building Bridges document, and I think because it is written in what I would call an entertaining way, it brought it to life more, in a dramatic way. It read like a thriller to me.* (Int. 27, female ASW with 7 years experience)

An important feature of homicide inquiry reports in general is the way in which they present the description of events leading up to the homicide in linear sequence in the form of a strong narrative, or story-format (Carson 1996; Prior 2003). Their story-telling format is a crucial factor which gives force to the symbolic messages they carry. This force is partly derived from what is known by the reader to be a dramatically tragic outcome, as Carson (1995) has observed:

As readers, just like the inquiry team, we are caught up in hindsight. Were it not for the death we would not be reading it, it would not have been written, it would not be interesting. Death makes it fascinating. (p125)

The dramatic nature of the events which are recounted in inquiry reports lends great significance to each detail of the person's life, details which are usually presented in chronological order in each report. Indeed, this may be the one and only time when the experiences of this individual are reported in any coherent sense, since 'outside of the Reports such lives and identities remain partial and fragmented.' (Prior 2003: 63). Yet what is presented in each report as a complete picture is (inevitably) only a partial picture of external events from the perspective of the authors:

Strictly inquiry reports are, in reality, just one more theory about what happened.(Carson 1996: 127)

Items are presented as factual in reports when they are based on clinical records and files which are known to frequently contain errors or only interpretations (Price

1997). Rarely is there scope for ambiguity, uncertainty or contradiction. Further, the process of compiling reports rarely involves transparency about how decisions are reached on what should be included in or excluded from the report. It is this lack of transparency, argues Carson (1995), which seduces the reader into believing that such decisions are given rather than made by the authors themselves, in the context of what has taken place, and with a particular set of meanings in mind. Yet many of the details provided in the reports are of little or no significance *except* in this context. A good example of this can be found in the form of one short paragraph from the Clunis inquiry report:

3.2.2 His father noticed that when he was young he had a liking for knives. It was not something his sister noticed, but their father had definitely noted such a propensity. (Ritchie et al 1994: 8)

This paragraph is formed of just two short sentences, printed as a separately numbered part of this section of the report, strongly suggesting it had special significance in the minds of the authors. Yet it would seem fair to suggest that Christopher Clunis' liking for knives only took on such significance for his father *with hindsight* following his use of a knife to kill Jonathan Zito. What is implied by the authors' decision to include this detail and *in this way* is that a child's liking for knives may somehow be indicative of a propensity to go on to murder in adulthood. Yet there is little or no evidence to support such a direct link. Prior (2003) has argued that inquiry reports recontextualise such incidents as 'warning signals', the implication being that professionals should have been alert to these signals and acted accordingly.

The significance of the homicide inquiry report on Christopher Clunis and the sense that Black men are at risk of being viewed symmetrically as 'high-risk' figures is endorsed by one of the managers in the following extract:

I do see him² as a very Christopher Clunisey type figure; that he moves around a lot and we have to continue to chase him, so I would say he was very, very high risk actually, when I think about it, because he won't have any support networks. (Int. 39, female manager with 8 years ASW experience)

The idea of a 'Clunisey type' figure signals the metaphorical power of the inquiry report and its capacity for delivering a warning to professionals about who the 'high-risk' figures are in cultural terms.

For some social workers, the Clunis report has effectively redefined the information gathering aspect of social work practice as a process which involves uncovering 'the truth':

Interviewer: *In terms of the content of the [Clunis] report has there been anything that has converted directly into your practice? ASW:* *Maybe the question of 'is this the truth?' and could I find out more about this. I think the fact that Clunis said something and it was put in the case files and maybe I think it was very difficult to make contacts with relatives, if you don't know where they live, you depend on clients to tell you and just to keep an open*

² This service user is an African Caribbean man in his thirties who has been diagnosed as having paranoid schizophrenia.

mind and any hint of violence, to home in on that and try and sniff out a bit more. Interviewer: When you say 'is this true', are you referring to what the client may tell you? ASW: Yes, or maybe any information; does it pull together and not be too quick to accept that this is the story, and the truth. (Int. 25, female ASW with 4 years experience)

A number of participants reported this or a similar aspect of the impact of the Clunis Inquiry. The notion of 'the truth' in this case appears to be related to what was found out about Clunis subsequent to his act of murdering Jonathan Zito. It is therefore concerned with truths – or 'facts' - which have become known with the benefit of hindsight. The same event may in fact be open to a multiplicity of interpretations (notwithstanding the benefit of hindsight) and 'the truth' as a unitary concept may be hard to come by, particularly in work with those who are experiencing severe mental distress. In the next brief quotation, the social worker concerned refers to the experience of one service user, and the fleetingly blurred distinction between 'reality' and a delusion with highly disturbing content:

There have been reports in the past of him having very strange delusions. He has believed that he has chopped up a woman and put her into bags. A woman had actually gone missing but she did turn up eventually. (1, female ASW with 2 years ASW experience)

The inner world of someone who is experiencing severe mental illness, with which a social worker needs to establish an empathic understanding, therefore produces an even more complex and problematised notion of 'truth'. This is particularly relevant when it comes to risk assessment of people with active psychotic symptoms when, according to Grounds, "The world has to be viewed through the patient's eyes." (1995: 53). Along similar lines, Link and Stueve (1994) describe the 'Principle of rationality within irrationality' and the importance for practitioners of understanding the inherent logic of many psychotic symptoms. In particular they emphasise the need for practitioners to understand the risks of violence associated with feeling threatened by others through persecutory and paranoid delusional thoughts. The fact that many service users are indeed vulnerable to exploitation, violence and abuse from others only serves to increase the complexity of making such an assessment and making a clear distinction between delusion and reality. The paper now moves on to explore the impact of inquiry reports on professional practice in greater depth.

'It could have been me': the precautionary principle in practice

According to Harris (1987), positive defensive social work is most likely to result from excessive procedures laid down by local authorities who are fearful of an inquiry. A good example of this can be found in the proliferation of mandatory risk assessment procedures and also professional guidance seen in mental health services in recent years. The Department of Health, in practically all of its mental health documentation in recent years, as well as successive inquiry reports, has advocated the need for 'risk assessments' to be carried out. Not only that, but these procedures must be co-ordinated between agencies, as illustrated in this quotation from the report of inspections into arrangements for the Care Programme Approach:

We found health and social services using different systems. In some instances staff within the same agency used different assessments. We found that information was not transferred well from in-patient risk assessments to inform support systems and community based assessments. Co-ordination of assessment is essential for good risk management within the care plan.

(Department of Health/Social Services Inspectorate 1999: paragraph 3.13, emphasis in original)

For the social worker quoted below, this picture presented by the social services inspectorate is an accurate one, but it is the result of the ‘knee-jerk’ introduction of such systems rather than the incompetence of agencies to implement them:

More paperwork and more registers and bits of unintegrated legislation; there has been a lot of hysterical legislation and general action without actually setting up one system, so you have this mish-mash of care programmes, care management, supervision... (13, female with 1 years ASW experience)

Positive defensive practice by an individual social worker would involve following guidance regarding the use of risk assessment procedures unnecessarily, in order to protect him/herself from the possibility of blame, when there was an option not so to do. In mental health services within the past few years, given the proliferation of procedures and the exhortations to use them frequently, there has perhaps been little space for positive defensive practice at this individual level. However, when asked about the effects of inquiry reports on their practice, some social workers were able clearly to identify ways in which they were now especially careful to follow procedures, as illustrated by these two quotations:

Interviewer: *As concerning your practice, what kinds of things would you do differently now?* **ASW:** *I follow procedures. I find out what departmental policies are and follow closely to those...it is not always a positive way, you bend over backwards when you are doing a risk assessment...I am much less likely to take even calculated risks now in support of a client than I would have been 10 years ago. (23, male ASW with 14 years experience)*

I think it is very useful to be able to see in a detached way the whole picture when something breaks down and fails. I think that does give clarity to one's thinking but I do...I don't know...I think the key thing that really exercises everyone about inquiries is that when you start to think about if an inquiry happens here with me; have I covered myself in a way that makes it quite clear that I have done my job? Which is rather different from doing the job. It is about slowing down really and doing less in order to keep clearer records. I think that is one way in which it has affected us generally.(26, male ASW with 8 years experience)

The recognition in the second extract that practising in ways which ensure ‘I [have] covered myself’ is ‘rather different from doing the job’ is a particularly important one in the context of the argument in this paper. It emphasises the direct link between the production of inquiry reports and the way social workers now constitute their practice. That this is mediated through *text* is endorsed by what this social worker goes on to

say. In the extract below, the social worker makes a direct link between the *documents* which he produces as part of his work with a service user and the possible use of them as *documentary evidence* in any future inquiry report:

Interviewer: An extra emphasis then on keeping clear records? ASW: Yes, keeping clear records, not from the point of view of recording the data that is needed in order to manage it [the risk], it may even add an extra tier because you know if something goes wrong, someone is going to ask you to evidence what you did do and your documentary evidence is the way in which you protect yourself in an Inquiry. (Int. 26, male ASW with 8 years experience)

This social worker is not saying that they simply record their activities according to the recommendations for good practice made by inquiries, but rather that they keep records according to their awareness that their practice may some day be the subject of an inquiry. His observation that the latter approach to record-keeping ‘is rather different from doing the job’ is a significant one and suggests that ‘doing the job’ and keeping records in this way are in conflict. The observation highlights a contradiction in terms of what can be regarded as ‘good practice’ in terms of record-keeping.

The evidence about changes in record-keeping practice adds weight to the argument in this paper that social workers now position themselves in relation to a role which might be summarised as the ‘social worker as the subject of an inquiry’. This may also owe something to the sheer number of inquiries and the likelihood of personally knowing someone who had been in this position, as indicated powerfully by this social worker:

...I used to work at [name of hospital] and a colleague of mine was mentioned in that report and I just thought ‘Christ, me too, so very much, that it could have been me’. (Int. 25, female ASW with 4 years experience)

Most participants in the present study thought that the inquiry culture had had a negative impact on their practice. They specifically identified an increase in the use of defensive practices, either in their own practice or in the practice of other professionals with whom they worked, and regarded this as a negative development. However, some social workers also regarded the increased level of anxiety, and the changes in practice which ensued, more positively:

It makes more people even more scared of the job than they already are. People who try to do the impossible and burn out! That may be negative, but it does have some positive aspects, basically telling us to do our job better. (Int. 20, female ASW with 2 years experience)

The positive aspects of the inquiry culture seemed to take the form of promoting an increased level of vigilance around two key activities: checking information about service users, particularly their history of violence, and ensuring communication with other agencies, particularly in terms of obtaining and exchanging confidential information with other local authorities and health trusts. The need for professionals to check information about service users and improve inter-agency communication were both key recommendations of the Clunis Inquiry and related to the problems associated with monitoring Christopher Clunis as he moved across boundaries

between agencies. While the manifest, intended purpose of highlighting these areas in inquiry reports was undoubtedly to help improve practice, and whilst they clearly may have this positive impact, the recommendations from the Clunis inquiry are interpreted by many as an endorsement of ‘defensive practices’, which thereby become redefined as ‘good practice’, or ‘doing the job better’. Anxiety about becoming the focus of an inquiry fuels the sense of urgency which is a prerequisite of such defensive practices. The following extract from an interview with one of the senior care managers illustrates these points:

***Interviewer:** Do you think these reports have any effect on the way ASW/Care Managers as a whole think and feel about their work? **ASW:** Yes, I think they have...I think it has made people more aware of, I suppose, I would say, it is not even ‘good communication’, more a way of probably following through from other areas and finding out that someone came from somewhere else, actually trying to trace them back etc...I suppose we are more likely to get the police involved in assessments now. I think at one point we may have judged that ‘OK, as far as we know there isn’t a problem’. I think the thing from [service user’s name] now, as far as we know, there isn’t a problem but because there isn’t a problem we will call the police just to make sure rather than taking somebody else’s word for it. It makes you not as trusting of people. (Int. 39, female ASW with 8 years experience)*

Many participants in the present study articulated the view that the general effect of inquiries had been to shift the whole focus of social work practice towards ‘doing things by the book’ and thereby towards control. They argued that this had been achieved primarily by the fear of being ‘blamed and shamed’ which had now become part of the everyday experience of being a mental health social worker. In the following interview segment, this social worker articulated the link between the changed orientation of the agency towards a more controlling role, and the way this also protects social workers personally from blame, even though there is the acknowledgement that this mitigates against their ‘caring’ role:

Yes, in terms of actually I suppose helping people to have more control over their own lives, I think it has got in the way and it has meant that social services take more and more control over people’s lives to minimise the risks, which kind of goes against so much of what, as social workers, we are taught about – empowerment, or whatever. In one way it is very understandable in as far as you don’t want there to be a major inquiry about how you work and I have to say actually when the incident happened with [service user’s name] I was very concerned because there had been a stabbing that day and I was concerned that my name as a social worker was going to be on the front page of [the evening paper]. (Int. 7, male ASW with 1 years experience)

In the extract which follows, another social worker picks up a specific theme which was identified in much of the data from the present study relating to the role of social workers in compulsory admissions to hospital. Many participants noted that one of the effects of homicide inquiries was that they were now more likely to admit someone to hospital than in the past. When asked about the negative or positive effects of the number of inquiries that had been held, this social worker provides a good summary of a key issue which many of her colleagues also described:

ASW: I suppose it does make me constantly aware that I might make a mistake or something I do might lead to a tragedy and I find myself constantly thinking 'will we be criticised for this decision?' Interviewer: Despite the safeguards that you are saying you put in place in terms of your practice, you feel there is an anxiety there? ASW: Yes and I think that is probably what led me to decide to section [service users name] rather than not section him. Because I thought if I make a decision not to section him - which I could have made – if that led to a major inquiry, would I be personally made to take the blame? (Int. 27, female ASW with 7 years experience)

There is evidence both in data from the present study and in the mental health literature that psychiatrists have experienced these pressures in similar ways, (see, for instance, Coppock & Hopton 2000; Passmore and Leung 2002).

Conclusion

It is argued from the data in the present study that homicide inquiry reports, both as documents and in terms of the 'culture of anxiety' resulting from their proliferation, have come to 'textually mediate' relations between different groups, including different groups of mental health professionals, service users, 'the public', 'the mass media' and their claims-makers, and the Department of Health. Recognition of this development is crucial to understanding the changes that are taking place in professional practice. This paper argues that the definition of mental health service users symbolically as a "...the marginalized and stigmatised 'risky' Other." (Lupton 1999: 124) has taken a position at the heart of professional practice. This shift can in part be accounted for by the installation of homicide inquiry reports under what is perceived by policy-makers to be an emergency situation resulting from the 'failure' of community care policies.

This paper has demonstrated how the social workers in this study practiced defensively in response to their anxiety that they might become the focus of an inquiry after homicide. It has demonstrated that the group of service users they identified as 'high-risk' for precipitating them into this position reflected their reading of the Clunis Inquiry report. Although it was not the first inquiry report of its kind in mental health services, the Clunis report can be best understood as the 'index' inquiry in socio-political and cultural terms. The social workers experienced subsequent reports through the 'trickle-down' effect of communication within their teams and through the intertextuality of inquiry reports with media reports of homicides, rather than through direct reading of them. Media reports have focused on those incidents which reflect a pattern for a 'good story', the archetype for which is the Clunis case. Specifically, they have focused on Black men and apparently motiveless acts of violence against strangers in public places. This pattern of reporting reflects racist stereotyping about young Black men and the deep-rooted anxieties about them in general being an uncontrollable force. It also reflects dominant cultural concerns about the symbolic significance of young Black men with schizophrenia following the implementation of community care policies.

Based on the findings of this paper, it is highly likely that further exploration of inquiry reports as active texts in a wide range of other contexts would prove a productive area for further research.

Acknowledgements

The author would like to thank: Jon Gabe and Mike Bury for their valuable contributions to the ideas in this paper; the Economic and Social Research Council, which funded part of the research; and everyone from the social services department where the research took place.

References

- Appleby, L. (2001). *Safety First: Five Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. London: Department of Health.
- Atkinson, P., & Coffey, A. (1997). Analysing documentary realities. In D. Silverman (Ed.), *Qualitative Research: Theory, Method and Practice*. London: Sage.
- Berg, M. (1996). Practices of reading and writing: the constitutive role of the patient record in medical work. *Sociology of Health and Illness*, 18, 499-524.
- Blom-Cooper, L., Hally, H., & Murphy, E. (1995). *The Falling Shadow: One Patient's Mental Health Care 1978-1993*. London: Duckworth.
- Bristol Royal Infirmary Inquiry (2001). *Learning from Bristol: The Report fo the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995*. London: The Stationary Office.
- Carson, D. (1995). A risk-management approach to legal decision making about 'dangerous people', *WG Hart Legal Workshop*. Institute of advanced legal studies.
- (1996). Structural problems, perspectives and solutions. In J. Peay (Ed.), *Inquiries after Homicide*. London: Duckworth.
- Coppock, V., & Hopton, J. (2000). *Critical Perspectives on Mental Health*. New York: Routledge.
- Department of Health (1994). *Guidance on the discharge of mentally disordered people and their continuing care in the community*. LASSL (94)4. London: Department of Health.
- Department of Health Social Services Inspectorate (1999). *Still Building Bridges: The Report of a National Inspection of Arrangements for the Inspection of Care Programme Approach with Care Management*. London: Department of Health.
- Douglas, M. (1990). Risk as a forensic resource. *Daedalus*, 119, 1-16.

- (1992). *Risk and Blame: Essays in Cultural Theory*. London: Routledge.
- Eastman, N. (1996). Towards an audit of inquiries. In J. Peay (Ed.), *Inquiries after Homicide*. London: Duckworth.
- Grounds, A. (1995). Risk assessment and management in clinical context. In J. Crichton (Ed.), *Psychiatric Patient Violence: Risk and Response*. London: Duckworth.
- Harris, N. (1987). Defensive social work. *British Journal of Social Work*, 17, 61-69.
- Heginbotham, C., Hale, R., Warren, L., Walsh, T., & Carr, J. (1994). *The Report of the Independent Panel of Inquiry Examining the Case of Michael Buchanan*. London: North West London Mental Health Trust.
- Hilgartner, S. (1992). The social construction of risk objects: or, how to pry open networks of risk. In J. F. Short & L. Clarke (Eds.), *Organizations, Uncertainties and Risk* (pp. 39-53). Boulder, Colorado: Westview Press.
- Hill, M. (1990). The manifest and latent lessons of child abuse inquiries. *British Journal of Social Work*, 20, 197-213.
- Hughes, J., Mason, L., Pinto, R., & Williams, P. (1995). *Independent Panel of Inquiry into the Circumstances Surrounding the Deaths of Ellen and Alan Boland*. London: City of Westminster, Kensington, Chelsea and Westminster Health Authorities and the North West London Mental Health NHS Trust.
- Keating, F., Robertson, D., McCulloch, A., & Francis, E. (2002). *Breaking the Circles of Fear: a Review of the Relationship Between Mental Health Services and African and Caribbean Communities*. London: The Sainsbury Centre for Mental Health.
- Link, B. G., & Steuve, A. (1994). Psychotic symptoms and the violent/illegal behaviour of mental patients compared to community controls. In J. Monahan & H. J. Steadman (Eds.), *Violence and Mental Disorder: Developments in Risk Assessment*. Chicago: University of Chicago Press.
- Lupton, D. (1999). *Risk*. London: Routledge.
- Macdonald, K. I., & Macdonald, G. M. (1999). Perceptions of risk. In P. Parsloe (Ed.), *Risk Assessment in Social Care and Social Work*. London: Jessica Kingsley.
- May, T. (2001). *Social Research: Issues, Methods and Process*. Buckingham: Open University Press.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis: an Expanded Sourcebook*. California: Sage.

- Muijen, M. (1996). Scare in the community: Britain in moral panic. In T. Heller, J. Reynolds, R. Gomm, R. Muston & S. Pattison (Eds.), *Mental Health Matters: A Reader*. London: Macmillan.
- Neuman, W. L. (1997). *Social Research Methods: Qualitative and Quantitative Approaches*. Needham Heights: Allyn and Bacon.
- Passmore, K., & Leung, W. C. (2002). Defensive practice among psychiatrists: a questionnaire survey. *Postgraduate Medical Journal*, 78, 671-673.
- Pearson, G. (1999). Madness and moral panics. In J. Peay & N. Eastman (Eds.), *Law Without Enforcement: Integrating mental health and Justice*. Oxford: Hart.
- Peay, J. (1996). *Inquiries after Homicide*. London: Duckworth.
- Perry, J., & Sheldon, B. (1995). *Richard Phillips Inquiry Report*. London: City and Westminster and Kensington, Chelsea and Westminster District Health Authority.
- Philp, M. (1979). Notes on the form of knowledge in social work. *Sociological Review*, 27, 83-111.
- Prior, L. (2003). *Using Documents in Social Research*. London: Sage.
- Ritchie, J., Dick, D., & Lingham, R. (1994). *The Report of the Inquiry into the Care and Treatment of Christopher Clunis*. London: HMSO.
- Rumgay, J., & Munro, E. (2001). The lion's den: professional defences in the treatment of dangerous patients. *Journal of Forensic Psychiatry*, 12, 357-378.
- Scott, J. (1990). *A Matter of Record*. Cambridge: Polity Press.
- Smith, D. E. (1990). *Texts, Facts and Femininity*. New York: Routledge.
- Stallings, R. A. (1990). Media discourse and the social construction of risk. *Social Problems*, 37, 80-95.
- Stanley, N., & Manthorpe, J. (2001). Reading mental health inquiries. *Journal of Social Work*, 1, 77-99.
- Szmukler, G. (2000). Homicide inquiries: what sense do they make? *British Journal of Psychiatry*, 24, 6-10.
- Taylor, P. J., & Gunn, J. (1999). Homicides by people with mental illness: myth and reality. *British Journal of Psychiatry*, 174, 9-14.
- Woodley, L., Dixon, K., Lindow, V., Oyebode, O., Sandford, T., & Simblet, S. (1995). *The Woodley Team Report*. London: East London & The City Health Authority and Newham Council.

